

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 2025 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025	
A	This return/report is for: ☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) _____
B	This return/report is: ☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here. ▶ ☒
D	Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶ ☐

Part II	Basic Plan Information—enter all requested information
1a	Name of plan THE JOSEPH A. BANK MFG. CO., INC. DEFINED BENEFIT PENSION PLAN
1b	Three-digit plan number (PN) ▶ 002
1c	Effective date of plan 05/01/1994
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) THE JOSEPH A. BANK MFG. CO., INC. 500 HANOVER PIKE HAMPSTEAD, MD 21074
2b	Employer Identification Number (EIN) 36-3189198
2c	Plan Sponsor's telephone number 800-777-8580
2d	Business code (see instructions) 315280

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	08/11/2026	ANDREA TRUDELLE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☒ 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	5 232
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) 110 6a(2) 115 6b 38 6c 78 6d 231 6e 1 6f 232 6g(1) 6g(2) 6h
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 Characteristic Codes in the instructions:

1B

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

9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

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 0
- (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 2025 Form M-1 annual report. If the plan was not required to file the 2025 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2025 This Form is Open to Public Inspection
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For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025	
▶ Round off amounts to nearest dollar.	
▶ Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.	
A Name of plan THE JOSEPH A. BANK MFG. CO., INC. DEFINED BENEFIT PENSION PLAN	B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF THE JOSEPH A. BANK MFG. CO., INC.	D Employer Identification Number (EIN) 36-3189198
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☒ 101-500 ☐ More than 500

Part I	Basic Information			
1	Enter the valuation date: Month 01 Day 01 Year 2025			
2	Assets:			
a	Market value	2a	2720617	
b	Actuarial value	2b	2720617	
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a	For retired participants and beneficiaries receiving payment	40	397991	397991
b	For terminated vested participants	82	638690	638690
c	For active participants	110	1486224	1520091
d	Total	232	2522905	2556772
4	If the plan is in at-risk status, check the box and complete lines (a) and (b). ☐			
a	Funding target disregarding prescribed at-risk assumptions	4a		
b	Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5	Effective interest rate	5	5.39 %	
6	Target normal cost			
a	Present value of current plan year accruals	6a	71526	
b	Expected plan-related expenses	6b	38237	
c	Target normal cost	6c	109763	

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

SIGN HERE	Signature of actuary MISTY LAM, EA, MSPA, MAAA Type or print name of actuary GALLAGHER BENEFIT SERVICES, INC. Firm name 1050 QUEEN STREET, SUITE 100 HONOLULU, HI 96814 Address of the firm	08/06/2026 Date 26-06737 Most recent enrollment number 808-258-0315 Telephone number (including area code)
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Part II Beginning of Year Carryover and Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	227633	0
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)	227633	0
10 Interest on line 9 using prior year's actual return of <u>10.43</u> %	23742	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		0
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.29</u> %		0
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c Total available at beginning of current plan year to add to prefunding balance		0
d Portion of (c) to be added to prefunding balance		0
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	251375	0

Part III Funding Percentages

14 Funding target attainment percentage	14	96.57 %
15 Adjusted funding target attainment percentage	15	106.40 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	96.07 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls**18** Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/11/2025	39905	0			
07/15/2025	32090	0			
10/15/2025	32090	0			
01/16/2026	43606	0			
04/14/2026	10	0			
Totals ►			18(b)	147701	18(c) 0

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

a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	142622

20 Quarterly contributions and liquidity shortfalls:

- a** Did the plan have a "funding shortfall" for the prior year? ☐ Yes ☒ No
- b** If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☐ No
- c** If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

Part V Assumptions Used to Determine Funding Target and Target Normal Cost**21** Discount rate:**a** Segment rates:1st segment:
5.00 %2nd segment:
5.27 %3rd segment:
5.50 %☐ N/A, full yield curve used**b** Applicable month (enter code) **21b** 0**22** Weighted average retirement age **22** 69**23** Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute**Part VI Miscellaneous Items****24** Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No**25** Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No**26** Demographic and benefit information**a** Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No**b** Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No**27** If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment. **27****Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years****28** Unpaid minimum required contributions for all prior years **28** 0**29** Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a) **29** 0**30** Remaining amount of unpaid minimum required contributions (line 28 minus line 29) **30** 0**Part VIII Minimum Required Contribution For Current Year****31** Target normal cost and excess assets (see instructions):**a** Target normal cost (line 6c) **31a** 109763**b** Excess assets, if applicable, but not greater than line 31a **31b** 0

	Outstanding Balance	Installment
32 Amortization installments:		
a Net shortfall amortization installment	312137	32859
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount **33****34** Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33) **34** 142622

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0

36 Additional cash requirement (line 34 minus line 35) **36** 142622**37** Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) **37** 142622**38** Present value of excess contributions for current year (see instructions)**a** Total (excess, if any, of line 37 over line 36) **38a** 0**b** Portion included in line 38a attributable to use of prefunding and funding standard carryover balances **38b** 0**39** Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) **39** 0**40** Unpaid minimum required contributions for all years **40** 0**Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)****41** If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. ☐ 2019 ☐ 2020 ☐ 2021

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.	OMB No. 1210-0110
		2025
		This Form is Open to Public Inspection.

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan THE JOSEPH A. BANK MFG. CO., INC. DEFINED BENEFIT PENSION PLAN	B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 THE JOSEPH A. BANK MFG. CO., INC.	D Employer Identification Number (EIN) 36-3189198

Part I

Service Provider Information (see instructions)

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

1

Information on Persons Receiving Only Eligible Indirect Compensation

- a

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

☐ Yes ☒ No
- b

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

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

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

PRINCIPAL

510 N VALLEY MILLS DR
SUITE 400
WACO, TX 76710

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21	NONE	12641	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(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 ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(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 ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2025 This Form is Open to Public Inspection.
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For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan THE JOSEPH A. BANK MFG. CO., INC. DEFINED BENEFIT PENSION PLAN	B Three-digit plan number (PN) ▶ 002
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 THE JOSEPH A. BANK MFG. CO., INC.	D Employer Identification Number (EIN) 36-3189198

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: PRNCPL/BLCKRCK INTL EQ IND CIT N

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

c EIN-PN 52-2265229-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 354490
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a Name of MTIA, CCT, PSA, or 103-12 IE: PRNCPL/BLCKRCK S&P 500 INDEX CIT N

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

c EIN-PN 94-3224211-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 369408
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a Name of MTIA, CCT, PSA, or 103-12 IE: PRNCPL/BLACKROCK LCG IND CIT N

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

c EIN-PN 52-2265232-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 281548
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a Name of MTIA, CCT, PSA, or 103-12 IE: PRNCPL/BLACKROCK LCV IND CIT N

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

c EIN-PN 52-2265227-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 281085
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a Name of MTIA, CCT, PSA, or 103-12 IE: PRNCPL/BLKRK US AGG BOND INT CIT N

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

c EIN-PN 20-5699010-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1091129
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a Name of MTIA, CCT, PSA, or 103-12 IE: PRNCPL/BLCKRCK S&P MIDCAP IND CIT N

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

c EIN-PN 52-2265235-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 242101
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a Name of MTIA, CCT, PSA, or 103-12 IE: PRNCPL/BLKRK RUSSELL 2000 IND CIT N

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

c EIN-PN 52-2265233-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 139340
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a Name of MTIA, CCT, PSA, or 103-12 IE: PRNCPL/T ROWE PRICE LCG MGD C CIT N		
b Name of sponsor of entity listed in (a): PRINCIPAL		
c EIN-PN 45-6648614-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: ALLSPRING CORE BOND CIT N		
b Name of sponsor of entity listed in (a): PRINCIPAL		
c EIN-PN 94-3222878-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: PRNCPL/TROWEPRICE INST EQU IM CIT N		
b Name of sponsor of entity listed in (a): PRINCIPAL		
c EIN-PN 46-6586666-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: PRINCIPAL/MFS VALUE CIT N		
b Name of sponsor of entity listed in (a): PRINCIPAL		
c EIN-PN 45-6648640-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: PRNCPL/ALLIANCE BERNSTEIN LCG CIT		
b Name of sponsor of entity listed in (a): PRINCIPAL		
c EIN-PN 94-1443848-003	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: PRNCPL/BLCKRCK S&P MIDCAP IND CIT N		
b Name of sponsor of entity listed in (a): PRINCIPAL		
c EIN-PN 52-2265235-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: PRNCPL/CAUSEWAY INT VAL CIT N		
b Name of sponsor of entity listed in (a): PRINCIPAL		
c EIN-PN 47-6375784-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: PRNCPL/MULTI-MGR LIAB S CAP CIT N		
b Name of sponsor of entity listed in (a): PRINCIPAL		
c EIN-PN 45-6648658-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: PRNCPL/DODGE & COX INT BOND CIT N		
b Name of sponsor of entity listed in (a): PRINCIPAL		
c EIN-PN 47-6566265-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: PRNCPL/DEFERATED TTL RET BOND CIT N		
b Name of sponsor of entity listed in (a): PRINCIPAL		
c EIN-PN 46-6584317-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

Part II**Information on Participating Plans (to be completed by DFEs, other than DCGs)**

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
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plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

SCHEDULE H (Form 5500) Department of the Treasury Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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
		2025
		This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025		
A Name of plan THE JOSEPH A. BANK MFG. CO., INC. DEFINED BENEFIT PENSION PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 THE JOSEPH A. BANK MFG. CO., INC.	D Employer Identification Number (EIN) 36-3189198	

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.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	57817	43616
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	216	258
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	75293	84560
(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)		
(9) Value of interest in common/collective trusts	1c(9)	2110797	2759103
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	476608	89775
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
1e Buildings and other property used in plan operation	1e		
1f Total assets (add all amounts in lines 1a through 1e)	1f	2720731	2977312

Liabilities

1g Benefit claims payable	1g		
1h Operating payables	1h		
1i Acquisition indebtedness	1i		
1j Other liabilities	1j		
1k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0

Net Assets

1l Net assets (subtract line 1k from line 1f)	1l	2720731	2977312
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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)	147701	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		147701
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	3332	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		3332
(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)	10638	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		10638
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	381882	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	381882	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0
(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)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		282411
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		62954
c Other income	2c		248
d Total income. Add all income amounts in column (b) and enter total	2d		507284

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	210970	
(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)		210970
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)	12641	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	2500	
(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)	24592	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		39733
j Total expenses. Add all expense amounts in column (b) and enter total	2j		250703

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		256581
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **MCCONNELL & JONES LLP**

(2) EIN: **76-0488832**

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.)		☒	
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.)		☒	
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.)		☒	
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.)		☒	
e Was this plan covered by a fidelity bond?	☒		10000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		☒	
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?		☒	
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?		☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	☒		
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.)	☒		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		☒	
l Has the plan failed to provide any benefit when due under the plan?		☒	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 586422.

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.	OMB No. 1210-0110 2025 This Form is Open to Public Inspection.
For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025		
A Name of plan THE JOSEPH A. BANK MFG. CO., INC. DEFINED BENEFIT PENSION PLAN		B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 THE JOSEPH A. BANK MFG. CO., INC.		D Employer Identification Number (EIN) 36-3189198
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): 94-1347393		
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 9
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		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2025 v. 250312		

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: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....

14a

b The plan year immediately preceding the current plan year. ☐ 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. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14c

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

a The corresponding number for the plan year immediately preceding the current plan year.....

15a

b The corresponding number for the second preceding plan year.....

15b

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

a Enter the number of employers who withdrew during the preceding plan year.....

16a

b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....

16b

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

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

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

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

a Enter the percentage of plan assets held as:

Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%

High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:

☐ 0-5 years ☐ 5-10 years ☐ 10-15 years ☐ 15 years or more

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

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

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation.....

Part VII IRS Compliance Questions

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

- 21b** If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☒ N/A

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

THE JOSEPH A. BANK MFG. CO., INC.
DEFINED BENEFIT PENSION PLAN

Financial Statements as of and for the years ended
December 31, 2025, and 2024, Supplemental Schedules
as of and for the year ended December 31, 2025, and Independent Auditor's Report

THE JOSEPH A. BANK MFG. CO., INC.

DEFINED BENEFIT PENSION PLAN

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INDEPENDENT AUDITOR'S REPORT

To the Participants and Plan Administrator of the
Joseph A. Bank Mfg. Co., Inc. Defined Benefit Pension Plan

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

We have performed audits of the financial statements of Joseph A. Bank Mfg. Co., Inc. Defined Benefit Pension Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2025 and 2024, the related statements of changes in net assets available for benefits for the years then ended, the statement of accumulated plan benefits as of January 1, 2025, the related statement of changes in accumulated plan benefit for the year then ended, and the related notes to the financial statements (collectively, the financial statements).

Plan management (Management), having determined it is permissible in the circumstances, has elected to have the audits of the financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's (DOL) 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 DOL's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from a qualified institution as of December 31, 2025 and 2024, and for the years then ended, stating that the certified investment information, as described in Note 5 to the financial statements, is complete and accurate.

Opinion on the Financial Statements

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

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

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (US GAAS). Our responsibilities under those standards are further described in the



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

Responsibilities of Management for the Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

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

- Exercise professional judgment and maintain professional skepticism throughout the audits.
- 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 audits in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the internal controls of the Plan. Accordingly, no such opinion is expressed.



- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by Management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the ability of the Plan 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 US GAAP.

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 US GAAP.

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

Other Matter – Supplemental Schedules Required by ERISA

The supplemental information in the accompanying Schedule of Assets (Held at End of Year) as of December 31, 2025, and the Schedule of Reportable Transactions for the year then ended are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of Management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with US GAAS. For information included in the supplemental schedules that is agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion

- the form and content of the supplemental schedules, other than the information in the supplemental schedules that is agreed to or is derived from the certified investment information,



McConnell
Jones

are presented, in all material respects, in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

- the information in the supplemental schedules related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that Management determined meets the requirements of ERISA Section 103(a)(3)(C).

McConnell & Jones LLP

Houston, Texas
August 7, 2026

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
AS OF DECEMBER 31, 2025, AND 2024

	2025	2024
INVESTMENTS:		
Investments - at fair value	\$ 2,933,695	\$ 2,662,914
Total investments - at fair value	2,933,695	2,662,914
RECEIVABLES:		
Employer contributions receivable	43,616	57,817
Total receivables	43,616	57,817
NET ASSETS AVAILABLE FOR BENEFITS	\$ 2,977,311	\$ 2,720,731

The accompanying [Notes](#) are an integral part of these financial statements.

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEARS ENDED DECEMBER 31, 2025, AND 2024

	2025	2024
ADDITIONS:		
Net appreciation in fair value of investments	\$ 345,365	\$ 241,236
Interest and dividends	14,217	18,534
Employer contributions	147,701	165,559
Total additions	507,283	425,329
DEDUCTIONS:		
Benefits paid directly to participants and beneficiaries	210,970	281,423
Administrative expenses	39,733	44,214
Total deductions	250,703	325,637
NET INCREASE IN NET ASSETS AVAILABLE FOR BENEFITS	256,580	99,692
NET ASSETS AVAILABLE FOR BENEFITS - Beginning of year	2,720,731	2,621,039
NET ASSETS AVAILABLE FOR BENEFITS - End of year	\$ 2,977,311	\$ 2,720,731

The accompanying [Notes](#) are an integral part of these financial statements

STATEMENT OF ACCUMULATED PLAN BENEFITS
AS OF JANUARY 1, 2025

Actuarial Present Value of Accumulated Benefits	
Vested benefits:	
Participants currently receiving payments	\$ 363,506
Other participants	1,854,991
	2,218,497
Nonvested benefits	
	33,082
Total actuarial present value of accumulated plan benefits	\$ 2,251,579

The accompanying [Notes](#) are an integral part of these financial statements.

STATEMENT OF CHANGES IN ACCUMULATED PLAN BENEFITS
YEAR ENDED JANUARY 1, 2025

Actuarial Present Value of Accumulated Benefits

Beginning of year	\$ 2,328,990
Increase (decrease) during the year attributable to:	
Interest	153,346
Benefits accumulated	35,162
Benefits paid	(281,423)
Assumption changes	15,504
Net decrease	(77,411)
End of year	\$ 2,251,579

The accompanying [Notes](#) are an integral part of these financial statements.

DEFINED BENEFIT PENSION PLAN

NOTES TO THE FINANCIAL STATEMENTS

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NOTE 1 | DESCRIPTION OF THE PLAN

The following description of The Joseph A. Bank Mfg. Co., Inc. Defined Benefit Pension Plan ("the Plan") is provided for general information purposes only. Participants should refer to the Plan's Summary Plan Description for a more complete summary of Plan provisions. In addition, the Plan document, as amended and restated effective January 1, 2014 ("the Plan Document"), is controlling with respect to all matters involving the Plan and should be consulted as the final authority on all such matters.

General — The Plan is a noncontributory, defined benefit pension plan established by The Joseph A. Bank Mfg. Co., Inc. ("the Company") for those employees of the Company or affiliated employees who are covered by the collective bargaining agreement with the Mid-Atlantic Regional Joint Board, Local 806 (or any successor union thereto). The Company is the Plan Administrator, which is the named fiduciary having the authority to control and manage the operation and administration of the Plan. Principal Bank. ("the Trustee") serves as the trustee of the Plan and manages the Plan's investments. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended ("ERISA").

Eligibility and Vesting — An eligible employee becomes a participant in the Plan on the day following one year of service and fully vests in the Plan upon completion of five years of service. A year of service means a computation period of 12 consecutive months during which the participant performs at least 1,000 hours of service of covered employment and may, under certain circumstances, include two consecutive computation periods in which the participant completes an aggregate of 1,000 hours of service of covered employment.

Normal Retirement Benefit — Generally, a participant's monthly benefit is calculated by multiplying the number of his or her years of benefit service times a benefit factor (i.e., a stated dollar amount per month). The benefit factor is established by the Plan Document and may be different for different years of service. The amount of benefit actually payable will be determined pursuant to the Plan based upon the payment form selected by the participant or certain other factors (see below). The normal retirement date under the Plan is the first day of the month coinciding with, or next following, the later of the date a participant attains age 65 or the fifth anniversary of the date the participant commenced participation in the Plan.

Early Retirement Benefit — Certain participants may elect to receive early retirement benefits at age 62. Upon such election, the participant's accrued benefits will be reduced by 5/6 of 1% for each month that the participant's early retirement date precedes his or her normal retirement date.

Late Retirement Benefit — A participant may retire with full benefits any time after his or her normal retirement date.

Disability Retirement Benefit — Certain participants who become totally and permanently disabled while employed by the Company may elect to receive disability retirement benefits. A participant will be considered totally and permanently disabled if he or she incurs a total disability by reason of injury or disease which permanently prevents the participant from engaging in any occupation or employment and the participant is eligible for Social Security disability payments.

Form of Payment — Pension benefits are provided to participants based upon years of continuous service. Unless a participant (and spouse, when applicable) makes a timely election to the contrary, the standard form of benefit payment for an unmarried participant is a life only annuity and the standard form of benefit payment for a married participant is a qualified joint and survivor annuity. Participants may receive their payment in the form of a lump sum. A participant who separates from service or retires with a vested accrued benefit having an actuarial equivalent of \$1,000 or less is paid such benefit in a single sum distribution.

NOTE 2 | SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting — The accompanying financial statements have been prepared on the accrual basis in accordance with accounting principles generally accepted in the United States of America ("U.S. GAAP").

Investment Valuation and Income Recognition — Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Shares of mutual funds are valued at quoted market prices, which represent the net asset value ("NAV") of shares held by the Plan at year-end. Pooled common and collective funds are valued at NAV as a practical expedient. In addition, the Plan holds amounts in a short-term investment fund which essentially represents cash on hand. They are established, operated and maintained for the collective investment and reinvestment of monies contributed thereto by Principal Bank. These funds do not have unfunded commitments and purchase and redemptions of units may occur on a daily basis. See [Note 5. Investments \(Certified by Trustee\) & Fair Value Measurements](#) for a discussion of fair value measurements.

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

Contributions — Contributions to the Plan are recorded in the appropriate period as determined by the Plan's actuary except that a contribution receivable is recorded to the extent that amounts due are pursuant to formal commitments as well as legal or contractual requirements in existence at the end of the Plan year.

Administrative Expenses — Some administrative expenses of the Plan, such as investment fees, are paid by the Plan; other administrative expenses of the Plan may be paid by the Company as permitted under the Plan Document.

Use of Estimates — The preparation of financial statements in conformity with U.S. GAAP requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, and changes therein and disclosures of contingent assets and liabilities and the actuarial present value of accumulated Plan benefits as of the date of the financial statements. Actual results could differ from these estimates. The Plan uses an actuary to determine the actuarial present value of accumulated Plan benefits. A change in the actuarial assumptions used could significantly change the amount of the actuarial present value of accumulated Plan benefits reported in the accompanying financial statements.

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

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

Payment of Benefits — Benefits are recorded when distribution checks or wires are issued from the trust (the "Trust") used to fund the Plan.

NOTE 3 | FUNDING POLICY

Contributions to provide benefits under the Plan are made solely by the Company. The Company's funding policy is to make cash contributions to the Plan in amounts as determined by the Plan's independent actuary. The Company met the minimum funding requirements of ERISA for the years ended December 31, 2025 and 2024.

The Pension Protection Act of 2006 ("PPA") as amended by the Worker, Retiree and Employer Recovery Act of 2008 ("WRERA") imposes certain benefit restrictions for qualified defined benefit plans that do not meet certain funding thresholds. A plan's funded percentage is referred to as the Adjusted Funding Target Attainment Percentage ("AFTAP"). For determining "At-Risk" status, it is referred to as the Funding Target Attainment Percentage ("FTAP"). The January 1, 2025 AFTAP for the Plan is 106.4%. Because the Plan's AFTAP equals or exceeds 80%, the Plan is not subject to any benefit restrictions.

NOTE 4 | ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS

Accumulated plan benefits are those future periodic payments, including lump-sum distributions, which are attributable under the Plan's provisions to the service rendered by employees. Accumulated plan benefits include benefits expected to be paid to (1) retired or terminated employees or their beneficiaries, (2) beneficiaries of employees who have died, and (3) present employees or their beneficiaries. Benefits under the Plan are based on continuous years of service. Benefits payable under all circumstances – retirement, death, disability, and termination of employment – are included to the extent they are deemed attributable to employee service rendered to the valuation date. Benefits to be provided via annuity contracts excluded from plan assets are excluded from accumulated plan benefits.

The actuarial present value of accumulated Plan benefits is determined by an independent actuary and is an amount that results from applying actuarial assumptions to adjust the accumulated Plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as death, disability, withdrawal or retirement) between the valuation date and the expected date of payment. The significant actuarial assumptions used in the above evaluations were as follows:

- **Mortality** – Present Value of Accumulated Plan Benefits ("PVAB") as of January 1, 2025 – using the 2025 IRC Section 417(e) Applicable Mortality table, as amended by IRS Notice 2024-42
- **Retirement age** – Ranging from 62 to 70+ based on actual plan experience
- **Investment return** – 7%, compounded annually
- **Weighted discount rate** – 7%

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

NOTE 5 | INVESTMENTS (CERTIFIED BY TRUSTEE) & FAIR VALUE MEASUREMENTS

Information in the accompanying financial statements and ERISA-required supplemental schedules related to investments and related income and losses as of and for the years ended December 31, 2025 and 2024 has been certified by the Trustee, as permitted by 29 CFR 2520.103-8 of the Department of Labor rules under ERISA.

Fair value is defined as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The authoritative guidance for fair value measurements establishes a three-tier fair value hierarchy, categorizing the inputs used to measure fair value. The hierarchy can be described as follows: Level 1, which refers to securities valued using quoted prices from active

NOTES TO THE FINANCIAL STATEMENTS

markets for identical assets; Level 2, which refers to securities not traded on an active market but for which observable market inputs are readily available; and Level 3, which refers to securities valued based on significant unobservable inputs. Assets and liabilities are classified in their entirety based on the lowest level of input that is significant to the fair value measurement.

The following table sets forth by level within the fair value hierarchy the Plan's investments at fair value as of December 31, 2025 and 2024.

Investments measured at fair value as of December 31, 2025:

	Fair Value Measurements		
	Level 1	Level 2	Total
Cash and cash equivalents	\$ 84,818	\$ —	\$ 84,818
Mutual funds	89,775	—	89,775
	\$ 174,593	\$ —	\$ 174,593
Investments measured at NAV:			
Pooled common and collective funds			\$ 2,759,102
Total investments at fair value			\$ 2,933,695

Investments measured at fair value as of December 31, 2024:

	Fair Value Measurements		
	Level 1	Level 2	Total
Cash and cash equivalents	\$ 75,508	\$ —	\$ 75,508
Mutual funds	—	476,608	476,608
	\$ 75,508	\$ 476,608	\$ 552,116
Investments measured at NAV:			
Pooled common and collective funds			\$ 2,110,798
Total investments at fair value			\$ 2,662,914

The valuation methods as described in [Note 2. Summary of Significant Accounting Policies](#) 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.

For the years ended December 31, 2025 and 2024, respectively, there were no transfers in or out of Level 1.

NOTE 6 | RELATED PARTY AND PARTY-IN-INTEREST TRANSACTIONS

Certain Plan investments are shares of pooled common and collective funds managed by the Trustee of the Plan. Therefore, transactions with the Trustee qualify as related party transactions. Fees paid by the Plan to the Trustee for investment management services and other direct costs were \$39,733 and \$44,214 for the years ended December 31, 2025 and 2024, respectively.

NOTE 7 | TAX STATUS

The IRS has determined and informed the Company by a letter dated May 1, 2014, that the Plan and related trust were designed in accordance with the applicable sections of the Internal Revenue Code ("IRC").

Although the Plan has an amendment not included in the determination letter, the Plan Administrator believes that the Plan is currently designed and operated in compliance with the applicable requirements of the IRC and that the Plan, as amended, and related trust continue to be tax exempt.

U.S. GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken any uncertain tax positions that more likely than not would not be sustained upon examination by a tax authority. Management evaluated the Plan's tax positions and concluded that the Plan had maintained its tax-exempt status and had taken no uncertain tax positions that require adjustment to the financial statements. Therefore, no provision or liability for income taxes has been included in the financial statements.

NOTE 8 | PLAN TERMINATION

In the event the Plan terminates, the net assets of the Plan will be allocated, as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated:

- Annuity benefits former employees or their beneficiaries have been receiving for at least three years, or that employees eligible to retire for that three-year period would have been receiving, if they had retired with benefits in the normal form of annuity under the Plan. The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit that would be payable under Plan provisions in effect at any time during the five years preceding plan termination.
- Other vested benefits insured by the Pension Benefit Guaranty Corporation ("PBGC"), a U.S. government agency, up to the applicable limitations (discussed below) for all other participants to the extent such benefits are guaranteed under Section 4022 of ERISA.
- All other vested benefits that are not insured by the PBGC.
- All nonvested benefits.

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination. However, there is a statutory ceiling on the amount of an individual's monthly benefit that the PBGC guarantees. That ceiling applies to those pensioners who elect to receive their benefits in the form of a single-life annuity and are at least 65 years old at the time of retirement or Plan termination (whichever comes later). For younger annuitants or for those who elect to receive their benefits in some form more valuable than a single-life annuity, the corresponding ceilings are adjusted downward. For Plan terminations occurring during 2025 and 2024, the monthly ceilings were \$7,432 and \$7,108 respectively.

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

NOTE 9 | SUBSEQUENT EVENTS

The Plan Administrator has evaluated subsequent events through August 7, 2026, the date the financial statements were available to be issued, and determined that no such events require disclosure in the financial statements.

SUPPLEMENTAL SCHEDULES

SUPPLEMENTAL SCHEDULES

EMPLOYER IDENTIFICATION NUMBER (EIN): 36-3189198

PLAN NUMBER: 002

FORM 5500, SCHEDULE H, PART IV, ITEM 4(I) - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
AS OF DECEMBER 31, 2025

(a)	(b)	(c)	(d)	(e)	
	Identity of Issuer, Borrower, Lessor, or Similar Party	Including Description of Investment, Maturity Date, Rate of Interest Collateral, Par Maturity Value	Units	Cost	Current Value
Cash and cash equivalents:					
*	Principal / Blackrock Short-Term Investment Fund A S1	Cash equivalents	84,559	\$ 84,559	\$ 84,559
	Cash and cash equivalents	Cash equivalents	—	259	259
TOTAL Cash and cash equivalents:			84,559	\$ 84,818	\$ 84,818
Mutual fund investments:					
	Vanguard Emerging Markets Stock Index Fund / United States Class ADM #5533	Mutual Fund	2,012	\$ 90,383	\$ 89,775
TOTAL Mutual fund investments:			2,012	\$ 90,383	\$ 89,775
Pooled common and collective funds:					
*	Principal/Blackrock International Equity Index CIT N	Pooled Common and Collected Fund	9,610	\$ 316,004	\$ 354,490
*	Principal/Blackrock Large Cap Growth Index CIT N	Pooled Common and Collected Fund	3,092	283,845	281,548
*	Principal/Blackrock Large Cap Value Index CIT N	Pooled Common and Collected Fund	4,881	279,637	281,085
*	Principal/Blackrock Russell 2000 Index CIT N	Pooled Common and Collected Fund	2,114	141,923	139,340
*	Principal/Blackrock S&P Midcap Index CIT N	Pooled Common and Collected Fund	2,640	223,991	242,101
*	Principal/Blackrock S&P 500 Index CIT N	Pooled Common and Collected Fund	1,154	312,618	369,408
*	Principal/Blackrock US AGG Bond Index CIT N	Pooled Common and Collected Fund	58,950	1,090,209	1,091,130
TOTAL Pooled common and collective funds:			82,441	\$ 2,648,227	\$ 2,759,102
TOTAL Investments			169,012	\$ 2,823,428	\$ 2,933,695

* Indicates an identified person known to be a party-in-interest to the Plan.

SUPPLEMENTAL SCHEDULES

EMPLOYER IDENTIFICATION NUMBER (EIN): 36-3189198

PLAN NUMBER: 002

**FORM 5500, SCHEDULE H, PART IV, ITEM 4(J) - SCHEDULE OF REPORTABLE TRANSACTIONS
FOR THE YEAR ENDED DECEMBER 31, 2025**

(a)	(c)		(d)		(g)	(i)
	Purchase Price **	Number of Purchases	Selling Price **	Number of Sales	Cost of Asset	Net Gain or (Loss)
Identity of Issuer						
Series Transactions:						
*Principal Bank Short-Term Investment Fund A S1	\$391,149	29	\$ 381,886	28	\$ 381,886	\$ —
*Party-in-interest.						
** Purchase/selling price represents the current value of the asset on the transaction date.						

The above information has been certified by Principal Bank, the Trustee, as complete and accurate.

The Joseph A. Bank Mfg. Co., Inc. Defined Benefit Pension Plan
EIN/PN: 36-3189198 / 002

Schedule SB, Line 26 – Schedule of Active Participant Data

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

The Joseph A. Bank Mfg. Co., Inc. Defined Benefit Pension Plan

EIN/PN: 36-3189198 / 002

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

Funding assumptions and methods selection and rationale

The following assumptions were selected by the plan's enrolled actuary. The asset valuation method was selected by the plan sponsor and is an acceptable method under the applicable provisions of the Internal Revenue Code and associated regulations. The assumptions for retirement rates, disability rates, and withdrawal rates are appropriate given historic gain and loss experience of the plan.

Accounting assumptions and methods selection and rationale

Except for the expected long-term rate of return on assets, the assumptions and asset method for accounting purposes were selected by the plan sponsor with the actuary's advice. The expected long-term rate of return on assets was selected and prescribed by the plan sponsor. The actuarial cost methods are prescribed by ASC 715 and ASC 960.

Use of Models

Gallagher uses third-party software in the performance of annual actuarial valuations and projections. The model is intended to calculate the liabilities associated with the provisions of the plan using data and assumptions as of the measurement date under the funding rules and/or accounting standards specified in this report. Further, the model applies those funding rules and/or accounting standards to the liabilities derived and other inputs, such as plan assets and contributions, to generate many of the exhibits found in this report. Gallagher has an extensive review process whereby the results of the liability calculations are checked using detailed sample output, changes from year to year are summarized by source, and significant deviations from expectations are investigated. Other funding and/or accounting outputs are similarly reviewed in detail and at a high level for accuracy, reasonability and consistency with prior results. Gallagher also reviews the model when significant changes are made to the software. The review is performed by experts within the company who are familiar with applicable funding and/or accounting rules as well as the manner in which the model generates its output.

Future actuarial measurements

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

The Joseph A. Bank Mfg. Co., Inc. Defined Benefit Pension Plan

EIN/PN: 36-3189198 / 002

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

Prescribed Funding Assumptions and Methods

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

Interest rates

	2025 Plan Year	2024 Plan Year
Funding Rates – Constrained*		
First Segment Rate	5.00%	4.75%
Second Segment Rate	5.27%	4.96%
Third Segment Rate	5.50%	5.59%
Effective Interest Rate	5.39%	5.29%
Funding Rates – Unconstrained**		
First Segment Rate	5.00%	4.37%
Second Segment Rate	5.27%	4.96%
Third Segment Rate	5.40%	4.95%
Effective Interest Rate	5.33%	4.94%

*Used for minimum funding and benefit restriction purposes.

**Used for maximum tax-deduction purposes.

The interest rates used for funding purposes are the Segment Rates with no lookback, constrained in accordance with relevant legislation.

Mortality

Mortality tables for non-disabled participants mandated by applicable law and regulation as specified in IRS Regulation 1.430(h)(3)-1, as amended in the Federal Register on October 20, 2023, in TD 9983, 88 FR 72357, and as amended by IRS Notice 2024-42, applied on a fully generational basis using the IRS 2024 Adjusted Scale MP-2021 Rates mortality improvement scale. For disabled participants, mortality is based on Revenue Ruling 96-7 Post-1994 Disability Mortality.

Lump Sum interest and mortality:

Interest Rate:	Forward rates implied by the funding interest rates (annuity substitution rule)
Mortality:	2025 IRC 417(e) Applicable Mortality table, as amended by IRS Notice 2024-42

The Joseph A. Bank Mfg. Co., Inc. Defined Benefit Pension Plan

EIN/PN: 36-3189198 / 002

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

Prescribed Funding Assumptions and Methods (continued)

Actuarial cost method

The Funding Target is the present value of accrued benefits based on service to date. The Target Normal Cost is the present value of benefits expected to be accrued during the current plan year, including expected related expenses to be paid from plan assets during the year.

Non-Prescribed Funding Assumptions and Methods

Withdrawal

Representative rates are: Representative rates are:

Age	Rate
25	24.11%
40	18.34%
55	6.16%

Retirement

For active participants eligible to retire, rates are:

Age	Rate
62	10%
63	5%
64	5%
65	30%
66	20%
67-69	5%
70+	100%

Current terminated vested participants are assumed to retire at age 65.

Disability

PBGC disabled rates with OASDI (1979). Sample rates are:

Age	Rate	
	Male	Female
25	0.13%	0.07%
40	0.31%	0.28%
55	1.14%	1.15%

The Joseph A. Bank Mfg. Co., Inc. Defined Benefit Pension Plan

EIN/PN: 36-3189198 / 002

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

Non-Prescribed Funding Assumptions and Methods (continued)

Spousal data

80% of all pre-retirement participants are assumed to be married. Females are assumed to be 3 years younger than males.

New entrants

None assumed.

Rehire of terminated employees

No rehire of terminated employees assumed.

Asset valuation method

Market value, including the discounted value of accrued contributions.

Expense Load

The following are added to the current year Target Normal Cost:

- Actual prior year administrative expenses (excluding PBGC premiums) paid from the trust, adjusted with an inflation rate of 3.00%,
- Current year PBGC premium expected to be paid from the trust.

Optional payment form elections

For current active participants who terminate vested or retire, 90% are assumed to elect a lump sum, 7.50% are assumed to elect a straight life annuity, and 2.50% are assumed to elect the 50% joint and survivor annuity. For current terminated vested participants who retire, 75% are assumed to elect a straight life annuity and 25% are assumed to elect the 50% joint and survivor annuity. Based on anticipated plan experience.

Summary of Changes from the January 1, 2024 Valuation

- The funding interest rates were updated to the current rates as specified in IRS Regulation 1.430(h)(2)-1. These rates are constrained in accordance with the American Rescue Plan Act of 2021.
- The healthy lives mortality assumption was updated according to the projection specified in IRS Regulation 1.430(h)(3)-1, as amended, applied on a generational basis.
- Lump sum conversion mortality was updated to the 2025 IRC Section 417(e) Applicable Mortality table.
- The assumption changes listed above decreased the Funding Target by approximately \$15,000.

SUPPLEMENTAL SCHEDULES

EMPLOYER IDENTIFICATION NUMBER (EIN): 36-3189198

PLAN NUMBER: 002

**FORM 5500, SCHEDULE H, PART IV, ITEM 4(J) - SCHEDULE OF REPORTABLE TRANSACTIONS
FOR THE YEAR ENDED DECEMBER 31, 2025**

(a)	(c)		(d)		(g)	(i)
	Purchase Price **	Number of Purchases	Selling Price **	Number of Sales	Cost of Asset	Net Gain or (Loss)
Identity of Issuer						
Series Transactions:						
*Principal Bank Short-Term Investment Fund A S1	\$391,149	29	\$ 381,886	28	\$ 381,886	\$ —
*Party-in-interest.						
** Purchase/selling price represents the current value of the asset on the transaction date.						

The above information has been certified by Principal Bank, the Trustee, as complete and accurate.

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2025 This Form is Open to Public Inspection
--	--	---

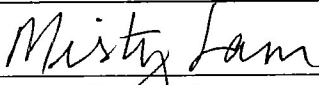
For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

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

A Name of plan THE JOSEPH A. BANK MFG. CO., INC. DEFINED BENEFIT PENSION PLAN	B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF THE JOSEPH A. BANK MFG. CO., INC.	D Employer Identification Number (EIN) 36-3189198
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☒ 101-500 ☐ More than 500

Part I Basic Information			
1 Enter the valuation date: Month 01 Day 01 Year 2025			
2 Assets:			
a Market value		2a	2,720,617
b Actuarial value		2b	2,720,617
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	40	397,991	397,991
b For terminated vested participants	82	638,690	638,690
c For active participants	110	1,486,224	1,520,091
d Total	232	2,522,905	2,556,772
4 If the plan is in at-risk status, check the box and complete lines (a) and (b) ☐			
a Funding target disregarding prescribed at-risk assumptions		4a	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor		4b	
5 Effective interest rate		5	5.39%
6 Target normal cost			
a Present value of current plan year accruals		6a	71,526
b Expected plan-related expenses		6b	38,237
c Target normal cost		6c	109,763

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

SIGN HERE	 Signature of actuary	8/6/2026 Date
Misty Lam, EA, MSPA, MAAA Type or print name of actuary		2606737 Most recent enrollment number
Gallagher Benefit Services, Inc. Firm name		808-258-0315 Telephone number (including area code)
1050 Queen Street, Suite 100 Honolulu HI 96814 Address of the firm		

Part II Beginning of Year Carryover and Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	227,633	0
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)	227,633	0
10 Interest on line 9 using prior year's actual return of <u>10.43</u> %	23,742	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		0
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.29</u> %		0
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c Total available at beginning of current plan year to add to prefunding balance		0
d Portion of (c) to be added to prefunding balance		0
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	251,375	0

Part III Funding Percentages

14 Funding target attainment percentage	14	96.57 %
15 Adjusted funding target attainment percentage	15	106.40 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	96.07 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls**18** Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/11/2025	39,905	0			
07/15/2025	32,090	0			
10/15/2025	32,090	0			
01/16/2026	43,606	0			
04/14/2026	10	0			
Totals ►			18(b)	147,701	18(c) 0

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

a Contributions allocated toward unpaid minimum required contributions from prior years.	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	142,622

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year?	☐ Yes ☒ No
b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	☐ Yes ☐ No
c If line 20a is "Yes," see instructions and complete the following table as applicable:	

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

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

21 Discount rate:				
a Segment rates:	1st segment: 5.00 %	2nd segment: 5.27 %	3rd segment: 5.50 %	☐ N/A, full yield curve used
b Applicable month (enter code).....				21b 0
22 Weighted average retirement age				22 69
23 Mortality table(s) (see instructions)	☐ Prescribed - combined	☒ Prescribed - separate	☐ Substitute	

Part VI Miscellaneous Items

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6c).....	31a	109,763	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	312,137	32,859	
b Waiver amortization installment	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)....	34	142,622	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0
36 Additional cash requirement (line 34 minus line 35).....	36	142,622	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37	142,622	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	0	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years	40	0	

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

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

The Joseph A. Bank Mfg. Co., Inc. Defined Benefit Pension Plan
EIN/PN: 36-3189198 / 002

Schedule SB, Line 19 – Discounted Employer Contributions

Line 19c - Contributions Allocated Toward Minimum Required Contribution for Current Year

Date	Amount	Plan Year	Days Discounted at Effective Rate of 5.39%	Days Discounted at Penalty Rate of 10.39%	Discounted Value
4/11/2025	39,905	2025	100	0	39,335
7/15/2025	32,090	2025	195	0	31,202
10/15/2025	32,090	2025	287	0	30,792
1/16/2026	23,936	2025	379	1	22,660
1/16/2026	19,670	2025	380	0	18,624
4/14/2026	10	2025	468	0	9
Total	147,701				142,622

The Joseph A. Bank Mfg. Co., Inc. Defined Benefit Pension Plan
EIN/PN: 36-3189198 / 002

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

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

(1) Age	(2) Expected Active Headcount	(3) Retirement Rate	(4) Expected Retirements (2)*(3)	(5) Weighted Age (1)*(4)
62	28.6779	0.0899	2.5785	159.8643
63	31.5669	0.0439	1.3850	87.2571
64	30.6192	0.0453	1.3872	88.7806
65	29.6266	0.3000	8.8880	577.7181
66	24.6221	0.2000	4.9244	325.0112
67	22.5865	0.0500	1.1293	75.6646
68	24.3486	0.0500	1.2174	82.7852
69	26.9992	0.0500	1.3500	93.1473
70	26.4860	1.0000	26.4860	1,854.0227
71	1.0000	1.0000	1.0000	71.0000
72	1.0000	1.0000	1.0000	72.0000
73	0.0000	1.0000	0.0000	0.0000
74	0.0000	1.0000	0.0000	0.0000
75	1.0000	1.0000	1.0000	75.0000
76	1.0000	1.0000	1.0000	76.0000
77	1.0000	1.0000	1.0000	77.0000
78	1.0000	1.0000	1.0000	78.0000
79	1.0000	1.0000	1.0000	79.0000
Total			56.3458	3,872.2511
Weighted Average Retirement Age = 3,872.2511 / 56.3458				68.72
Rounded Weighted Average Retirement Age				69

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

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

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

The Joseph A. Bank Mfg. Co., Inc. Defined Benefit Pension Plan
EIN/PN: 36-3189198 / 002

Schedule SB, Part V – Summary of Plan Provisions

General

Type of Plan

Defined Benefit Pension Plan

Plan Sponsor

Jos. A. Bank Clothiers, Inc.

Plan Administrator

The Jos. A. Bank Manufacturing Co., Inc.

Trustee

Principal Financial Group

Effective Date of Plan

May 1, 1994; most recently amended effective March 1, 2021.

Entry Date

Day following one (1) year of service.

Valuation Date

January 1

Plan Year

January 1 – December 31

Fiscal Year

February 1 – January 31

Definitions

Year of Service

Plan year during which an employee completes at least 1,000 hours of service.

Benefit Service

Service credited after May 1, 1994.

Prior Covered Employment

Service for a prior employer before May 1, 1994 and while prior employer was obligated to contribute to the prior plan.

The Joseph A. Bank Mfg. Co., Inc. Defined Benefit Pension Plan

EIN/PN: 36-3189198 / 002

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

Prior Service in the Industry

Service in men's and ladies' clothing industry prior to May 1, 1994.

Eligibility and Participation

Eligibility Requirements

Minimum age: None

Maximum age: None

Service requirement: One year of service

Rehires

Enter immediately if prior participant. If not prior participant, must meet eligibility requirements.

Funding of Plan

Company Contributions

Amount required to meet IRS annual funding standards determined by plan actuary.

Participant Contributions

None allowed.

Plan Benefits

Normal Retirement Benefits

Eligibility on termination of employment at age 65. The normal retirement date is the participant's 65th birthday.

Benefit Formula

For a Textile participant who did not have a nonforfeitable right to a benefit under the prior plan, the monthly benefit is based on the following schedule:

- (1) \$5.75 for years of prior covered employment before 1/1/1986,
- (2) \$6.00 for years of prior covered employment on or after 1/1/1986 but before 1/1/1987,
- (3) \$6.25 for years of prior covered employment on or after 1/1/1987 but before 1/1/1994,
- (4) \$8.25 for years of benefit service on or after 1/1/1994.

For a Textile participant who had a nonforfeitable right to a benefit under the prior plan, the monthly benefit is \$8.25 for years of benefit service after the effective date of this plan.

The Joseph A. Bank Mfg. Co., Inc. Defined Benefit Pension Plan
EIN/PN: 36-3189198 / 002

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

For a Union participant who did not have a nonforfeitable right to benefit under the prior plan, the monthly benefit is based on the following schedule:

- (1) \$5.75 for years of prior covered employment beginning before 1/1/1986,
- (2) \$6.00 for years of prior covered employment on or after 1/1/1986 but before 1/1/1987,
- (3) \$6.25 for years of prior covered employment on or after 1/1/1987 but before 1/1/1988,
- (4) \$6.50 for years of prior covered employment on or after 1/1/1988 but before 1/1/1992,
- (5) \$6.75 for years of benefit service on or after 1/1/1992 but before 3/1/2005,
- (6) \$9.25 for years of benefit service on or after 3/1/2005 but before 3/1/2006,
- (7) \$10.25 for years of benefit service on or after 3/1/2006 but before 3/1/2007,
- (8) \$11.25 for years of benefit service on or after 3/1/2007 but before 3/1/2008,
- (9) \$12.25 for years of benefit service on or after 3/1/2008, but before 3/1/2011,
- (10) \$13.00 for years of benefit service on or after 3/1/2011, but before 3/1/2016,
- (11) \$14.00 for years of benefit service on or after 3/1/2016 but before 3/1/2018,
- (12) \$14.50 for years of benefit service on or after 3/1/2018 but before 3/1/2019,
- (13) \$15.00 for years of benefit service on or after 3/1/2019, but before 3/1/2021,
- (14) \$15.25 for years of benefit service on or after 3/1/2021.

For a Union participant who had a nonforfeitable benefit under the prior plan, the monthly benefit is:

- (1) \$6.75 for years of benefit service on or after 1/1/1994 but before 3/1/2005,
- (2) \$9.25 for years of benefit service on or after 3/1/2005 but before 3/1/2006,
- (3) \$10.25 for years of benefit service on or after 3/1/2006 but before 3/1/2007,
- (4) \$11.25 for years of benefit service on or after 3/1/2007 but before 3/1/2008,
- (5) \$12.25 for years of benefit service on or after 3/1/2008, but before 3/1/2011,
- (6) \$13.00 for years of benefit service on or after 3/1/2011, but before 3/1/2016,
- (7) \$14.00 for years of benefit service on or after 3/1/2016 but before 3/1/2018,
- (8) \$14.50 for years of benefit service on or after 3/1/2018 but before 3/1/2019,
- (9) \$15.00 for years of benefit service on or after 3/1/2019, but before 3/1/2021,
- (10) \$15.25 for years of benefit service on or after 3/1/2021.

Benefit computed as life annuity.

The Joseph A. Bank Mfg. Co., Inc. Defined Benefit Pension Plan

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

Early Retirement Benefit

Eligibility after participant reaches age 62, and:

- (1) has been actively employed for not less than 10 years, or
- (2) first entered prior to 1/1/1983 and has at least 5 years of service.

Formula

Normal retirement benefit calculated using service as of termination date. Benefit reduced by 5/6 of 1% for each month prior to normal retirement date.

Deferred Retirement Benefits

Normal retirement benefit deferred until actual termination of employment with benefits based on the greater of:

- (A) Normal retirement benefit calculated using additional years of service, or
- (B) Normal retirement benefit actuarially adjusted for late payment.

Disability Benefits

Eligibility upon total and permanent disability with 15 years of service; Social Security disability required.

Commencement of benefits at determination of disability.

Formula

Benefit computed in the same manner as the normal retirement benefit without actuarial reduction.

Termination of Employment Benefits

Vesting Schedule:

Years of Service	Percent Vested
Less than 5	0%
5 or more	100%

Immediate cash-out permitted if value is less than \$1,000.

Death Benefits

If death occurs while actively employed after becoming vested, surviving spouse entitled to 50% of amount payable to participant under 50% joint and survivor option determined as of date of death and payable at earliest retirement age.

The Joseph A. Bank Mfg. Co., Inc. Defined Benefit Pension Plan
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Schedule SB, Part V – Summary of Plan Provisions (continued)

Payment of Benefits

Normal Form of Benefit

Life annuity for unmarried participants. For participants married at least one year at benefit commencement date, a reduced life annuity payable such that 50% of reduced benefit is payable to spouse upon death of participant.

Optional Forms of Payment

Optional forms of payment other than a lump sum are based on the applicable mortality table under IRC section 417(e)(3) and 7.0% interest. Lump sums are based on the applicable mortality table and the applicable segment rates under IRC section 417(e)(3), where the applicable segment rates are for the second month preceding the plan year in which the distribution falls.

Summary of Changes from the January 1, 2024 Valuation

- None

SUPPLEMENTAL SCHEDULES

EMPLOYER IDENTIFICATION NUMBER (EIN): 36-3189198

PLAN NUMBER: 002

FORM 5500, SCHEDULE H, PART IV, ITEM 4(I) - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
AS OF DECEMBER 31, 2025

(a)	(b)	(c)	(d)	(e)	
	Identity of Issuer, Borrower, Lessor, or Similar Party	Including Description of Investment, Maturity Date, Rate of Interest Collateral, Par Maturity Value	Units	Cost	Current Value
Cash and cash equivalents:					
*	Principal / Blackrock Short-Term Investment Fund A S1	Cash equivalents	84,559	\$ 84,559	\$ 84,559
	Cash and cash equivalents	Cash equivalents	—	259	259
TOTAL Cash and cash equivalents:			84,559	\$ 84,818	\$ 84,818
Mutual fund investments:					
	Vanguard Emerging Markets Stock Index Fund / United States Class ADM #5533	Mutual Fund	2,012	\$ 90,383	\$ 89,775
TOTAL Mutual fund investments:			2,012	\$ 90,383	\$ 89,775
Pooled common and collective funds:					
*	Principal/Blackrock International Equity Index CIT N	Pooled Common and Collected Fund	9,610	\$ 316,004	\$ 354,490
*	Principal/Blackrock Large Cap Growth Index CIT N	Pooled Common and Collected Fund	3,092	283,845	281,548
*	Principal/Blackrock Large Cap Value Index CIT N	Pooled Common and Collected Fund	4,881	279,637	281,085
*	Principal/Blackrock Russell 2000 Index CIT N	Pooled Common and Collected Fund	2,114	141,923	139,340
*	Principal/Blackrock S&P Midcap Index CIT N	Pooled Common and Collected Fund	2,640	223,991	242,101
*	Principal/Blackrock S&P 500 Index CIT N	Pooled Common and Collected Fund	1,154	312,618	369,408
*	Principal/Blackrock US AGG Bond Index CIT N	Pooled Common and Collected Fund	58,950	1,090,209	1,091,130
TOTAL Pooled common and collective funds:			82,441	\$ 2,648,227	\$ 2,759,102
TOTAL Investments			169,012	\$ 2,823,428	\$ 2,933,695

* Indicates an identified person known to be a party-in-interest to the Plan.

The Joseph A. Bank Mfg. Co., Inc. Defined Benefit Pension Plan
EIN/PN: 36-3189198 / 002

Schedule SB, Line 32 – Schedule of Amortization Bases

Date Established	Type Of Base	Years Remaining	Shortfall Amortization Installment	Present Value of Remaining Installments as of January 1, 2025
January 1, 2024	Shortfall	14	\$ (16,185)	\$ (166,137)
January 1, 2023	Shortfall	13	<u>49,044</u>	<u>478,274</u>
Total			\$ 32,859	\$ 312,137