

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) ☐ 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 ASHCROFT INC. RETIREMENT PLAN FOR UNION EMPLOYEES
1b	Three-digit plan number (PN) ▶ 011
1c	Effective date of plan 01/01/2006
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) ASHCROFT INC. 250 E MAIN ST STRATFORD, CT 06614-5145
2b	Employer Identification Number (EIN) 20-3481718
2c	Plan Sponsor's telephone number 203-378-8281
2d	Business code (see instructions) 333200

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.	09/01/2026	SHEILA NEVINS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	09/01/2026	SHEILA NEVINS
	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	5 290
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) 81 6a(2) 70 6b 0 6c 13 6d 83 6e 0 6f 83 6g(1) 6g(2) 6h 0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan 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 _____
- (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 ASHCROFT INC. RETIREMENT PLAN FOR UNION EMPLOYEES	B Three-digit plan number (PN) ▶ 011
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF ASHCROFT INC.	D Employer Identification Number (EIN) 20-3481718
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	21942592	
b	Actuarial value	2b	21640779	
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	194	10545846	10545846
b	For terminated vested participants	15	390352	390352
c	For active participants	81	6905644	6957221
d	Total	290	17841842	17893419
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	5.34 %	
6	Target normal cost			
a	Present value of current plan year accruals	6a	313723	
b	Expected plan-related expenses	6b	52004	
c	Target normal cost	6c	365727	

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 JOSEPH L. PENICK Type or print name of actuary CURCIO WEBB LLC Firm name 610 16TH STREET SUITE 205 OAKLAND, CA 94612 Address of the firm	08/07/2026 Date 26-05940 Most recent enrollment number 415-743-5692 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)	0	3426919
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)	0	3426919
10 Interest on line 9 using prior year's actual return of <u>1.94</u> %	0	66482
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>5.06</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)	0	3493401

Part III Funding Percentages

14 Funding target attainment percentage	14	101.41 %
15 Adjusted funding target attainment percentage	15	120.94 %
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	107.46 %
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
Totals ►			18(b)		18(c)

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	0

20 Quarterly contributions and liquidity shortfalls:

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

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

Part V Assumptions Used to Determine Funding Target and Target Normal Cost**21** Discount rate:**a** Segment rates:1st segment:
5.07 %2nd segment:
5.31 %3rd segment:
5.50 %☐ N/A, full yield curve used**b** Applicable month (enter code)**21b**

4

22 Weighted average retirement age**22**

68

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**

365727

b Excess assets, if applicable, but not greater than line 31a**31b**

253959

32 Amortization installments:**a** Net shortfall amortization installment

0

0

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**

111768

Carryover balance

Prefunding balance

Total balance

35 Balances elected for use to offset funding requirement

0

111768

111768

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

0

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

0

38 Present value of excess contributions for current year (see instructions)**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 ASHCROFT INC. RETIREMENT PLAN FOR UNION EMPLOYEES	B Three-digit plan number (PN) ▶	011
C Plan sponsor's name as shown on line 2a of Form 5500 ASHCROFT INC.	D Employer Identification Number (EIN) 20-3481718	

Part I

Service Provider Information (see instructions)

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

1

Information on Persons Receiving Only Eligible Indirect Compensation

- a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. ☐ Yes ☒ No
- b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

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)

FIDUCIENT ADVISORS

36-4001764

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	NONE	36591	Yes ☐ No ☒	Yes ☐ No ☐	0	Yes ☐ No ☐

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

WEBSTER BANK, N.A.

06-0273620

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
24	NONE	22444	Yes ☐ No ☒	Yes ☐ No ☐	0	Yes ☐ No ☐

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

CURCIO WEBB LLC

36-4171366

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11	ACTUARY	29528	Yes ☐ No ☒	Yes ☐ No ☐	0	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
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

a Name:	T. WILLIAM VAN OSS	b EIN:	36-4171366
c Position:	CONSULTING ACTUARY		
d Address:	P.O. BOX 4531 CAMP CONNELL, CA 95223	e Telephone:	925-324-3240

Explanation: YOU WERE TERMINATED FROM ENROLLED ACTUARY SERVICES FOR THIS PLAN DUE TO YOUR RETIREMENT FROM CURCIO WEBB.

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) 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 ASHCROFT INC. RETIREMENT PLAN FOR UNION EMPLOYEES	B Three-digit plan number (PN) 011
C Plan sponsor's name as shown on line 2a of Form 5500 ASHCROFT INC.	D Employer Identification Number (EIN) 20-3481718	

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	
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	0
(2) Participant contributions.....	1b(2)	0	0
(3) Other	1b(3)	0	9039
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	315498	269245
(2) U.S. Government securities	1c(2)	500125	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	996470	499475
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	0	0
(9) Value of interest in common/collective trusts	1c(9)	0	0
(10) Value of interest in pooled separate accounts	1c(10)	0	0
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	20067177	10778477
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	0	0
(15) Other.....	1c(15)	63322	39178

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)	0	0
(2) Employer real property	1d(2)	0	0
1e Buildings and other property used in plan operation	1e	0	0
1f Total assets (add all amounts in lines 1a through 1e)	1f	21942592	11595414

Liabilities

1g Benefit claims payable	1g	0	0
1h Operating payables	1h	0	0
1i Acquisition indebtedness	1i	0	0
1j Other liabilities	1j	0	94477
1k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	94477

Net Assets

1l Net assets (subtract line 1k from line 1f)	1l	21942592	11500937
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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)	0	
(B) Participants	2a(1)(B)	0	
(C) Others (including rollovers)	2a(1)(C)	0	
(2) Noncash contributions	2a(2)	0	
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	8606	
(B) U.S. Government securities	2b(1)(B)	16696	
(C) Corporate debt instruments	2b(1)(C)	31431	
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans	2b(1)(E)	0	
(F) Other	2b(1)(F)	0	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		56733
(2) Dividends: (A) Preferred stock	2b(2)(A)	0	
(B) Common stock	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	769533	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		769533
(3) Rents	2b(3)		0
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	14094996	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	14093451	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		1545
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	0	
(B) Other	2b(5)(B)	1335	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		1335

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		0
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		1189413
c Other income	2c		0
d Total income. Add all income amounts in column (b) and enter total	2d		2018559

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1133107	
(2) To insurance carriers for the provision of benefits	2e(2)	11207804	
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		12340911
f Corrective distributions (see instructions)	2f		0
g Certain deemed distributions of participant loans (see instructions)	2g		0
h Interest expense	2h		0
i Administrative expenses:			
(1) Salaries and allowances	2i(1)	0	
(2) Contract administrator fees	2i(2)	0	
(3) Recordkeeping fees	2i(3)	0	
(4) IQPA audit fees	2i(4)	0	
(5) Investment advisory and investment management fees	2i(5)	36591	
(6) Bank or trust company trustee/custodial fees	2i(6)	15979	
(7) Actuarial fees	2i(7)	29528	
(8) Legal fees	2i(8)	0	
(9) Valuation/appraisal fees	2i(9)	0	
(10) Other trustee fees and expenses	2i(10)	6465	
(11) Other expenses	2i(11)	30740	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		119303
j Total expenses. Add all expense amounts in column (b) and enter total	2j		12460214

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-10441655
l Transfers of assets:			
(1) To this plan	2l(1)		0
(2) From this plan	2l(2)		0

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: CLIFTONLARSENALLEN LLP

(2) EIN: 41-0746749

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?	☒		1000000
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 585268.

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 ASHCROFT INC. RETIREMENT PLAN FOR UNION EMPLOYEES		B Three-digit plan number (PN) ▶ 011
C Plan sponsor's name as shown on line 2a of Form 5500 ASHCROFT INC.		D Employer Identification Number (EIN) 20-3481718
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): 06-0273620		
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 0
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_____.

ASHCROFT INC. RETIREMENT PLAN FOR UNION EMPLOYEES

**FINANCIAL STATEMENTS AND
ERISA-REQUIRED SUPPLEMENTAL SCHEDULES**

YEARS ENDED DECEMBER 31, 2025 AND 2024



CPAs | CONSULTANTS | WEALTH ADVISORS

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**ASHCROFT INC. RETIREMENT PLAN FOR UNION EMPLOYEES
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INDEPENDENT AUDITORS' REPORT

Benefits Committee
Ashcroft Inc. Retirement Plan for Union Employees
Stratford, Connecticut

Report on the Audit of the Financial Statements

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

We have performed audits of the financial statements of the Ashcroft Inc. Retirement Plan for Union Employees, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits and of accumulated plan benefits as of December 31, 2025 and 2024, and the related statements of changes in net assets available for benefits and changes in accumulated plan benefits for the years then ended, and the related notes to the financial statements.

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

Management has obtained a certification from a qualified institution as of and for the years ended December 31, 2025 and 2024, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Opinion

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

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

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Ashcroft Inc. Retirement Plan for Union Employees' 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.

Auditors' Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.

Benefits Committee
Ashcroft Inc. Retirement Plan for Union Employees

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Ashcroft Inc. Retirement Plan for Union Employees' internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Ashcroft Inc. Retirement Plan for Union Employees' ability to continue as a going concern for a reasonable period of time.

Our audits did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

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

Other Matter – Supplemental Schedules Required by ERISA

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

Benefits Committee
Ashcroft Inc. Retirement Plan for Union Employees

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

In our opinion

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

CliftonLarsonAllen LLP

CliftonLarsonAllen LLP

West Hartford, Connecticut
August 12, 2026

ASHCROFT INC. RETIREMENT PLAN FOR UNION EMPLOYEES
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2025 AND 2024

ASSETS	<u>2025</u>	<u>2024</u>
INVESTMENTS, at Fair Value		
Money Market and Mutual Funds	\$ 11,047,722	\$ 20,382,675
Corporate Bonds	499,475	996,470
Government Bonds	-	500,125
Total Investments, at Fair Value	<u>11,547,197</u>	<u>21,879,270</u>
RECEIVABLES		
Accrued Investment Income	39,178	63,322
Reimbursement receivable from insurance company	9,039	-
Total Receivables	<u>48,217</u>	<u>63,322</u>
Total Assets	11,595,414	21,942,592
LIABILITIES		
ACCOUNTS PAYABLE AND ACCRUED EXPENSES		
Deferred reimbursement from insurance company	<u>94,477</u>	-
Total Liabilities	<u>94,477</u>	-
NET ASSETS AVAILABLE FOR BENEFITS	<u><u>\$ 11,500,937</u></u>	<u><u>\$ 21,942,592</u></u>

See accompanying Notes to Financial Statements.

ASHCROFT INC. RETIREMENT PLAN FOR UNION EMPLOYEES
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
YEARS ENDED DECEMBER 31, 2025 AND 2024

	<u>2025</u>	<u>2024</u>
ADDITIONS TO NET ASSETS ATTRIBUTED TO:		
INVESTMENT INCOME		
Net Appreciation (Depreciation) in Fair Value of Investments	\$ 1,192,293	\$ (377,733)
Interest and Dividend Income	826,266	849,073
Net Investment Income	<u>2,018,559</u>	<u>471,340</u>
Total Additions	2,018,559	471,340
DEDUCTIONS:		
BENEFITS PAID TO PARTICIPANTS	1,133,107	1,007,276
PAYMENT TO INSURANCE COMPANY FOR PURCHASE OF ANNUITIES	11,207,804	-
ADMINISTRATIVE EXPENSES	<u>119,303</u>	<u>96,278</u>
Total Deductions	<u>12,460,214</u>	<u>1,103,554</u>
NET DECREASE	(10,441,655)	(632,214)
NET ASSETS AVAILABLE FOR BENEFITS:		
Beginning of Year	<u>21,942,592</u>	<u>22,574,806</u>
End of Year	<u><u>\$ 11,500,937</u></u>	<u><u>\$ 21,942,592</u></u>

See accompanying Notes to Financial Statements.

ASHCROFT INC. RETIREMENT PLAN FOR UNION EMPLOYEES
STATEMENTS OF ACCUMULATED PLAN BENEFITS
DECEMBER 31, 2025 AND 2024

	<u>2025</u>	<u>2024</u>
ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS		
Vested Benefits:		
Participants Currently Receiving Payments	\$ 94,477	\$ 9,881,794
Other Participants	<u>6,115,925</u>	<u>6,769,606</u>
Total Vested Benefits	<u>6,210,402</u>	<u>16,651,400</u>
Nonvested Benefits	<u>60,478</u>	<u>47,717</u>
Total Actuarial Present Value of Accumulated Plan Benefits	<u><u>\$ 6,270,880</u></u>	<u><u>\$ 16,699,117</u></u>

See accompanying Notes to Financial Statements.

**ASHCROFT INC. RETIREMENT PLAN FOR UNION EMPLOYEES
STATEMENTS OF CHANGES IN ACCUMULATED PLAN BENEFITS
YEARS ENDED DECEMBER 31, 2025 AND 2024**

	<u>2025</u>	<u>2024</u>
ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS - BEGINNING OF YEAR	\$ 16,699,117	\$ 16,634,527
Increase (Decrease) During the Year Attributable to:		
Benefits Accumulated	1,028,166	537,179
Increase for Interest Due to the Decrease in the Discount Period	967,954	927,526
Benefits Paid	(12,255,473)	(1,007,276)
Change in Actuarial Assumptions/Plan Changes	(168,884)	(392,839)
Net Increase (Decrease)	<u>(10,428,237)</u>	<u>64,590</u>
ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS - END OF YEAR	<u>\$ 6,270,880</u>	<u>\$ 16,699,117</u>

See accompanying Notes to Financial Statements.

ASHCROFT INC. RETIREMENT PLAN FOR UNION EMPLOYEES
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2025 AND 2024

NOTE 1 DESCRIPTION OF PLAN

The following description of the Ashcroft Inc. Retirement Plan for Union Employees (the Plan) provides only general information. The Plan was established effective January 1, 2006 for the benefit of certain union employees at the Stratford, Connecticut location of Ashcroft, Inc. Participants should refer to the plan agreement for a more complete description of the Plan's provisions.

General

The Plan is a defined benefit pension plan that covers hourly paid Production & Maintenance Unit, Drafting Unit or Office Unit employees at the Stratford, Connecticut, location of Ashcroft, Inc. (the Company) who are members of the bargaining unit represented by Local #191 of the International Brotherhood of Teamsters, Chauffeurs, Warehousemen and Helpers of America. Eligible employees enter the Plan on the later of the effective date of the Plan or their date of hire. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Eligibility

Production & Maintenance Unit and Drafting Unit employees hired on or before May 15, 2008 or Office Unit employees hired on or before October 31, 2008 had a one-time election period during which they could elect to opt out of the Plan and become eligible for the 2% basic company contribution and the 1% matching contribution in the Ashcroft Inc. 401(k) Plan. For the Production & Maintenance Unit or the Drafting Unit employees, the election period was from September 1, 2008 to September 30, 2008 and was effective October 1, 2008. For the Office Unit employees, the election period was from March 1, 2009 to March 31, 2009 and was effective April 1, 2009. Any member of the Production & Maintenance Unit or the Drafting Unit of the Teamsters hired after May 15, 2008 or the Office Unit hired after October 31, 2008 is not eligible to participate in this Plan. Effective September 30, 2008, benefit accrual service under the Plan was frozen for the Production & Maintenance Unit and the Drafting Unit employees who opted out. Effective March 31, 2009, benefit accrual service under the Plan was frozen for the Office Unit employees who opted out.

Pension Benefits

Participants are entitled to monthly pension benefits at the later of normal retirement age (65) or the fifth anniversary of participation in the Plan if they have met the Plan's provisions. It also provides for early retirement, disability retirement and death benefits in certain instances. Such benefits are defined in the Plan and are based on years of credited service. Years of service for both vesting and retirement eligibility are based on continuous service with both the Company and credited service earned for participation in certain retirement plans sponsored by Dresser, Inc. (Prior Dresser Plans). Benefits under the Plan are reduced by benefits payable from the Prior Dresser Plans, as defined in the plan documents. Service credit for Prior Dresser Plans applies to employees of Dresser, Inc., who commenced employment with Ashcroft, Inc., on November 30, 2005.

ASHCROFT INC. RETIREMENT PLAN FOR UNION EMPLOYEES
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2025 AND 2024

NOTE 1 DESCRIPTION OF PLAN (CONTINUED)

Pension Benefits (Continued)

Production & Maintenance Unit and Drafting Unit employees age 62 and older who elected to participate in the Company's Voluntary Separation Program and retired after May 15, 2013 were credited with an additional five years of service for both benefit amount and early retirement eligibility.

Death and Disability Retirement Benefits

Death benefits may be paid to the participant's beneficiary, depending on the commencement of benefits prior to death and whether certain plan conditions have been met. Participants retiring from service with the Company on account of permanent disability that occurs prior to termination of employment and after attainment of early retirement eligibility may be entitled to receive a monthly pension benefit equal to the normal retirement benefit commencing on the first of the month after the later of termination of employment, the date of disability on Social Security award letter or the date the participant applies for benefits. The benefit payable is the full normal retirement benefit, but payable at the above date instead of waiting until normal retirement age.

Vesting

A participant becomes fully vested upon the earlier of accumulating five years of qualifying service or reaching normal retirement age.

Form of Benefits

The normal form of benefit is a qualified 50% joint and survivor annuity for married participants and a life annuity for others. Optional forms of annuity payments are also available.

Annuity Buy-Out

The Company entered into a contract with Delaware Life Insurance Company (DL) to purchase annuities of all retirees and beneficiaries who were actively receiving benefits in order to satisfy the benefit obligations of these participants. The Plan made a payment to DL totaling \$11,216,843 in order to satisfy these liabilities in December 2025, subject to a true-up which was completed in July 2026, resulting in a refund back to the Plan totaling \$9,039. This refund and net payment made to DL totaling \$11,207,804 is reflected on the accompanying statements of net assets available for benefits, accumulated plan benefits, changes in net assets available for benefits, and changes in accumulated plan benefits as of and for the year ended December 31, 2025, respectively. DL assumed the liabilities of these participants as of December 30, 2025 for annuity payments to commence effective January 1, 2026. However, in order to ensure that there would be no delays in processing annuity payments to affected participants, the Plan agreed to continue to make the January and February 2026 payments which would be reimbursed by DL. In December 2025, the Plan received an advanced reimbursement for the January 2026 payment totaling \$94,477 and has been reflected as a liability on the accompanying statement of net assets available for benefits as of December 31, 2025.

ASHCROFT INC. RETIREMENT PLAN FOR UNION EMPLOYEES
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2025 AND 2024

NOTE 2 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The financial statements of the Plan are prepared on the accrual basis of accounting.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

Investment Valuation and Income Recognition

Investments are held by Webster Private Bank (Webster) and are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 5 for a discussion of fair value measurements.

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

Payment of Benefits

Benefit payments to participants are recorded when paid.

Plan Expenses

Certain expenses of maintaining the Plan are paid directly by the Company. Investment-related expenses are included in net appreciation (depreciation) in fair value of investments.

Risks and Uncertainties

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

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

Subsequent Events

Subsequent events were evaluated through August 12, 2026, the date the financial statements were available to be issued.

ASHCROFT INC. RETIREMENT PLAN FOR UNION EMPLOYEES
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2025 AND 2024

NOTE 3 CERTIFICATION OF INVESTMENT INFORMATION

Webster, the qualified institution of the Plan, has supplied the Plan administrator with a certification as to the completeness and accuracy of investments as of December 31, 2025 and 2024, and investment income (loss) for the year ended December 31, 2025 and 2024, in the accompanying financial statements and ERISA-required supplemental schedules.

NOTE 4 ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS

Accumulated plan benefits are those estimated future periodic payments, including lump-sum distributions, that are attributable under the Plan's provisions based on the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Benefits under the Plan are based on an employee's years of credited service, as defined. Benefits payable under the provisions of the Plan are included in the actuarial present value of accumulated plan benefits to the extent they are deemed attributable to employee service rendered to the valuation date.

The actuarial present value of accumulated plan benefits as determined by Curcio Webb, LLC, the plan actuary, is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal or retirement) between the valuation date and the expected date of payment. The computations of the actuarial present value of accumulated plan benefits were made as of January 1, 2026 and 2025. Had the valuations been performed as of December 31, there would be no material differences.

The significant actuarial assumptions used in the valuations as of December 31, 2025 and 2024 are as follows:

	2025	2024
Actuarial Cost Method	Unit Credit Cost Method	Unit Credit Cost Method
Mortality Rates	Healthy lives: PRI-2012 blue collar with scale 2024 Adjusted MP-2021 from 2012 Disabled lives: PRI-2012 disabled mortality with scale 2024 Adjusted MP-2021 from 2012	Healthy lives: PRI-2012 blue collar with scale 2024 Adjusted MP-2021 from 2012 Disabled lives: PRI-2012 disabled mortality with scale 2024 Adjusted MP-2021 from 2012
Assumed Rate of Return	6.00% compounded annually	6.00% compounded annually
Retirement Age	Rates graded by age and service	Rates graded by age and service
Terminations	Rates graded by age and service	Rates graded by age and service

ASHCROFT INC. RETIREMENT PLAN FOR UNION EMPLOYEES
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2025 AND 2024

NOTE 5 FAIR VALUE MEASUREMENTS

Accounting principles generally accepted in the United States of America establish a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy are described below:

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

Level 2 - Inputs to the valuation methodology include:

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

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

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

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs. Assets valued using the net asset value practical expedient are not required to be reported within the hierarchy.

The following is a description of the valuation methodology used for assets measured at fair value:

Money Market and Mutual Funds: Money market and mutual funds are valued at the quoted price of shares held by the Plan at year-end.

Corporate and Government Bonds: Investments in bonds are valued using pricing models maximizing the use of observable inputs for similar securities. This includes basing value on yields currently available on comparable securities of issuers with similar credit ratings. When quoted prices are not available for identical or similar bonds, the bond is valued under a discounted cash flows approach that maximizes observable inputs, such as current yields of similar instruments, but includes adjustments for certain risks that may not be observable, such as credit and liquidity risks or a broker quote is available.

ASHCROFT INC. RETIREMENT PLAN FOR UNION EMPLOYEES
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2025 AND 2024

NOTE 5 FAIR VALUE MEASUREMENTS (CONTINUED)

There have been no changes in the methodologies used at December 31, 2025 and 2024.

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

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2025 and 2024:

2025				
	Level 1	Level 2	Level 3	Total
Money Market and Mutual Funds	\$ 11,047,722	\$ -	\$ -	\$ 11,047,722
Corporate Bonds	-	499,475	-	499,475
Total Investments at Fair Value	<u>\$ 11,047,722</u>	<u>\$ 499,475</u>	<u>\$ -</u>	<u>\$ 11,547,197</u>
2024				
	Level 1	Level 2	Level 3	Total
Money Market and Mutual Funds	\$ 20,382,675	\$ -	\$ -	\$ 20,382,675
Corporate Bonds	-	996,470	-	996,470
Government Bonds	-	500,125	-	500,125
Total Investments at Fair Value	<u>\$ 20,382,675</u>	<u>\$ 1,496,595</u>	<u>\$ -</u>	<u>\$ 21,879,270</u>

There were no transfers between levels of investments during the years ended December 31, 2025 and 2024.

NOTE 6 FUNDING POLICY

The Company's funding policy is to contribute such amounts as are necessary on an actuarial basis to provide the Plan with assets sufficient to pay earned benefits to plan participants and to meet the minimum funding requirements of ERISA. The yield (interest, dividends and net unrealized and realized gains and losses) on investments of the Plan serves to reduce future contributions that would otherwise be required to provide for the defined level of benefits under the Plan. All contributions to the Plan are made by the Company and are deposited with Webster, the plan trustee. The Plan has met the ERISA minimum funding requirements for the years ended December 31, 2025 and 2024.

ASHCROFT INC. RETIREMENT PLAN FOR UNION EMPLOYEES
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2025 AND 2024

NOTE 7 PARTY-IN-INTEREST

Certain plan investments are managed by affiliates of Webster. Webster is a trustee as defined by the Plan, and, therefore, these transactions qualify as party-in-interest transactions. Certain employees of the Company who participate in the Plan perform administrative services to the Plan at no cost to the Plan.

NOTE 8 INCOME TAX STATUS

The Plan obtained a determination letter on October 29, 2014 in which the Internal Revenue Service (IRS) stated that the Plan, as designed, was in compliance with the applicable requirements of the Internal Revenue Code (the Code). The plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the Code. Therefore, no provision for income taxes has been included in the Plan's financial statements.

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

NOTE 9 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.

Certain benefits under the Plan are insured by the Pension Benefit Guaranty Corporation (PBGC) if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits and certain disability and survivors' pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination. However, there is a statutory ceiling, which is adjusted periodically, on the amount of an individual's monthly benefit that the PBGC guarantees.

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.

ASHCROFT INC. RETIREMENT PLAN FOR UNION EMPLOYEES
E.I.N. 20-3481718 PLAN NO. 011
SCHEDULE H, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2025

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor or Similar Party	Description of Investments Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value
Money Market and Mutual Funds:				
	Baird Aggregate Bond Fund	Mutual Fund	\$ 3,461,959	\$ 3,561,842
	Vanguard Short-Term Investment Grade Fund	Mutual Fund	1,771,081	1,776,781
	Vanguard Long-Term Treasury Fund	Mutual Fund	1,573,565	1,584,976
	Vanguard Long-Term Investment Grade Fund	Mutual Fund	1,509,637	1,561,125
	Fidelity 500 Index Fund	Mutual Fund	619,471	914,484
	Fidelity Total International Index Fund	Mutual Fund	637,096	877,376
	Fidelity Extended Market Index Fund	Mutual Fund	348,711	501,893
	Dreyfus Treasury Securities Cash Management	Money Market Fund	269,245	269,245
	Total Money Market and Mutual Funds		<u>10,190,765</u>	<u>11,047,722</u>
Corporate Bonds:				
	Wells Fargo & Co	5.05%, 1/25/26, 500,000	500,000	499,475
	Total Corporate Bonds		<u>500,000</u>	<u>499,475</u>
	Total Investments		<u>\$ 10,690,765</u>	<u>\$ 11,547,197</u>

ASHCROFT INC. RETIREMENT PLAN FOR UNION EMPLOYEES
E.I.N. 20-3481718 PLAN NO. 011
SCHEDULE H, PART IV, LINE 4j—SCHEDULE OF REPORTABLE TRANSACTIONS
DECEMBER 31, 2025

(a) Identity of Party Involved	(b) Description of Asset (Including Interest Rate and Maturity in Case of Loan)	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expenses Incurred with Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
Category (i) - A Single Transaction in Excess of 5% of Plan Assets								
Baird Aggregate Bond Fund	Mutual Fund	\$ -	\$ 1,700,000	\$ -	\$ -	\$ 1,595,674	\$ 1,700,000	\$ 104,326
Dreyfus Treasury Securities Cash Management	Money Market Fund	11,310,000	-	-	-	11,310,000	11,310,000	-
Dreyfus Treasury Securities Cash Management	Money Market Fund	-	11,216,843	-	-	11,216,843	11,216,843	-
Vanguard Long-Term Investment Grade Fund	Mutual Fund	-	3,825,000	-	-	3,596,062	3,825,000	228,938
Vanguard Long-Term Treasury Fund	Mutual Fund	-	3,650,000	-	-	3,563,108	3,650,000	86,892
Category (iii) - A Series of Transactions in Excess of 5% of Plan Assets								
Baird Aggregate Bond Fund	Mutual Fund	\$ -	\$ 1,700,000	\$ -	\$ -	\$ 1,595,675	\$ 1,700,000	\$ 104,325
Dreyfus Treasury Securities Cash Management	Money Market Fund	13,048,742	-	-	-	13,048,742	13,048,742	-
Dreyfus Treasury Securities Cash Management	Money Market Fund	-	13,094,995	-	-	13,094,995	13,094,995	-
Fidelity 500 Index Fund	Mutual Fund	-	1,160,000	-	-	745,508	1,160,000	414,492
Fidelity Total International Index Fund	Mutual Fund	-	1,150,000	-	-	827,959	1,150,000	322,041
Vanguard Long-Term Investment Grade Fund	Mutual Fund	-	3,995,000	-	-	3,756,679	3,995,000	238,321
Vanguard Long-Term Treasury Fund	Mutual Fund	-	3,675,000	-	-	3,586,907	3,675,000	88,093

There were no category (ii) or (iv) reportable transactions for the year ended December 31, 2025.



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 DATE: 11/11/2011

Ashcroft Inc. Retirement Plan for Union Employees
EIN/PN: 20-3481718/011
2025 Schedule SB (Form 5500) Attachment

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

All calculations in this report assume the plan will be ongoing and use the unit credit actuarial cost method to develop costs and liabilities.

Actuarial Methods

The actuarial accrued liability and normal cost under the unit credit actuarial cost method are used to determine the minimum required contribution under IRC Section 430 for the plan. Under this method, actuarial accrued liability is the total present value of benefits accrued under the plan formula at the valuation date for all participants (both active and nonactive). Normal cost is the total actuarial present value of additional benefits expected to be earned during the plan year by active participants under the assumed retirement age.

As required by IRC proposed regulation section 1.430(d)-1, the determination of both the target liability and target normal cost (IRC section 430 terms for accrued liability and normal cost) includes any plan provisions that are adopted on or before the valuation date and become effective during the plan year.

The normal cost and actuarial accrued liability for the plan are the sum of the individual normal costs and the sum of the individual accrued liabilities, respectively.

Vested liabilities are based on the same methods and assumptions used for accrued liabilities, but exclude:

- Benefits for participants with less than 5 years of service as of the valuation date
- Disability benefits
- Increased early retirement benefits dependent on service for participants with less than the required years of service on the valuation date.

Ashcroft Inc. Retirement Plan for Union Employees

EIN/PN: 20-3481718/011

2025 Schedule SB (Form 5500) Attachment

Asset Valuation Method

The actuarial value of assets is determined by smoothing investment gains and losses (the excess/shortfall of the actual investment return over the expected return), in accordance with procedures described in Revenue Notice 2009-22. The preliminary actuarial value of assets is equal to the market value of assets (including discounted receivable contributions) plus/(minus) 2/3 of the loss/(gain) for the prior year and 1/3 of the loss/(gain) for the second prior year. Expected returns are based on the lesser of the third segment rate used for IRC Section 430 and 6.0%. If the resulting asset value is outside a 90% to 110% market value corridor, an additional adjustment maintains the actuarial value of assets at the appropriate corridor limit.

Economic Assumptions

IRC Section 430 interest rates

The plan sponsor has elected to use 24-month-average segment rates based on the corporate bond yield curve with a 4-month lookback – limited to be no less (more) than 95% (105%) of the average of segment rates over 25 years, subject to a 5% floor.

Segment rates used to discount expected benefit payments from the expected distribution date to the valuation date:

	PPA 24-month Average	ARPA 25-year Average	Funding Rates Limited by Corridor
■ 0-5 years	5.07%	4.83%	5.07%
■ 5-20 years	5.33%	5.06%	5.31%
■ 20+ years	5.36%	5.79%	5.50%
■ Effective rate	5.32%	N/A	5.34%

Salary increases

N/A

Expenses

\$52,004

Ashcroft Inc. Retirement Plan for Union Employees
EIN/PN: 20-3481718/011
2025 Schedule SB (Form 5500) Attachment

Demographic Assumptions

Assumptions are made about survival, marital status, and the causes and timing of separation from service.

Retirement

The percent of employees expected to retire each year depends on age and service; sample rates are:

Age	Years of Service					
	<21	21	22	23	24	25
55	2.5%	1.0%	1.0%	1.0%	1.0%	1.0%
56	1.0%	1.0%	0.5%	0.5%	0.5%	0.5%
57	1.0%	1.0%	1.0%	0.5%	0.5%	0.5%
58	1.0%	1.0%	1.0%	1.0%	0.5%	0.5%
59	1.0%	1.0%	1.0%	1.0%	1.0%	0.5%
60	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%
61	2.5%	2.5%	2.5%	2.5%	2.5%	2.5%
62	12.5%	12.5%	12.5%	12.5%	12.5%	12.5%
63	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%
64	7.5%	7.5%	7.5%	7.5%	7.5%	7.5%
65-69	25.0%	25.0%	25.0%	25.0%	25.0%	25.0%
70+	100%	100%	100%	100%	100%	100%

Age	Years of Service					
	26	27	28	29	30	31+
55	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%
56	0.5%	0.5%	0.5%	0.5%	0.5%	0.5%
57	0.5%	0.5%	0.5%	0.5%	0.5%	0.5%
58	0.5%	0.5%	0.5%	0.5%	0.5%	0.5%
59	0.5%	0.5%	0.5%	0.5%	0.5%	0.5%
60	2.5%	2.5%	2.5%	2.5%	12.5%	12.5%
61	2.5%	1.0%	1.0%	1.0%	12.5%	2.5%
62	12.5%	12.5%	5.0%	5.0%	12.5%	12.5%
63	5.0%	5.0%	5.0%	2.5%	12.5%	5.0%
64	7.5%	7.5%	7.5%	7.5%	12.5%	7.5%
65-69	25.0%	25.0%	25.0%	25.0%	25.0%	25.0%
70+	100%	100%	100%	100%	100%	100%

Ashcroft Inc. Retirement Plan for Union Employees**EIN/PN: 20-3481718/011****2025 Schedule SB (Form 5500) Attachment**

Termination

2003 SOA Pension Plan Turnover Study Select and Ultimate Table. The percent of employees expected to terminate each year depends on age and service; sample probabilities are:

Age	Year of Service			
	<2	2-4	5-9	>9
25	20.7%	17.2%	13.7%	N/A
35	16.3	10.9	7.2	5.0
45	14.9	9.4	5.8	3.8
55	13.4	7.6	1.9	0.3

Mortality (healthy lives)

The Static Mortality Table for small plans of IRC Reg. §1.430(h)(3)-1.

Mortality (disabled participants)

Rev. Ruling 96-7 post-1994 disabled mortality table; sample rates are:

Age	Percent Expected to Die at Each Age	
	Males	Females
40	3.8%	2.1%
55	5.3	3.3
70	7.3	5.1
85	13.3	10.9

Disablement

The percent of employees expected to become disabled each year depends on age; sample probabilities are:

Age	Expected Disabling
20	0.05%
25	0.06
30	0.06
40	0.10
50	0.41
55	0.69
60	1.18

Ashcroft Inc. Retirement Plan for Union Employees
EIN/PN: 20-3481718/011
2025 Schedule SB (Form 5500) Attachment

Decrement timing and adjustment

Pre-retirement active decrements are assumed to occur beginning-of-year. Nonactive mortality is uniform throughout the year. Active mortality decrement probabilities are determined from the mortality rates shown above by adjusting for competing decrements.

Payment form elections

All participants are assumed to elect the life annuity – commencing immediately if eligible for retirement at termination, otherwise commencing at normal retirement age.

Preretirement
Marital Characteristics

Wives are assumed to be three years younger than their husbands; 80% of participants are assumed to be married.

Non-prescribed assumptions are estimates of future experience, based mainly on past plan experience. For each such assumption, experience is compared to the assumption and appropriate adjustments are made if deviations are significant and expected to continue in the future.

Financial and Census Data

The actuarial value of assets is based on unaudited financial statements provided by Webster Bank, N.A. The census data submitted by Ashcroft Inc. as of January 1, 2025 appears consistent with that of the prior valuation.

Benefits Not Included in the Liabilities

To the best of our knowledge, all benefits have been included in liabilities.

Events and Trends Not Taken Into Account

To the best of our knowledge, no event or trend has been omitted which may require a material change in plan costs or required contribution rates.

Changes in Actuarial Methods or Assumptions Since the Previous Valuation

The interest segment rates were changed to those shown above as required by law, changing the effective interest rate from 5.06% to 5.34%. The mortality table was also updated as required. The expense load was increased from \$28,320 to \$52,004 based on prior year experience.

There were no other material changes in methods or assumptions.

Ashcroft Inc. Retirement Plan for Union Employees
EIN/PN: 20-3481718/011
2025 Schedule SB (Form 5500) Attachment

Actuarial Standards of Practice (ASOP) Disclosures

- In our opinion, the combined set of assumptions (other than those prescribed by law) does not have significant bias.
- Retirement, termination, death, and disability benefits are regarded as vested based on each participant's years of vesting service and the plan's vesting schedule.
- Benefit payment default risk or the financial health of the plan sponsor was not taken into account when performing the valuation.
- The IRS prescribed the interest rates and mortality assumptions.
- No provision was made for future mortality improvement.
- In preparing the results, the actuary used ProVal valuation software developed by Winklevoss Technologies, LLC. This software is widely used for the purpose of performing pension valuations. We coded the plan provisions, assumptions, methods, and participant data summarized in this report, and reviewed the liability and cost outputs for reasonableness. We are not aware of any material weaknesses or limitations in the software and have determined it is appropriate for performing this valuation.

Ashcroft Inc. Retirement Plan for Union Employees**EIN/PN: 20-3481718/011****2025 Schedule SB (Form 5500) Attachment**

Schedule SB, Part V – Summary of Plan Provisions

This exhibit is a summary of the plan provisions used for this valuation. It should not be used to determine plan benefits.

General Provisions

Effective date	January 1, 2006
Eligible employee	Any hourly-paid Production-Maintenance (P-M) Unit, Drafting Unit, or Office Unit employee at the Stratford, Connecticut location of Ashcroft Inc. who is a member of the bargaining unit represented by Local #145 of the International Brotherhood of Teamsters, Chauffeurs, Warehousemen & Helpers of America. Leased employees are not eligible to participate in the plan.
Participation eligibility	Eligible employees enter the plan on the later of the effective date and their date of hire. Effective May 15, 2008 for P-M and Drafting Unit employees, and November 1, 2008 for Office Unit employees, plan entry is frozen – no new hires will enter the plan. At that time current participants were offered a one-time opportunity to opt-out of future benefit accruals in exchange for enhanced defined contribution plan benefits.
Prior Dresser Plan	Employees of Dresser, Inc. who commenced employment with Ashcroft Inc. on November 30, 2005 receive service credit for their participation in a Prior Dresser Plan (either the Dresser, Inc. Retirement Plan for Local #145 of International Brotherhood of Teamsters, Chauffeurs, Warehousemen & Helpers of America, Hourly Employees & Draftsmen, Instrument Division, Stratford, Connecticut or the Dresser, Inc. Retirement Plan for Local #145 of International Brotherhood of Teamsters, Office Unit, Instrument Division, Stratford, Connecticut). Benefits under this Ashcroft plan are reduced by benefits payable from the Prior Dresser Plan.
Years of Service	Years of service for both vesting and retirement eligibility are based on continuous service from hire (including such service with a Prior Dresser Plan). In some cases, the period between a participant's termination date and rehire date is included.
Credited Service	Years of service for determining benefit amounts are based on continuous service from hire (including such service with a Prior Dresser Plan).
Contributions	Ashcroft Inc. pays the full plan cost.

Ashcroft Inc. Retirement Plan for Union Employees**EIN/PN: 20-3481718/011****2025 Schedule SB (Form 5500) Attachment**

Benefit Eligibility

Normal retirement	The later of (a) and (b): (a) Age 65 (b) 5 th anniversary of entry into the plan (or prior Dresser plan)
Early retirement	The later of (a) and (b): (a) Age 50 (b) 10 years of service
Delayed retirement	Termination of employment after normal retirement date.
Preretirement death	Married for at least one year at death after completion of five years of service.
Vested termination	Full vesting in the accrued benefit occurs at the earlier of completing 5 years of service or reaching normal retirement age. Benefits are payable at retirement eligibility.
Disability retirement	Mental or physical inability to engage in gainful employment, which is evidenced by receipt of Social Security disability benefits, and which occurs prior to termination of employment and after attainment of early retirement eligibility.

Accrued Benefit

Monthly single life annuity payable at normal retirement equal to the Benefit Factor multiplied by the number of years of credited service:

less

the benefit payable by the prior Dresser plan.

Benefit Factor

P-M Unit and Drafting Unit Employees
\$35 from hire date to 5/15/2008
\$45 from 5/15/2008 to 5/15/2013
\$50 from 5/15/2013 to 5/31/2018
\$55 from 5/31/2018 to 5/31/2023
\$60 from 5/31/2023 to term date

Office Unit Employees
\$35 from hire date to 10/31/2008
\$45 from 10/31/2008 to 10/31/2013
\$50 from 10/31/2013 to 10/31/2018
\$55 from 10/31/2018 to 10/31/2023
\$60 from 10/31/2023 to term date

Ashcroft Inc. Retirement Plan for Union Employees**EIN/PN: 20-3481718/011****2025 Schedule SB (Form 5500) Attachment**

Pension Amount

Normal retirement	The accrued benefit.
Early retirement	For participants less than age 60, or who have less than 25 years of service, the accrued benefit, reduced by $\frac{5}{12}\%$ for each month that benefit commencement precedes normal retirement. For participants age 60 or more, but less than age 62, with 25 or more years of service, the accrued benefit, reduced by $\frac{5}{24}\%$ for each month that benefit commencement precedes normal retirement. For participants age 62 or more with 25 or more years of service, the accrued benefit, reduced by $\frac{1}{6}\%$ for each month that benefit commencement precedes normal retirement. For participants age 60 or more with 30 or more years of service, the accrued benefit, unreduced for early commencement (and, if applicable, an additional amount equal to the early retirement reduction to the Prior Dresser Plan benefit).
Vested termination	The accrued benefit payable at normal retirement. Participants with 10 or more years of service may receive actuarially reduced benefits after age 50.
Delayed retirement	The accrued benefit, based on years of credited service through the participant's actual retirement date.
Preretirement death	Fifty percent (50%) of the amount the participant would have received under the 50% joint and survivor benefit form had the participant separated from service on his date of death (applies for death from active employment only), commenced retirement benefits as early as possible thereafter, and died the next day.
Disability retirement	The accrued benefit, without reduction for early commencement.

Ashcroft Inc. Retirement Plan for Union Employees

EIN/PN: 20-3481718/011

2025 Schedule SB (Form 5500) Attachment

Forms of Benefit

Normal form	Life annuity.
Automatic form	Qualified 50% joint and survivor annuity if the participant has been married at least one year as of the annuity starting date.
Optional forms	(a) Life annuity (b) 50% joint and survivor annuity (c) 66 ² / ₃ % joint and survivor annuity (d) 75% joint and survivor annuity (e) 100% joint and survivor annuity

Optional form benefits are the actuarial equivalent of the life annuity form based on 5% interest and the IRC section 417(e)(3)(B) mortality table for the year in which the annuity starting date occurs.

Changes from Plan Provisions in the Previous Valuation

There were no significant changes.

Ashcroft Inc. Retirement Plan for Union Employees

EIN/PN: 20-3481718/011

2025 Schedule SB (Form 5500) Attachment

Schedule SB, line 24 – Change in Non-Prescribed Actuarial Assumption

The expense load for the target normal cost was increased from \$28,320 to \$52,004 based on prior year experience.

Ashcroft Inc. Retirement Plan for Union Employees
EIN/PN: 20-3481718/011
2025 Schedule SB (Form 5500) Attachment

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

Expected retirement decrements depend on participants' age and service as shown below:

Age	Years of Service					
	<21	21	22	23	24	25
55	2.5%	1.0%	1.0%	1.0%	1.0%	1.0%
56	1.0%	1.0%	0.5%	0.5%	0.5%	0.5%
57	1.0%	1.0%	1.0%	0.5%	0.5%	0.5%
58	1.0%	1.0%	1.0%	1.0%	0.5%	0.5%
59	1.0%	1.0%	1.0%	1.0%	1.0%	0.5%
60	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%
61	2.5%	2.5%	2.5%	2.5%	2.5%	2.5%
62	12.5%	12.5%	12.5%	12.5%	12.5%	12.5%
63	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%
64	7.5%	7.5%	7.5%	7.5%	7.5%	7.5%
65-69	25.0%	25.0%	25.0%	25.0%	25.0%	25.0%
70+	100%	100%	100%	100%	100%	100%

Age	Years of Service					
	26	27	28	29	30	31+
55	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%
56	0.5%	0.5%	0.5%	0.5%	0.5%	0.5%
57	0.5%	0.5%	0.5%	0.5%	0.5%	0.5%
58	0.5%	0.5%	0.5%	0.5%	0.5%	0.5%
59	0.5%	0.5%	0.5%	0.5%	0.5%	0.5%
60	2.5%	2.5%	2.5%	2.5%	12.5%	12.5%
61	2.5%	1.0%	1.0%	1.0%	12.5%	2.5%
62	12.5%	12.5%	5.0%	5.0%	12.5%	12.5%
63	5.0%	5.0%	5.0%	2.5%	12.5%	5.0%
64	7.5%	7.5%	7.5%	7.5%	12.5%	7.5%
65-69	25.0%	25.0%	25.0%	25.0%	25.0%	25.0%
70+	100%	100%	100%	100%	100%	100%

The weighted average retirement age was determined to be 68, based on the participant census data and assumptions as of January 1, 2025.

Ashcroft Inc. Retirement Plan for Union Employees
EIN/PN: 20-3481718/011
2025 Schedule SB (Form 5500) Attachment

Schedule SB, line 26 – Schedule of Active Participant Data

Age at 1/1/25	Years of Benefit Accrual Service at 1/1/25										Total
	< 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40 & over	
< 25	0	0	0	0	0	0	0	0	0	0	0
25-29	0	0	0	0	0	0	0	0	0	0	0
30-34	0	0	0	0	0	0	0	0	0	0	0
35-39	0	0	0	0	3	0	0	0	0	0	3
40-44	0	0	0	0	3	1	0	0	0	0	4
45-49	0	0	0	0	2	1	0	0	0	0	3
50-54	0	0	0	0	3	1	1	1	0	0	6
55-59	0	0	0	0	4	0	2	0	4	0	10
60-64	0	0	0	0	2	1	2	2	3	12	22
65-69	0	0	0	0	3	0	5	2	4	9	23
70+	0	0	0	0	1	0	1	1	2	5	10
Total	0	0	0	0	21	4	11	6	13	26	81 ^a

a.				Valuation Date	
				1/1/25	1/1/24
Average age				62.0 years	61.3 years
Average benefit service				32.6 years	32.3 years
Average salary (limited by salary cap)				\$N/A	\$N/A
Percent male				65.4%	65.2%

Ashcroft Inc. Retirement Plan for Union Employees
EIN/PN: 20-3481718/011
2025 Schedule H (Form 5500) Attachment

Schedule H, line 4i – Schedule of Assets (Held at End of Year)

This schedule is included in the attached independent qualified public accountant's report.

Ashcroft Inc. Retirement Plan for Union Employees
EIN/PN: 20-3481718/011
2025 Schedule H (Form 5500) Attachment

Schedule H, line 4j – Schedule of Reportable Transactions

If applicable, this schedule is included in the attached independent qualified public accountant's report.

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.**

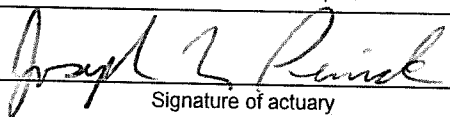
▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan ASHCROFT INC. RETIREMENT PLAN FOR UNION EMPLOYEES	B Three-digit plan number (PN) ▶ 011
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF ASHCROFT INC.	D Employer Identification Number (EIN) 20-3481718
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 <u>01</u> Day <u>01</u> Year <u>2025</u>			
2 Assets:			
a Market value		2a	21942592
b Actuarial value		2b	21640779
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	194	10545846	10545846
b For terminated vested participants	15	390352	390352
c For active participants	81	6905644	6957221
d Total	290	17841842	17893419
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	5.34 %
6 Target normal cost			
a Present value of current plan year accruals		6a	313723
b Expected plan-related expenses		6b	52004
c Target normal cost		6c	365727

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		08/07/2026
JOSEPH L. PENICK		Date
Type or print name of actuary		26-05940
CURCIO WEBB LLC		Most recent enrollment number
Firm name		415-743-5692
610 16TH STREET SUITE 205 OAKLAND, CA 94612		Telephone number (including area code)
Address of the firm		

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐
For Paperwork Reduction Act Notice, see the Instructions for Form 5500 or 5500-SF.

Part II Beginning of Year Carryover and Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	3426919
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)	0	3426919
10 Interest on line 9 using prior year's actual return of <u>1.94</u> %	0	66482
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>5.06</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)	0	3493401

Part III Funding Percentages

14 Funding target attainment percentage	14	101.41%
15 Adjusted funding target attainment percentage	15	120.94%
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	107.46%
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
Totals ▶			18(b)		18(c)

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	0

20 Quarterly contributions and liquidity shortfalls:

- a** Did the plan have a "funding shortfall" for the prior year? ☐ Yes ☒ No
- b** If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☐ No

c If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year

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

Part V Assumptions Used to Determine Funding Target and Target Normal Cost**21** Discount rate:**a** Segment rates:1st segment:
5.07 %2nd segment:
5.31 %3rd segment:
5.50 %☐ N/A, full yield curve used**b** Applicable month (enter code)**21b**

4

22 Weighted average retirement age**22**

68

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** 365727**b** Excess assets, if applicable, but not greater than line 31a **31b** 253959**32** Amortization installments:**a** Net shortfall amortization installment Outstanding Balance Installment
0 0**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** 111768

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	111768	111768

36 Additional cash requirement (line 34 minus line 35) **36** 0**37** Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) **37** 0**38** Present value of excess contributions for current year (see instructions)**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