

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2024 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2024 or fiscal plan year beginning 12/01/2024 and ending 11/30/2025	
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 CONSOLIDATED RETIREMENT PLAN OF VITALANT	1b Three-digit plan number (PN) ▶ 010
		1c Effective date of plan 02/01/1975
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) VITALANT 9305 E. VIA DE VENTURA SCOTTSDALE, AZ 85258	2b Employer Identification Number (EIN) 86-0098929
		2c Plan Sponsor's telephone number 480-675-5567
		2d Business code (see instructions) 621900

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.	09/09/2026	CAROLE BRAITHWAITE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	3013
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)	880
	6a(2)	819
	6b	722
	6c	1360
	6d	2901
	6e	70
	6f	2971
	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 Characteristics Codes in the instructions:

1A 1C 1I

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

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

a Pension Schedules

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

b General Schedules

- (1) ☒ **H** (Financial Information)
- (2) ☐ **I** (Financial Information – Small Plan)
- (3) ☐ **A** (Insurance Information) – Number Attached 0
- (4) ☒ **C** (Service Provider Information)
- (5) ☒ **D** (DFE/Participating Plan Information)
- (6) ☐ **G** (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code _____

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 12/01/2024 and ending 11/30/2025	
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 CONSOLIDATED RETIREMENT PLAN OF VITALANT	B Three-digit plan number (PN) 010
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF VITALANT	D Employer Identification Number (EIN) 86-0098929
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 12 Day 01 Year 2024			
2	Assets:			
a	Market value	2a	184062725	
b	Actuarial value	2b	176868654	
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	690	101751380	101751380
b	For terminated vested participants	1443	50047897	50047897
c	For active participants	880	39201086	40704981
d	Total	3013	191000363	192504258
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	5.41 %	
6	Target normal cost			
a	Present value of current plan year accruals	6a	0	
b	Expected plan-related expenses	6b	1388000	
c	Target normal cost	6c	1388000	

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 MENGSHU WANG Type or print name of actuary AON CONSULTING, INC. Firm name MSC# 17755 PO BOX 551343 ATLANTA, GA 30355 Address of the firm	09/08/2026 Date 26-08451 Most recent enrollment number 847-295-5000 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	4173628
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	1975690
9 Amount remaining (line 7 minus line 8)	0	2197938
10 Interest on line 9 using prior year's actual return of <u>13.94</u> %	0	306393
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		2224921
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>5.26</u> %		13113
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		275403
c Total available at beginning of current plan year to add to prefunding balance		2513437
d Portion of (c) to be added to prefunding balance		2513437
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	5017768

Part III Funding Percentages

14 Funding target attainment percentage	14	89.27 %
15 Adjusted funding target attainment percentage	15	89.27 %
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	91.57 %
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)	0	18(c) 0

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

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

20 Quarterly contributions and liquidity shortfalls:

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

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

Part V	Assumptions Used to Determine Funding Target and Target Normal Cost
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21 Discount rate:			
a Segment rates:	1st segment: 5.04 %	2nd segment: 5.32 %	3rd segment: 5.59 %
			☐ N/A, full yield curve used
b Applicable month (enter code)			21b 4
22 Weighted average retirement age			22 62
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute			

Part VI	Miscellaneous Items
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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
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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
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31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6c)		31a	1388000
b Excess assets, if applicable, but not greater than line 31a		31b	0
32 Amortization installments:		Outstanding Balance	Installment
a Net shortfall amortization installment		20653372	2016915
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	3404915
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	3404915	3404915
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)
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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
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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
		2024
		This Form is Open to Public Inspection.

For calendar plan year 2024 or fiscal plan year beginning 12/01/2024 and ending 11/30/2025

A Name of plan CONSOLIDATED RETIREMENT PLAN OF VITALANT	B Three-digit plan number (PN) ▶ 010
C Plan sponsor's name as shown on line 2a of Form 5500 VITALANT	D Employer Identification Number (EIN) 86-0098929

Part I	Service Provider Information (see instructions)
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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)

AON CONSULTING

22-2232264

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 14 50	ACTUARIAL & ADMIN	567709	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

AON INVESTMENT USA

36-3109431

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50	INVESTMENT ADVISOR	194480	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BNY MELLON

240 GREENWICH STREET
NEW YORK, NY 10286

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 16 27 49 50 51 59 62	TRUSTEE CUSTODIAN	49641	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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)

FAEGRE DRINKER BIDDLE & REATH LLP

41-0244008

(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?
29 50	LEGAL	24517	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 12/01/2024 and ending 11/30/2025		
A Name of plan CONSOLIDATED RETIREMENT PLAN OF VITALANT	B Three-digit plan number (PN) ▶	010
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 VITALANT	D Employer Identification Number (EIN) 86-0098929	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)		
a Name of MTIA, CCT, PSA, or 103-12 IE: AON ENHANCED LIABILITY DRIVEN INVES			
b Name of sponsor of entity listed in (a): AON TRUST COMPANY LLC			
c EIN-PN 37-6543784-048	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 16132785	
a Name of MTIA, CCT, PSA, or 103-12 IE: AON OPPORTUINITSTIC CR PORTFOLIO SP			
b Name of sponsor of entity listed in (a): AON INVESTMENTS USA, INC.			
c EIN-PN 98-1554296-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1568616	
a Name of MTIA, CCT, PSA, or 103-12 IE: MID DURATION LONG CR BD			
b Name of sponsor of entity listed in (a): AON TRUST COMPANY LLC			
c EIN-PN 37-6543784-039	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 299312	
a Name of MTIA, CCT, PSA, or 103-12 IE: LONG CR BOND			
b Name of sponsor of entity listed in (a): AON TRUST COMPANY LLC			
c EIN-PN 37-6543784-040	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 33223044	
a Name of MTIA, CCT, PSA, or 103-12 IE: INTERMEDIATE CR BOND			
b Name of sponsor of entity listed in (a): AON TRUST COMPANY LLC			
c EIN-PN 37-6543784-038	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1259598	
a Name of MTIA, CCT, PSA, or 103-12 IE: AON NON-US EQUITY INDEX			
b Name of sponsor of entity listed in (a): AON TRUST COMPANY LLC			
c EIN-PN 37-6543784-044	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 14853129	
a Name of MTIA, CCT, PSA, or 103-12 IE: AON LARGE CAP EQUITY INDEX			
b Name of sponsor of entity listed in (a): AON TRUST COMPANY LLC			
c EIN-PN 37-6543784-046	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 27301736	

a Name of MTIA, CCT, PSA, or 103-12 IE: AON SMALL CAP EQUITY INDEX		
b Name of sponsor of entity listed in (a): AON TRUST COMPANY LLC		
c EIN-PN 37-6543784-045	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4884540
a Name of MTIA, CCT, PSA, or 103-12 IE: AON US INTERMEDIATE GOVERNMENT		
b Name of sponsor of entity listed in (a): AON TRUST COMPANY LLC		
c EIN-PN 37-6543784-043	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 12059083
a Name of MTIA, CCT, PSA, or 103-12 IE: AON MULTI ASSET CREDIT FUND		
b Name of sponsor of entity listed in (a): AON TRUST COMPANY LLC		
c EIN-PN 37-6543784-041	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 12733813
a Name of MTIA, CCT, PSA, or 103-12 IE: AON HIGH YIELD PLUS CL I		
b Name of sponsor of entity listed in (a): AON TRUST COMPANY LLC		
c EIN-PN 37-6543784-007	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2977517
a Name of MTIA, CCT, PSA, or 103-12 IE: AON GLOBAL REAL ESTATE CL I		
b Name of sponsor of entity listed in (a): AON TRUST COMPANY LLC		
c EIN-PN 37-6543784-006	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 222710
a Name of MTIA, CCT, PSA, or 103-12 IE: AON US LONG GOVERNMENT INDEX		
b Name of sponsor of entity listed in (a): AON TRUST COMPANY LLC		
c EIN-PN 37-6543784-042	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 218183
a Name of MTIA, CCT, PSA, or 103-12 IE: AON 20+ YEAR U.S TREASURY		
b Name of sponsor of entity listed in (a): AON TRUST COMPANY LLC		
c EIN-PN 37-6543784-036	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: NISA ULTRA MID TREASURY CIF		
b Name of sponsor of entity listed in (a): NISA COLLECTIVE INVESTMENT TRUST		
c EIN-PN 88-6547562-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 11030365
a Name of MTIA, CCT, PSA, or 103-12 IE: NISA ULTRA LONG TREASURY CIF		
b Name of sponsor of entity listed in (a): NISA COLLECTIVE INVESTMENT TRUST		
c EIN-PN 88-6547562-002	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 19193525
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

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

SCHEDULE H (Form 5500) Department of the Treasury 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
		2024
		This Form is Open to Public Inspection

For calendar plan year 2024 or fiscal plan year beginning 12/01/2024 and ending 11/30/2025

A Name of plan CONSOLIDATED RETIREMENT PLAN OF VITALANT	B Three-digit plan number (PN) ▶ 010
C Plan sponsor's name as shown on line 2a of Form 5500 VITALANT	D Employer Identification Number (EIN) 86-0098929

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		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	4000000	0
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)	1008668	13289
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)	26009343	21883317
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	151626584	157957956
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	1768160	3907856
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	184412755	183762418
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h	208225	238697
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	208225	238697
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	184204530	183523721

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)		
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	148228	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		148228
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		12012827
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		868756
d Total income. Add all income amounts in column (b) and enter total	2d		13029811

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	12135864	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		12135864
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)	412054	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	194480	
(6) Bank or trust company trustee/custodial fees	2i(6)	49641	
(7) Actuarial fees	2i(7)	155655	
(8) Legal fees	2i(8)	24517	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	738409	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		1574756
j Total expenses. Add all expense amounts in column (b) and enter total	2j		13710620

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-680809
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **SCHNEIDER DOWNS**

(2) EIN: **25-1408703**

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?	☒		5000000
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 590007.

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 2024 This Form is Open to Public Inspection.	
For calendar plan year 2024 or fiscal plan year beginning 12/01/2024 and ending 11/30/2025					
A Name of plan CONSOLIDATED RETIREMENT PLAN OF VITALANT				B Three-digit plan number (PN) ▶	010
C Plan sponsor's name as shown on line 2a of Form 5500 VITALANT				D Employer Identification Number (EIN) 86-0098929	
Part I Distributions					
All references to distributions relate only to payments of benefits during the plan year.					
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....				1	0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 13-5160382					
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	39
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) 2024 v. 240311	

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: 26.0 % Private Equity: 0.0 % Investment-Grade Debt and Interest Rate Hedging Assets: 51.0 %

High-Yield Debt: 8.0 % Real Assets: 12.0 % Cash or Cash Equivalents: 2.0 % Other: 1.0 %

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

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation.....

Part VII IRS Compliance Questions

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

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

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☒ N/A

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

Consolidated Retirement Plan of Vitalant

Scottsdale, Arizona

Financial Statements

and

Supplementary Information

For the years ended November 30, 2025 and 2024

and Independent Auditor's Report Thereon



SCHNEIDER DOWNS

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Independent Auditor's Report

To the Administrative Committee of the
Consolidated Retirement Plan of Vitalant

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

We have performed audits of the accompanying financial statements of the Consolidated Retirement Plan of Vitalant (Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of November 30, 2025 and 2024, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

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

Management has obtained certifications from a qualified institution as of and for the years ended November 30, 2025 and 2024, stating that the certified investment information, as described in Note 5 to the financial statements, is complete and accurate.

Opinion

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

- the amounts and disclosures in the accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America (U.S. GAAP).

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

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

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

Our audits did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of U.S. GAAP.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with U.S. GAAP.

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 November 30, 2025 are presented for the purpose of additional analysis and are not a required part of the financial statements but are supplementary information required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves and other additional procedures in accordance with U.S. GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion:

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

Schneider Downs & Co, Inc.

Pittsburgh, Pennsylvania

September 15, 2026

Consolidated Retirement Plan of Vitalant

Statements of Net Assets Available for Benefits As of November 30, 2025 and 2024

	November 30 2025	November 30 2024
Assets:		
Investments, at fair value:		
Money market mutual fund	\$ 3,907,856	\$ 1,768,160
Common/collective trusts	157,957,956	151,626,584
Partnership/joint venture interest	21,883,317	26,009,343
Total Investments	183,749,129	179,404,087
Receivables:		
Employer contributions	-	4,000,000
Other receivables	13,289	1,008,668
Total Receivables	13,289	5,008,668
Total Assets	183,762,418	184,412,755
Liabilities:		
Payable for units redeemed	238,697	208,225
Net Assets Available For Benefits	\$ 183,523,721	\$ 184,204,530

See accompanying notes to the financial statements.

Consolidated Retirement Plan of Vitalant

Statements of Changes in Net Assets Available for Benefits For the Years Ended November 30, 2025 and 2024

	November 30 2025	November 30 2024
Additions:		
Investment Income:		
Net appreciation of investments	\$ 12,881,583	\$ 23,706,086
Interest income	148,228	149,569
Total Investment Income	13,029,811	23,855,655
Contributions:		
Employer	-	4,087,374
Total Additions	13,029,811	27,943,029
Deductions:		
Benefits paid to participants	12,449,770	12,098,425
(Receipt) distribution for purchase of annuity contract	(313,906)	10,792,400
Administrative expenses	1,574,756	1,890,383
Total Deductions	13,710,620	24,781,208
Net (Decrease) Increase	(680,809)	3,161,821
Net Assets Available for Benefits:		
Beginning of year	184,204,530	181,042,709
End of year	\$ 183,523,721	\$ 184,204,530

See accompanying notes to the financial statements.

Consolidated Retirement Plan of Vitalant

Notes to Financial Statements
November 30, 2025 and 2024

1. Description of Plan

The following description of the Consolidated Retirement Plan of Vitalant (Plan) provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General

The Plan is a pension plan formed to provide eligible employees of Vitalant (Company or Plan Sponsor, formerly known as Blood Systems, Inc.) with retirement benefits in accordance with Section 401(a) of the Internal Revenue Code (IRC). There are two advisory committees, appointed by the chairman of the board of directors, that manage the operation and administration of the Plan. BNY Mellon (trustee) serves as the trustee of the Plan; the Plan is administered by Aon Corporation (recordkeeper). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). Effective December 30, 2017, the Blood Systems, Inc. Pension Plan (BSI Plan) and the Retirement Plan for the Institute of Transfusion Medicine and Affiliated Employers (ITxM Plan) were merged into the Plan. Effective September 24, 2018, the Plan was amended and renamed the Consolidated Retirement Plan of Vitalant.

Eligibility

Legacy Blood Centers of the Pacific Pension (BCP) Plan Participants - All employees are eligible to participate in the Plan after completing one year of eligible service, reaching age 21 and completing 1,000 hours of service.

The BCP Plan was amended in 2011 to freeze participation and benefit accruals. As a result, no new participants are eligible to enter the Plan, and participants do not accrue additional benefits, service credit or compensation-based increases in accrued benefits. Individuals hired or rehired after the freeze date are not eligible to participate.

Legacy BSI Plan Participants - Certain employees of Blood Systems, Inc. hired prior to 2012 were covered under the BSI Plan, a defined benefit pension plan.

The BSI Plan was amended in 2011 to freeze future benefit accruals. Accordingly, participants do not accrue additional benefits, service credit or compensation-based increases in accrued benefits, and individuals hired or rehired after the freeze date are not eligible to participate in the BSI Plan.

Consolidated Retirement Plan of Vitalant

Notes to Financial Statements
November 30, 2025 and 2024

Legacy ITxM Plan Participants - All noncollectively bargained employees and collectively bargained employees whose contracts provide for participation in the plan of ITxM and certain affiliates were covered under the ITxM Plan, a defined benefit pension plan. Employees are eligible for participation in the Plan upon attainment of age 21 and completion of one year of continuous service. Employees are 100% vested upon completion of three years of service.

The Legacy ITxM Plan was amended to freeze future benefit accruals. Accordingly, participants do not accrue additional benefits, service credit or compensation-based increases in accrued benefits after 2018. Certain participants who transferred from the ITxM Plan to the BSI Plan prior to the freeze were eligible to receive a prorated Legacy ITxM Plan cash balance pay credit.

Pension Benefits - Legacy BCP Plan Participants - The Legacy BCP portion of the Plan is a cash balance pension plan. The Plan determines the amount of each participant's pension benefit by reference to individual hypothetical pension accounts. Each participant's pension account is credited with employer credits based on a certain percentage of the participant's annual earnings. In addition, each pension account is credited with interest credits based on a fixed interest rate (5.00% in 2025 and 2024). These credits are allocated on the last day of the Plan year. Plan benefits are provided to participants under several types of retirement options. Retirement benefits are paid to pensioners or beneficiaries in various forms of joint and survivor annuities, including lump-sum payment options.

Legacy BSI Plan Participants - For employees eligible to participate in the Legacy BSI Plan as of December 31, 1998, their retirement benefit becomes 20% vested after completing three years of service, 40% vested after four years of service and 100% vested after five years of service. For employees who are eligible to participate in the Legacy BSI Plan on or after January 1, 1999, their retirement benefit is vested based on a five-year cliff vesting schedule. Pension benefits are provided to participants under several types of retirement options based on years of continuous service and pay. Retirement benefits are paid to pensioners or beneficiaries in various forms of joint and survivor annuities, including lump-sum payment options. The lump-sum payment option is only on the portion of the benefit accrued as of December 31, 1995. A participant meeting certain service requirements and age 55 may retire at any time prior to the normal retirement age of 65 with a proportionate reduction in annual benefits. Participants electing a late retirement may receive additional benefits as provided for in the Plan document.

Legacy ITxM Plan Participants - Prior to April 1, 2010 (January 1, 2012 for Service Employees International Union (SEIU) participants), benefits were calculated based on years of service and compensation. Effective April 1, 2010 (January 1, 2012 for SEIU participants), the Legacy ITxM Plan was amended to convert it from a traditional defined benefit plan to a cash balance plan. As part of that conversion, the benefits earned as of March 31, 2010 (December 31, 2011 for SEIU participants) were frozen and future benefits earned are in the form of cash balance credits.

Early retirement is permitted at ages 55 to 64 and completion of five years of continuous service, at reduced benefits in accordance with the Plan provisions. Cash balance benefits may be commenced at any age after termination of employment.

Consolidated Retirement Plan of Vitalant

Notes to Financial Statements
November 30, 2025 and 2024

Married employees automatically receive their benefits in the form of joint and survivor annuities, unless they elect otherwise. The Plan provides survivor benefits for the spouse of an employee who earned a vested benefit and who dies prior to commencement of pension benefits. If employees leave before rendering three years of service, they forfeit the right to receive any benefits under the Plan.

A participant who terminates employment with a vested account balance of \$7,000 or less will receive an involuntary cash-out distribution.

Under the Legacy ITxM Cash Balance Plan, for each Plan year after March 31, 2010 (December 31, 2011 for SEIU participants) in which the member meets the cash balance service requirements, the member's cash balance account is credited with "annual compensation credits" equal to 3.2% of the member's compensation each year. For certain eligible participants, additional transition contribution credits will be provided for each year of credited service.

"Hypothetical interest credits" are credited to each member's account each year based on the applicable interest rate (the greater of the 30-year treasury rate or 5%) in effect at the beginning of the Plan year. Upon the member's retirement, the balance in the member's cash balance account may be paid in the form of an annuity or lump sum. Thus, upon retirement, a member's benefits are calculated as the member's frozen accrued benefit as of March 31, 2010 (December 31, 2011 for SEIU participants) plus a monthly annuity amount that is calculated based on the value of the member's hypothetical ITxM cash balance account.

Death and Disability Benefits - Legacy BCP Plan Participants - If an active employee dies at age 62 or before, a death benefit equal to the value of the employee's accumulated pension benefits is paid to the employee's beneficiary. If an inactive employee dies at age 62 or before, a death benefit equal to the value of the employee's vested pension benefit is paid to the employee's beneficiary. Active employees who become totally disabled may take a distribution.

Legacy BSI Plan Participants - If a participant is married and dies before retirement but after becoming at least 20% vested, a death benefit is paid to the surviving spouse. A participant is considered to have retired on the day before their death (or the date they would have attained age 55, if later) and is considered to have received their benefit in the Joint and 50% Survivor Annuity form.

In calculating the death benefit, if a participant was only partially vested or was not employed by the Company at the time of death, the benefit is based on the participant's years of service at the date of death. If the participant was fully vested and employed by the Company at the time of death, the benefit is based on years of service the participant would have had if the participant worked for the Company until they attained age 55 or actual years of service if greater. In no event will service after December 31, 2011 be included.

Consolidated Retirement Plan of Vitalant

Notes to Financial Statements

November 30, 2025 and 2024

If a participant has at least 10 years of service when they become disabled and terminate employment as a result of a disabling medical condition, they may be eligible to receive a disability pension from the BSI Plan beginning at the normal retirement age. If a participant becomes disabled while working for the Company, has completed 10 years of service and wants to begin benefit payments before age 65, they may elect to receive a benefit under the BSI Plan's early retirement rules beginning at age 55 or later instead of the disability benefit. If this election is taken, a participant does not receive any additional service credit after termination of employment. In no event will service after December 31, 2011 be included.

Legacy ITxM Plan Participants - For any participant who dies, a 50% qualified joint and survivor annuity is payable immediately to the surviving spouse of the participant. The benefit is calculated as if the participant retired on their date of death, except if the date of death occurs prior to the date the participant would have attained the earliest retirement age. In that case, the benefit is calculated at the earliest retirement age. There are no disability benefits provided for under the Legacy ITxM Plan.

2. Summary of Accounting Policies

A summary of significant accounting policies consistently applied in the preparation of the accompanying financial statements follows:

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 accordance with accounting principles generally accepted in the United States of America (U.S. GAAP) requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein; disclosure of contingent assets and liabilities; and the actuarial present value of accumulated plan benefits at the date of the financial statements and changes therein. Actual results could differ from those estimates.

Consolidated Retirement Plan of Vitalant

Notes to Financial Statements
November 30, 2025 and 2024

Risks and Uncertainties

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

Plan contributions are made and the actuarial present value of accumulated plan benefits are reported (see Note 4) based on certain assumptions pertaining to interest rates, inflation rates and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term could be material to the financial statements.

Investment Valuation and Income Recognition

Investments are reported at fair value, which 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 9 for a discussion of fair value measurement.

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

Administrative Expenses

Administrative expenses of the Plan are paid by the Plan as provided in the Plan document and recorded as deductions in the accompanying statements of changes in net assets available for benefits. The Plan Sponsor provides certain administrative services at no charge to the Plan. Certain investment-related expenses are included in net appreciation of fair value of investments presented in the accompanying statements of changes in net assets available for benefits.

Payment of Benefits

Benefits payments to participants are recorded upon distribution.

Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those future periodic payments, including lump-sum distributions, that are attributable under the Plan's provisions for services rendered by employees as of the valuation date. Accumulated plan benefits include benefits expected to be paid to (1) retired or terminated employees or their beneficiaries; (2) beneficiaries of employees who have died; and (3) present employees or their beneficiaries.

Consolidated Retirement Plan of Vitalant

Notes to Financial Statements
November 30, 2025 and 2024

Benefits payable under all circumstances - retirement, death, disability and termination of employment - are included to the extent they are attributable to employee service rendered to the valuation date. Benefits to be provided via annuity contracts are excluded from Plan assets and from accumulated plan benefits.

Subsequent Events

Subsequent events were evaluated through September 15, 2026, the date the financial statements were available to be issued.

3. Funding Policy

The Plan administrator makes contributions to the Plan based on calculations performed by an independent actuary that meet or exceed the minimum funding requirements of ERISA. These contributions and their investment earnings are maintained in a trust established pursuant to a trust agreement between the Company and the recordkeeper. Although it has not expressed any intention to do so, the Company has the right under the Plan to discontinue its contributions and to terminate the Plan subject to the provisions set forth in ERISA.

4. Actuarial Present Value of Accumulated Plan Benefits

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

Certain assumptions underlying the actuarial computations used in the valuations for the Plan years beginning December 1, 2024 and 2023 are as follows:

Funding method:	Standard Unit Credit Actuarial Cost Method
Rate of return/interest rate:	6.70% per annum for 2024 and 6.20% per annum for 2023, compounded annually
Mortality rates:	Amounts-weighted aggregate rates from the Pri-2012 mortality study projected generationally from 2012 with Scale MP-2021 for 2024 and 2023
Retirement age:	Ranges from 55-70

Consolidated Retirement Plan of Vitalant

Notes to Financial Statements

November 30, 2025 and 2024

BCP Plan - 40% of terminated participants with cash balance accounts are assumed to retire immediately upon termination and the other 60% defer to age 64 based on retirement eligibility for cash balance and/or employee contributions.

Terminated vested participants who have a monthly accrued benefit from one of the prior plans are assumed to retire as of the normal retirement age of the prior plan as shown in the census data.

Legacy BSI Plan - Terminated participants are assumed to retire at age 64 for 2024 and 2023.

Legacy ITxM Plan - 30% of terminated participants with cash balance accounts are assumed to retire immediately upon termination and the other 70% defer to age 62 or 65 based on retirement eligibility for cash balance benefits. For participants with a final average pay benefit, 100% defer to age 62 or 65 based on retirement eligibility.

The Plan follows the presentation guideline, which allows for accumulated plan benefits to be presented as of the beginning of the year. As such, information regarding the Plan's beginning-of-the-year accumulated plan benefits are included below. Had the valuations been performed as of November 30, there would be no material differences. The Plan administrator is not aware of any events occurring between December 1, 2024 and November 30, 2025 that would significantly impact the valuation.

The combined actuarial present value of accumulated plan benefits as of December 1, 2024:

Vested Benefits:

Participants and beneficiaries currently receiving benefits	\$ 93,068,523
Other participants	77,028,137
Total Vested Benefits	170,096,660
Nonvested benefits	1,224,040
Total Actuarial Present Value of Accumulated Plan Benefits	\$ 171,320,700

Consolidated Retirement Plan of Vitalant

Notes to Financial Statements

November 30, 2025 and 2024

The changes in the actuarial present value of the Plan's accumulated plan benefits for the year ended November 30, 2024 are as follows:

Actuarial present value of accumulated plan benefits as of beginning of the year	\$ 189,894,005
Increase (decrease) during the year attributable to:	
Interest accumulated	11,074,483
Assumption changes	(8,720,368)
Benefits paid *	(22,890,825)
Benefits accrued and actuarial expense	1,963,405
Net Decrease	(18,573,305)
Actuarial Present Value of Accumulated Plan Benefits as of End of the Year	\$ 171,320,700

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

* Includes annuity contract purchase (see Note 10).

5. Information Certified by Trustee

The Plan administrator has elected the method of annual reporting compliance permitted by ERISA Section 103(a)(3) (C) pursuant to 29 CFR 2520.103-8 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, The Bank of New York Mellon/BNY Mellon N.A., a qualified institution, has certified that the following investment information included in the accompanying financial statements and ERISA-required supplemental schedules is complete and accurate:

- Investments, as shown in the statements of net assets available for benefits as of November 30, 2025 and 2024.
- Investment income, which includes net appreciation and interest income, as shown in the statements of changes in net assets available for benefits for the years ended November 30, 2025 and 2024.
- Investments, as shown in Schedule of Assets (Held at End of Year) as of November 30, 2025.
- Investment information, as shown in Schedule of Reportable Transactions for the year ended November 30, 2025.

Consolidated Retirement Plan of Vitalant

Notes to Financial Statements

November 30, 2025 and 2024

At the request of the Plan administrator, the Plan's independent auditors did not perform auditing procedures with respect to this certified investment information, except for comparing such certified investment information to the related investment information included in the financial statements and ERISA-required supplemental schedules.

6. Party-In-Interest Transactions

A third party provides pension administration, investment consulting and actuarial services for the Plan, therefore these transactions qualify as party-in-interest transactions and are exempt from the prohibited transaction rules of ERISA. Fees paid to the recordkeeper by the Plan for services amounted to approximately \$774,000 and \$647,000 for the years ended November 30, 2025 and 2024, respectively, and are recorded in administrative expenses in the accompanying statements of changes in net assets available for benefits. Certain administrative functions are performed by employees of the Company at no cost to the Plan.

Certain Plan investments are shares in common collective trusts that are managed by the recordkeeper, therefore these investments and related transactions qualify as party-in-interest transactions, which are exempt from the prohibited transaction rules of ERISA.

7. Tax Status

The Plan received a favorable determination letter from the Internal Revenue Service (IRS), dated March 4, 2021, stating that the Plan and related trust are designed in accordance with applicable sections of the IRC. The Plan has been amended since receiving the determination letter. The Plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC.

U.S. GAAP requires the Plan's management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan administrator has analyzed the tax positions taken by the Plan and has concluded that, as of November 30, 2025 and 2024, there are no uncertain positions taken or expected to be taken that would require recognition of liability or disclosure in these financial statements. The Plan is subject to routine audits by taxing jurisdictions. The Plan administrator was notified by the Department of Labor that the Plan was selected for an examination for the period January 1, 2020 through the present. The examination is not yet finalized.

Consolidated Retirement Plan of Vitalant

Notes to Financial Statements

November 30, 2025 and 2024

8. Plan Termination

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

1. Benefits attributable to employee contributions, taking into account those paid out before termination.
2. Annuity benefits that former employees or their beneficiaries have been receiving for at least three years or that employees eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan. The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit that would be payable under Plan provisions in effect at any time during the five years preceding Plan termination.
3. Other vested benefits insured by the Pension Benefit Guaranty Corporation (PBGC) (a U.S. government agency) up to the applicable limitations (discussed below).
4. All other vested benefits (that is, vested benefits not insured by the PBGC).
5. All nonvested benefits.

The Plan document generally outlines how assets of the Plan would be allocated after compliance with relevant laws and regulations governing plan terminations.

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits and certain disability and survivor's pensions, however the PBGC does not guarantee all types of benefits under the Plan and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination, however a certain statutory ceiling exists, 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 those benefits, the priority of those benefits to be paid and the level and type of benefits guaranteed by the PBGC at that time. It may also depend on the financial condition of the sponsor.

Consolidated Retirement Plan of Vitalant

Notes to Financial Statements

November 30, 2025 and 2024

9. Fair Value Measurements

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy under Financial Accounting Standards Board Accounting Standards Codification (FASB ASC) 820, *Fair Value Measurement*, are described as follows:

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

Level 2 - Inputs to the valuation methodology include:

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

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

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

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

Following is a description of the valuation techniques used for assets measured at fair value. There have been no changes in the techniques used at November 30, 2025 and 2024.

Money Market Mutual Fund: Valued at the daily closing price as reported by the fund. The money market fund held by the Plan is an open-end mutual fund that is registered with the Securities and Exchange Commission. This fund is required to publish its daily net asset value (NAV) and to transact at that price. The money market fund held by the Plan is deemed to be actively traded.

Consolidated Retirement Plan of Vitalant

Notes to Financial Statements

November 30, 2025 and 2024

Common Collective Trusts (CCT): CCTs held by the Plan at year-end are valued using NAV. Fair value has been established under the practical expedient approach and, therefore, is not assigned a level in the hierarchy table. This category includes investments in highly diversified funds designed to remain appropriate for investors in terms of risk throughout a variety of circumstances. The CCT investing in U.S. equities has a goal of matching the performance of the S&P 500 index. The CCT investing in a wide range of debt securities aims to outperform the credit benchmark over a full market cycle, while the other CCTs share the common goal of first growing and then later preserving principal and contain a mix of international equities. There are currently no redemption restrictions or unfunded commitments on these investments. Units are issued and redeemed daily at the fund's closing NAV. The NAV of a CCT is based on the market values of the underlying securities in an active market. The beneficial interest of each participant is represented in units.

The preceding methods may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Further, although the Plan believes that 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 table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of November 30, 2025 and 2024:

Assets at Fair Value as of November 30,				
2025	Level 1	Level 2	Level 3	Total
Money Market Mutual Fund	\$ 3,907,856	\$	\$	\$ 3,907,856
Investments Measured at NAV as a				
Practical Expedient:				
Common collective trust				157,957,956
Partnership/joint venture interest				21,883,317
Total Investments Measured at NAV as a				179,841,273
Practical Expedient				
Total Investments Measured at Fair Value	\$	\$	\$	\$ 183,749,129

Consolidated Retirement Plan of Vitalant

Notes to Financial Statements

November 30, 2025 and 2024

Assets at Fair Value as of November 30, 2024				
	Level 1	Level 2	Level 3	Total
Money Market Mutual Fund	\$ 1,768,160	\$	\$	\$ 1,768,160
Investments Measured at NAV as a Practical Expedient:				
Common collective trust				151,626,584
Partnership/joint venture interest				26,009,343
Total Investments Measured at NAV as a Practical Expedient				177,635,927
Total Investments Measured at Fair Value	\$	\$	\$	\$ 179,404,087

10. Annuity Contract Purchase

In November 2024, the Plan entered into an agreement to purchase a Group Annuity Contract from American United Life Insurance Company (OneAmerica) in the amount of approximately \$10,792,000. Upon payment, which was recorded as distribution for purchase of annuity contract in the statement of changes in net assets available for benefits for the Plan year ended November 30, 2024, OneAmerica assumed the obligation to make future annuity payments to certain Company retirees. This group annuity contract provided no investment income and was excluded from the Plan assets effective November 22, 2024. During the year ended November 30, 2025, OneAmerica reimbursed the Plan approximately \$314,000 for benefit payments made by the Plan on behalf of covered annuitants following the liability assumption date. The reimbursement is recorded as a (receipt) distribution for purchase of annuity contract in the accompanying statements of changes in net assets available for benefits. The impact of the annuity contract purchase was included in the valuation of the accumulated plan benefits for the Plan year beginning December 1, 2024. The related receipt will be included in the valuation of the accumulated plan benefits for the Plan year beginning December 1, 2025.

Supplemental Schedules

Schedule SB Attachment (Form 5500)—December 1, 2024 Plan Year
Consolidated Retirement Plan of Vitalant
EIN: 860098929 PN: 010

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

Number of Participants										
Attained Age	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25										
25-29			1							
30-34		3	7	1	1					
35-39		2	10	16	27	2				
40-44		7	7	6	54	37				
45-49		3	4	12	53	52	22			
50-54		2	5	8	41	48	51	20		
55-59		4	7	9	39	31	27	17	8	2
60-64		1	7	7	33	38	27	13	20	12
65-69		1	7	9	12	10	7	4	7	3
70+				5	2	4	3	2		

N-880

Schedule SB Attachment (Form 5500)—December 1, 2024 Plan Year
Consolidated Retirement Plan of Vitalant
EIN: 860098929 PN: 010

Active Participants with Cash Balance Account

Number of Participants and Average Cash Balance Account

Attained Age	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25										
25-29			1							
30-34		3	7	1						
35-39		1	9	8	11					
40-44		3	6	1	12	10				
45-49		1	4	11	19	17	8			
50-54			3	3	11	18	16	3		
55-59		1	6	6	11	10	9	7	4	1
60-64		1	7	6	15	17	12	6	8	4
65-69		1	7	6	3	2	5	3		3
70+				4		3	2	2		

N-359

Schedule SB Attachment (Form 5500)—December 1, 2024 Plan Year
Consolidated Retirement Plan of Vitalant
EIN: 860098929 PN: 010

Active Participants with Frozen Accrued Benefits

Number of Participants and Average Accrued Benefit

Attained Age	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25										
25-29										
30-34					1					
35-39		1	1	8	16	2				
40-44		4	1	5	42 \$2,209	27 \$5,321				
45-49		2		1	34 \$2,271	35 \$5,617	14			
50-54		2	2	5	30 \$2,610	30 \$5,331	35 \$9,413	17		
55-59		3	1	3	28 \$2,607	21 \$6,549	18	10	4	1
60-64				1	18	21 \$7,104	15	7	12	8
65-69				3	9	8	2	1	7	
70+				1	2	1	1	1		

N-521

Schedule SB Attachment (Form 5500)—December 1, 2024 Plan Year
Consolidated Retirement Plan of Vitalant
EIN: 860098929 PN: 010

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

Interest Rates for Minimum Funding Purposes	Based on segment rates with a four-month lookback (as of August 2024), each adjusted as needed to fall within the 25-year average interest rate stabilization corridor
1st Segment Rate	5.04%
2nd Segment Rate	5.32%
3rd Segment Rate	5.59%
Interest Rates for Maximum Tax Purposes	Based on segment rates with a four-month lookback (as of August 2024), without regard to interest rate stabilization
1st Segment Rate	5.04%
2nd Segment Rate	5.32%
3rd Segment Rate	5.33%
Cash Balance Interest Crediting Rate	
Blood Centers	4.00%
ITxM	5.00%
Employee Contributions Interest Crediting Rate	5.00% (Blood Centers only)
Optional Payment Form Election Percentage	
Blood Centers	70% elect a lump sum 30% elect a single life annuity
Blood Systems — Benefits Accrued as of December 31, 1995	60% elect a lump sum 40% elect a single life annuity
Blood Systems — Benefits Accrued After December 31, 1995	100% elect a single life annuity
ITxM — Cash Balance Benefit	60% elect a lump sum 40% elect a single life annuity
ITxM — Final Average Pay Benefit	100% elect a single life annuity
Optional Payment Form Conversion Interest Rate	Same as funding interest rates above for lump sums
Optional Payment Form Conversion Mortality	Current IRC section 417(e) table for lump sums

Schedule SB Attachment (Form 5500)—December 1, 2024 Plan Year
Consolidated Retirement Plan of Vitalant
EIN: 860098929 PN: 010

Retirement Age

Active Participants

See Table 1

Terminated Vested Participants

Blood Centers

40% commence immediately upon termination and 60% defer to age 64 based on retirement eligibility for cash balance and/or employee contributions.

Terminated vested participants who have a monthly accrued benefit from one of the prior plans are assumed to retire as of the normal retirement age of the prior plan as shown in the census data.

Blood Systems

Age 64

ITxM

30% commence immediately upon termination and 70% defer to age 62 or 65 based on retirement eligibility for cash balance benefit

100% defer to age 62 or age 65 based on retirement eligibility for final average pay benefit

Mortality Rates

Healthy and Disabled

2024 generational mortality tables for annuitants and non-annuitants per §1.430(h)(3)-1(b)

Withdrawal Rates

See Table 2

Disability Rates

See Table 3 (none assumed for Blood Centers)

Decrement Timing

Beginning of year decrements

Surviving Spouse Benefit

Blood Centers

It is assumed that 100% of males and 100% of females have an eligible spouse, and that males are three years older than their spouses.

Blood Systems

It is assumed that 80% of males and 50% of females have an eligible spouse, and that males are three years older than their spouses.

ITxM

It is assumed that 85% of males and 85% of females have an eligible spouse, and that males are three years older than their spouses.

Valuation of Plan Assets

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

Schedule SB Attachment (Form 5500)—December 1, 2024 Plan Year
Consolidated Retirement Plan of Vitalant
EIN: 860098929 PN: 010

A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii).

Expected Return on Assets

2022 Plan Year	6.90% limited to third segment rate of 5.92%
2023 Plan Year	6.70% limited to third segment rate of 5.74%
2024 Plan Year	7.20% limited to third segment rate of 5.59%

Trust Expenses Included in Target Normal Cost	\$1,388,000. The expenses included in the Target Normal Cost reflect the current year's expected PBGC premiums and administrative expenses.
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Actuarial Method	Standard unit credit cost method
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Census Data	December 1, 2024
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Valuation Date	December 1, 2024
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Schedule SB Attachment (Form 5500)—December 1, 2024 Plan Year
Consolidated Retirement Plan of Vitalant
EIN: 860098929 PN: 010

Table 1

Retirement Rates

Age	Rate
55	5.00%
56	7.00%
57	7.00%
58	7.00%
59	7.00%
60	7.00%
61	7.00%
62	11.00%
63	11.00%
64	20.00%
65	35.00%
66	35.00%
67	40.00%
68	15.00%
69	40.00%
70+	100.00%

Schedule SB Attachment (Form 5500)—December 1, 2024 Plan Year
Consolidated Retirement Plan of Vitalant
EIN: 860098929 PN: 010

Table 2

Withdrawal Rates

Age	Unisex Rate	Age	Unisex Rate
25	20.00%	40	9.00%
26	20.00%	41	9.00%
27	20.00%	42	9.00%
28	20.00%	43	9.00%
29	20.00%	44	9.00%
30	15.00%	45	7.00%
31	15.00%	46	7.00%
32	14.00%	47	7.00%
33	13.00%	48	7.00%
34	12.00%	49	7.00%
35	11.00%	50	6.00%
36	10.00%	51	6.00%
37	9.00%	52	6.00%
38	9.00%	53	6.00%
39	9.00%	54	6.00%
55+	0.00%		

Schedule SB Attachment (Form 5500)—December 1, 2024 Plan Year
Consolidated Retirement Plan of Vitalant
EIN: 860098929 PN: 010

Table 3

Disability Rates—Blood Systems and ITxM

Age	Male	Female	Age	Male	Female
15	0.03%	0.03%	45	0.16%	0.24%
16	0.03%	0.03%	46	0.18%	0.27%
17	0.03%	0.03%	47	0.21%	0.30%
18	0.03%	0.03%	48	0.25%	0.33%
19	0.03%	0.03%	49	0.28%	0.36%
20	0.03%	0.03%	50	0.33%	0.40%
21	0.03%	0.03%	51	0.39%	0.44%
22	0.03%	0.03%	52	0.46%	0.49%
23	0.03%	0.03%	53	0.53%	0.54%
24	0.03%	0.03%	54	0.61%	0.59%
25	0.03%	0.03%	55	0.69%	0.64%
26	0.03%	0.03%	56	0.77%	0.69%
27	0.03%	0.03%	57	0.86%	0.74%
28	0.03%	0.04%	58	0.95%	0.80%
29	0.03%	0.04%	59	1.05%	0.85%
30	0.03%	0.04%	60	1.15%	0.90%
31	0.03%	0.05%	61	1.26%	0.96%
32	0.03%	0.05%	62	1.38%	1.01%
33	0.03%	0.06%	63	1.51%	1.05%
34	0.03%	0.06%	64	1.64%	1.09%
35	0.04%	0.07%	65+	0.00%	0.00%
36	0.04%	0.08%			
37	0.05%	0.09%			
38	0.06%	0.10%			
39	0.07%	0.12%			
40	0.08%	0.13%			
41	0.09%	0.15%			
42	0.10%	0.17%			
43	0.12%	0.19%			
44	0.14%	0.22%			

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2024 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2024 or fiscal plan year beginning 12/01/2024 and ending 11/30/2025	
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 CONSOLIDATED RETIREMENT PLAN OF VITALANT
1b	Three-digit plan number (PN) ▶ 010
1c	Effective date of plan 02/01/1975
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) VITALANT 9305 E. VIA DE VENTURA SCOTTSDALE AZ 85258
2b	Employer Identification Number (EIN) 86-0098929
2c	Plan Sponsor's telephone number 480-675-5567
2d	Business code (see instructions) 621900

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	<i>Carole Braithwaite</i>	9/9/2026	CAROLE BRAITHWAITE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

Consolidated Retirement Plan of Vitalant

Schedule H, Line 4j - Schedule of Reportable Transactions

EIN: 86-0098929

Plan Number: 010

For the Year Ended November 30, 2025

		(c) Purchase price	(d) Selling price	(f) Cost	(g) Current value	(h) Net gain/(loss)
(a)	(b) Description of asset					
Single Transactions						
Greater Than 5% of Net Assets in the Aggregate:						
*	Aon Collective Investment Trust	AON US INTERMEDIATE GOVERNMENT	\$14,000,000	\$ -	\$ -	\$ -
*	Aon Collective Investment Trust	LONG CR BD	-	20,000,000	21,518,312	20,000,000 (1,518,312)
Series of Transactions						
Greater Than 5% of Net Assets in the Aggregate:						
*	Aon Collective Investment Trust	AON US INTERMEDIATE GOVERNMENT	23,700,000 (a)	-	-	23,700,000
*	Aon Collective Investment Trust	AON US INTERMEDIATE GOVERNMENT	-	12,500,000 (b)	12,419,469	12,500,000 80,531
*	Aon Collective Investment Trust	AON NON-US EQUITY INDEX	1,000,000 (c)	-	-	1,000,000

See independent auditor's report.

Consolidated Retirement Plan of Vitalant

Schedule H, Line 4j - Schedule of Reportable Transactions

EIN: 86-0098929

Plan Number: 010

For the Year Ended November 30, 2025

	(a)	(b) Description of asset	(c) Purchase price	(d) Selling price	(f) Cost	(g) Current value	(h) Net gain/(loss)
*	Aon Collective Investment Trust	AON NON-US EQUITY INDEX	-	8,750,000 (d)	6,069,948	8,750,000	2,680,052
*	Aon Collective Investment Trust	AON LARGE CAP EQUITY INDEX	4,750,000 (e)	-	-	4,750,000	-
*	Aon Collective Investment Trust	AON LARGE CAP EQUITY INDEX	-	12,800,000 (f)	7,228,182	12,800,000	5,571,818
*	Aon Collective Investment Trust	LONG CR BD	-	25,500,000 (g)	27,331,000	25,500,000	(1,831,000)
*	Aon Collective Investment Trust	LONG CR BD	22,900,000 (h)	-	-	22,900,000	-
*	Aon Collective Investment Trust	INTERMEDIATE CR BD	7,000,000 (i)	-	-	7,000,000	-
*	Aon Collective Investment Trust	INTERMEDIATE CR BD	-	6,500,000 (j)	6,405,303	6,500,000	94,697
	BNY Mellon	BNY MELLON CASH RESERVE 0.100% 12/31/2024 DD 06/26/97	5,260,253 (k)	-	-	5,260,253	-
	BNY Mellon	BNY MELLON CASH RESERVE 0.100% 12/31/2024 DD 06/26/97	-	5,260,253 (l)	5,260,253	5,260,253	-

See independent auditor's report.

Consolidated Retirement Plan of Vitalant

Schedule H, Line 4j - Schedule of Reportable Transactions

EIN: 86-0098929

Plan Number: 010

For the Year Ended November 30, 2025

(a)	(b) Description of asset	(c) Purchase price	(d) Selling price	(f) Cost	(g) Current value	(h) Net gain/(loss)
JP Morgan	JP MORGAN US GOVT MM INST 3915	18,489,600 (m)	-	-	18,489,600	-
JP Morgan	JP MORGAN US GOVT MM INST 3915	-	16,349,904 (n)	16,349,904	16,349,904	-
NISA Investment Advisors, LLC	NISA ULTRA MID TREASURY CIF	12,400,000 (o)	-	-	12,400,000	-
NISA Investment Advisors, LLC	NISA ULTRA MID TREASURY CIF	-	6,800,000 (p)	6,232,729	6,800,000	567,271
NISA Investment Advisors, LLC	NISA ULTRA LONG TREASURY CIF	-	12,100,000 (q)	12,231,239	12,100,000	(131,239)
NISA Investment Advisors, LLC	NISA ULTRA LONG TREASURY CIF	5,900,000 (r)	-	-	5,900,000	-

*Party-in-interest

See independent auditor's report.

Consolidated Retirement Plan of Vitalant

Schedule H, Line 4j - Schedule of Reportable Transactions

EIN: 86-0098929

Plan Number: 010

For the Year Ended November 30, 2025

- (a) Represents six purchase transactions
- (b) Represents four sales transactions
- (c) Represents one purchase transaction
- (d) Represents seven sales transactions
- (e) Represents three purchase transactions
- (f) Represents eight sales transactions
- (g) Represents three sales transactions
- (h) Represents six purchase transactions
- (i) Represents one purchase transaction
- (j) Represents one sales transaction
- (k) Represents 17 purchase transactions
- (l) Represents 17 sales transactions
- (m) Represents 70 purchase transactions
- (n) Represents 30 sales transactions
- (o) Represents three purchase transactions
- (p) Represents three sales transactions
- (q) Represents eight sales transactions
- (r) Represents three purchase transactions

See independent auditor'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 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 12/01/2024 and ending 11/30/2025	
► 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 Consolidated Retirement Plan of Vitalant	B Three-digit plan number (PN) ► 010
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Vitalant	D Employer Identification Number (EIN) 86-0098929
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 12 Day 01 Year 2024			
2 Assets:			
a Market value		2a	184,062,725
b Actuarial value		2b	176,868,654
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	690	101,751,380	101,751,380
b For terminated vested participants	1,443	50,047,897	50,047,897
c For active participants	880	39,201,086	40,704,981
d Total	3,013	191,000,363	192,504,258
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		5.41%
6 Target normal cost			
a Present value of current plan year accruals	6a		0
b Expected plan-related expenses	6b		1,388,000
c Target normal cost	6c		1,388,000

Statement by Enrolled Actuary	
To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.	
SIGN HERE	Mengshu Wang Signature of actuary
Mengshu Wang	Type or print name of actuary
Aon Consulting, Inc.	Firm name
MSC# 17755 PO Box 551343	
Atlanta GA 30355	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.	
Schedule SB (Form 5500) 2024 v. 240311	

09/08/2026
Date
2608451
Most recent enrollment number
847-295-5000
Telephone number (including area code)

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

21 Discount rate:			
a Segment rates:	1st segment: 5.04 %	2nd segment: 5.32 %	3rd segment: 5.59 %
			☐ N/A, full yield curve used
b Applicable month (enter code).....			21b 4
22 Weighted average retirement age			22 62
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	
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Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6c).....	31a	1,388,000	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance		Installment
a Net shortfall amortization installment	20,653,372		2,016,915
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	3,404,915
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	3,404,915	3,404,915
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
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Schedule SB Attachment (Form 5500)—December 1, 2024 Plan Year
Consolidated Retirement Plan of Vitalant
EIN: 860098929 PN: 010

Schedule SB, line 8 — Late Election to Apply Balances to Quarterly Installments

The September 15, 2024 quarterly contribution requirement was met on September 16, 2024 via an election to apply a funding balance against the 2023 minimum required contribution (MRC). Consistent with the instructions for the Schedule SB line 35 of the 2023 plan year Schedule SB does not reflect penalty interest in the discounting, whereas line 8(b) of the 2024 plan year Schedule SB does reflect that penalty interest.

The quarterly amount due on September 15, 2024 is \$493,907. This funding balance elected is included in the amount reported on 2023 Schedule SB line 35. The funding balance credited toward the 2023 MRC is \$493,845 and is reported on 2024 Schedule SB line 8(b). The funding balance credited toward the 2023 MRC reflects 289 days discounted at 5.26% and 1 day discounted at 10.26%.

Schedule SB Attachment (Form 5500)—December 1, 2024 Plan Year
Consolidated Retirement Plan of Vitalant
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Schedule SB, line 22 — Description of Weighted Average Retirement Age

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

(a)	(b)	(c)	(d) Product
Age	Rate	Weight	(a) × (b) × (c)
55	5.00%	1.0000	2.75
56	7.00%	0.9500	3.72
57	7.00%	0.8835	3.53
58	7.00%	0.8217	3.34
59	7.00%	0.7641	3.16
60	7.00%	0.7106	2.98
61	7.00%	0.6609	2.82
62	11.00%	0.6146	4.19
63	11.00%	0.5470	3.79
64	20.00%	0.4869	6.23
65	35.00%	0.3895	8.86
66	35.00%	0.2532	5.85
67	40.00%	0.1646	4.41
68	15.00%	0.0987	1.01
69	40.00%	0.0839	2.32
70	100.00%	0.0504	3.52
Weighted Average			62.48

Schedule SB Attachment (Form 5500)—December 1, 2024 Plan Year
Consolidated Retirement Plan of Vitalant
EIN: 860098929 PN: 010

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

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2024	1,334,396	3,964,521	9,761,112	15,060,029
2025	1,270,543	1,746,588	9,593,274	12,610,405
2026	1,525,911	1,894,892	9,387,667	12,808,470
2027	1,804,401	2,344,444	9,169,236	13,318,081
2028	2,022,149	2,365,731	8,941,818	13,329,698
2029	2,207,099	2,452,399	8,689,817	13,349,315
2030	2,375,586	2,513,948	8,417,547	13,307,081
2031	2,490,539	2,548,485	8,129,081	13,168,105
2032	2,621,485	3,363,750	7,826,586	13,811,821
2033	2,773,525	2,975,972	7,508,872	13,258,369
2034	2,887,170	3,107,935	7,174,165	13,169,270
2035	2,935,908	3,476,584	6,825,519	13,238,011
2036	3,062,570	3,382,943	6,462,495	12,908,008
2037	3,178,198	3,392,207	6,086,946	12,657,351
2038	3,221,969	3,647,537	5,701,107	12,570,613
2039	3,342,944	3,607,890	5,307,564	12,258,398
2040	3,384,535	3,825,754	4,909,221	12,119,510
2041	3,291,353	3,817,685	4,509,257	11,618,295
2042	3,358,981	4,100,292	4,111,127	11,570,400
2043	3,276,795	3,853,520	3,718,501	10,848,816
2044	3,268,566	3,897,483	3,335,214	10,501,263
2045	3,138,848	3,721,499	2,965,087	9,825,434
2046	3,056,235	3,652,969	2,611,790	9,320,994
2047	3,076,943	3,738,407	2,278,662	9,094,012
2048	2,906,447	3,492,512	1,968,546	8,367,505
2049	2,809,723	3,412,747	1,683,695	7,906,165
2050	2,661,890	3,155,069	1,425,635	7,242,594
2051	2,549,648	3,037,331	1,195,132	6,782,111
2052	2,364,725	2,992,418	992,215	6,349,358
2053	2,244,556	2,747,397	816,203	5,808,156
2054	2,107,997	2,624,570	665,802	5,398,369
2055	1,963,702	2,417,177	539,223	4,920,102
2056	1,823,253	2,259,520	434,302	4,517,075
2057	1,686,750	2,116,822	348,642	4,152,214
2058	1,557,229	1,958,336	279,741	3,795,306
2059	1,431,414	1,817,088	225,111	3,473,613
2060	1,309,251	1,679,392	182,368	3,171,011
2061	1,193,148	1,545,797	149,320	2,888,265

Schedule SB Attachment (Form 5500)—December 1, 2024 Plan Year
Consolidated Retirement Plan of Vitalant
EIN: 860098929 PN: 010

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2062	1,081,820	1,416,777	124,009	2,622,606
2063	976,059	1,292,710	104,738	2,373,507
2064	876,098	1,173,909	90,082	2,140,089
2065	782,118	1,060,646	78,881	1,921,645
2066	694,254	953,160	70,221	1,717,635
2067	612,548	851,674	63,391	1,527,613
2068	536,999	756,378	57,851	1,351,228
2069	467,579	667,405	53,203	1,188,187
2070	404,213	584,843	49,167	1,038,223
2071	346,787	508,765	45,554	901,106
2072	295,141	439,191	42,249	776,581
2073	249,067	376,066	39,175	664,308

Schedule SB Attachment (Form 5500)—December 1, 2024 Plan Year
Consolidated Retirement Plan of Vitalant
EIN: 860098929 PN: 010

Schedule SB, Part V — Summary of Plan Provisions

Effective December 30, 2017, the Blood Systems Plan and the ITxM Plan were merged into the Blood Centers Plan. The plan was renamed the Consolidated Retirement Plan of Blood Systems, Inc. and was amended and restated effective December 1, 2017. The plan was renamed again as of December 31, 2018 to the Consolidated Retirement Plan of Vitalant.

Blood Centers of the Pacific Pension Plan

Effective Date	Amended and restated effective December 1, 2019. Most recent amendment dated November 16, 2021.
2021 Amendment	The plan was amended to allow the transfer of assets and liabilities for certain retirees to an insurance company on November 19, 2021.
2018 Amendment	The plan was amended to allow in-service distributions beginning at Normal Retirement Date effective January 1, 2019.
Eligibility for Participation	All employees except collectively-bargained employees (other than those who are granted participation by a collective bargaining agreement) or leased employees who have attained age 21 with one year of service. The plan is frozen to new hires after February 28, 2011.
Annual Earnings	W-2 pay paid during the calendar year including section 403(b) and section 125 deferrals. Overtime, bonuses, shift differentials, fringe benefits, traveling expenses and all other forms of extra compensation shall not be included.
Pension Account Balance	The individual account comprised of the prior plan credit, employer credits and interest credits.
Prior Plan Credit	The accrued benefit under prior plan Irwin or prior plan Peninsula converted to a lump sum on December 31, 1997.
Employer Credit	For each plan year for which a participant does not have a break in service, the amount allocated and credited to an eligible participant's account for a plan year on the last day of each plan year will be an amount equal to 9.00% of each eligible participant's annual earnings. Effective February 28, 2011, employer credits are frozen.

Schedule SB Attachment (Form 5500)—December 1, 2024 Plan Year
Consolidated Retirement Plan of Vitalant
EIN: 860098929 PN: 010

Interest Credit

For each plan year up to the commencement of a participant's full benefits, an Interest Credit will be added annually during a plan year on the last day of such period to each such participant's account in an amount equal to the lesser of 6.00% or the December 30-year Treasury rate, multiplied by the amount of the participant's account at the beginning of the period.

Irwin Employee Contribution Account

The individual account for a participant's required contributions under section 1.15 of prior plan Irwin, which is credited with interest compounded annual at 120% of the Federal mid-term rate for the first month of the plan year.

Normal Retirement

Eligibility

Age 62.

Benefit

The pension account balance is paid as a monthly single life annuity for single participants or a 50% qualified joint and survivor annuity for married participants.

For participants with a prior plan credit and a prior plan Irwin employee contribution account, the pension account balance and prior plan Irwin employee contribution account is payable as a single life annuity with modified cash refund for single participants or a 50% qualified joint and survivor annuity with modified cash refund for married participants.

Vested Termination

Eligibility

Three years of vesting service.

Benefit

The pension account balance and prior plan Irwin employee contribution account is payable upon termination of employment.

Disability

Eligibility

Disabled and receiving Social Security disability benefits or disability payments under a long-term disability plan sponsored by the employer.

Benefit

Disabled participants shall receive a distribution of their pension account balance and prior plan Irwin employee contribution account, payable immediately upon proof of disability.

Schedule SB Attachment (Form 5500)—December 1, 2024 Plan Year
Consolidated Retirement Plan of Vitalant
EIN: 860098929 PN: 010

Surviving Spouse

Eligibility

Death while eligible for normal, disability or deferred vested retirement benefits, with a surviving spouse or beneficiary.

Benefit

The pension account balance and prior plan Irwin employee contribution account determined as of the last day of the month in which death occurs, is payable immediately.

Optional Forms of Annuity

Lump sum;

Life annuity or 50% joint survivor annuity with full cash refund;

75% joint and survivor annuity.

For Those with a Prior Plan Credit

Life annuity (prior plan Peninsula only);

Term certain and life annuity with modified cash refund;

100% and 50% contingent annuity with modified cash refund.

Actuarial Equivalence

The actuarial equivalence basis is 7% interest and the 1983 GAM Mortality Table, blended 50% each for males and females.

Schedule SB Attachment (Form 5500)—December 1, 2024 Plan Year
Consolidated Retirement Plan of Vitalant
EIN: 860098929 PN: 010

Blood Systems, Inc. Pension Plan

Effective Date	January 1, 1979. Amended and restated effective January 1, 2014. Most recent amendment signed December 18, 2018.
2018 Terminated Vested Lump Sum Window	The plan was amended to allow certain terminated vested participants that terminated prior to January 1, 2018 the ability to elect a lump sum distribution if the election was made during the 2018 window period.
2018 Amendment	The plan was amended to allow in-service distributions beginning at Normal Retirement Date effective January 1, 2019.
Eligibility for Participation	An employee shall become a participant in this plan on the January 1 or July 1 coincident with or next following the date he attains age 21 and completes one year of service. The plan is frozen to new hires after January 1, 2012.
Normal Retirement	
Eligibility	Age 65 and five years of service.
	Benefit A monthly amount equal to (1) plus (2) minus (3):
	(1) 1.75% of average final compensation times years of service, up to a maximum of 30 years;
	(2) 0.50% of average final compensation times years of service in excess of 30 years;
	(3) 0.48% of offset compensation times years of service up to a maximum of 30 years.
	Benefit accruals were frozen effective December 31, 2011.
Early Retirement	
Eligibility	Age 55 and 10 years of service.
	Benefit A monthly benefit equal to the normal retirement benefit reduced by 1/15 for each of the first five years and 1/30 for each of the next five years that early retirement precedes age 65.
	Participants that have completed 25 years of service shall have their normal retirement benefit reduced by 5% for each year that early retirement precedes age 62.

Schedule SB Attachment (Form 5500)—December 1, 2024 Plan Year
Consolidated Retirement Plan of Vitalant
EIN: 860098929 PN: 010

Late Retirement

Eligibility	Retirement after normal retirement age.
Benefit	The greater of the accrued benefit as of the late retirement date and the accrued benefit as of the normal retirement date actuarially increased to the late retirement date.

Vested Termination

Eligibility	Five years of vesting service.
Benefit	The accrued benefit at the date of termination. Reduced payments may begin any time after eligibility for early retirement based on the same reductions as early retirement from active status.

Disability

Eligibility	Disabled with 10 years of service and receives a determination from the Social Security Administration for entitlement of Social Security disability benefits within one year of termination.
Benefit	The accrued benefit based on average final compensation at disability and years of service that would have been credited if the participant had remained employed until age 65, payable at normal retirement age.

Surviving Spouse

Eligibility	Married and eligible for a vested benefit.
Benefit	A monthly benefit payable to the surviving spouse beginning at the employee's earliest retirement age equal to 50% of the amount payable if the participant had retired early with a 50% joint and survivor benefit.

Normal Form of Annuity

Without Spouse	Single life annuity.
With Spouse	50% Joint and survivor annuity reduced to be equivalent to the retirement benefit payable for employee's lifetime. Participant receives reduced lifetime benefit and, in event of participant's death, 50% of reduced benefit continues to surviving spouse.

Schedule SB Attachment (Form 5500)—December 1, 2024 Plan Year
Consolidated Retirement Plan of Vitalant
EIN: 860098929 PN: 010

Optional Forms of Annuity

Single life annuity;
10-year certain and life annuity;
100% joint and survivor annuity;
75% joint and survivor annuity;
50% joint and survivor annuity;
Level income annuity;
Lump sum (for benefits earned through December 31, 1995).

Actuarial Equivalence

1971 GAM Mortality Table for males, set back three years for participants and four years for beneficiaries and 6% interest rate.

Definitions

Average Final Compensation

Average compensation paid for the highest consecutive 60 months out of the last 120 months preceding retirement or termination. Compensation after December 31, 2011 is disregarded.

Offset Compensation

The lesser of compensation averaged over the 36 consecutive months immediately preceding the current plan year or Social Security covered compensation. Compensation after December 31, 2011 is disregarded.

Year of Service

A full year of service is earned if the employee works 1,000 or more hours in one plan year. Service after December 31, 2011 is disregarded.

Schedule SB Attachment (Form 5500)—December 1, 2024 Plan Year
Consolidated Retirement Plan of Vitalant
EIN: 860098929 PN: 010

Retirement Plan of the Institute for Transfusion Medicine and
Affiliated Employers

Effective Date	Amended and restated effective January 1, 2014. Most recent amendment signed December 18, 2018.
2018 Plan Freeze	The ITxM portion of the Consolidated Retirement plan of Vitalant (Appendix C) was frozen effective December 31, 2018.
2017 Terminated Vested Lump Sum Window	The plan was amended to allow certain terminated vested participants that terminated prior to January 1, 2017 the ability to elect a lump sum distribution of the final average pay benefit if the election was made during the 2017 window period.
Covered Employees	All employees except collectively-bargained employees (other than those who are granted participation by a collective bargaining agreement) or leased employees.
Participation Date	All eligible employees who have attained age 21 with one year of service. When a participant transfers to become a Vitalant employee, they become an inactive participant in the ITxM Plan. The plan was closed and frozen as of December 31, 2018.
Definitions	
Vesting Service	One year of vesting service is earned for each plan year during which the employee works at least 1,000 hours.
Pensionable Pay	W-2 pay paid during the calendar year including section 402(g)(3), section 125, section 132(F)(4) and section 457 deferrals. Any compensation paid under the long-term incentive program shall not be included.

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Frozen Accrued Benefit

For these purposes the frozen accrued benefit hereunder will only be applicable for each participant who had an accrued benefit under the plan as in effect on the fresh-start date. The participant's frozen accrued benefit will be the actuarial equivalent of the participant's annual accrued benefit as determined under the plan on the fresh-start date. The fresh-start date is April 1, 2010 for non-SEIU participants and is January 1, 2012 for SEIU participants. For any participant who had an accrued benefit in the plan as of the fresh start date, such participant's frozen accrued benefit will remain as an annuity (subject to the normal form of distribution and any optional forms of distribution) determined under the terms of the plan in effect on the day immediately preceding the fresh-start date.

Contribution Credit

For each plan year beginning with the plan year within which the fresh-start date occurs, the amount allocated and credited to an eligible participant's hypothetical account for a plan year on the last day of each plan year will be an amount equal to 3.2% of each eligible participant's compensation. There will be no further contribution credits to an eligible participant's hypothetical account beyond a participant's retirement, death, disability, or termination of employment. Additionally, contribution credits cease when a person transfers to become a Vitalant employee.

Transition Contribution Credits

For certain participants, who had attained age 50 but not yet attained age 60 and had completed 10 years of service as of the fresh-start date, additional transition credits are provided in addition to the contribution credit. The annual transition contribution credit is listed by employee ID in Appendix B to the plan document. Transition credits cease when a person transfers to become a Vitalant employee.

Interest Credit

For each plan year up to the commencement of a participant's full benefits, an interest credit will be added annually during a plan year on the last day of such period to each such participant's hypothetical account in an amount equal to the December 30-year Treasury rate, multiplied by the amount of the participant's hypothetical account at the beginning of the period. In no event will the annual rate used to determine the interest credit to a participant's hypothetical account be less than 5%.

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Accrued Benefit	The benefit payable at normal retirement equal to the sum of the frozen accrued benefit plus the actuarial equivalent of the hypothetical account.
Monthly Preretirement Death Benefit	50% of the monthly pension benefit as of the date of death, reduced for the 50% joint and survivor election and reduced for early payment.
Eligibility for Benefit	
Normal Retirement	Age 65 or the fifth anniversary of employment, if later.
Early Retirement	Age 55 and five years of vesting service.
Postponed Retirement	Retirement after the participant's normal retirement date.
Vested Termination	Termination for reasons other than death or retirement after completing three years of vesting service.
Preretirement Death Benefit	Death while eligible for normal, early, postponed, or deferred vested retirement benefits, with a surviving spouse.
Benefits Paid Upon the Following Events	
Normal Retirement Benefit	The accrued benefit is paid as a monthly single life annuity for single participants or a 50% qualified joint and survivor annuity for married participants.
Early Retirement Benefit	The accrued benefit is reduced by 1/180 for the first 60 months and 1/360 for each of the next 60 months that early retirement precedes age 65.
Postponed Retirement	If the suspension of benefits notice was provided timely, then the monthly pension benefit determined as of the actual retirement date. If the suspension of benefits notice was not provided timely, then the accrued benefit will be the greater of the monthly pension benefit determined as of actual retirement date or the actuarial equivalent of the age 65 accrued benefit.
Vested Termination	The frozen accrued benefit is not payable until the participant is eligible for early or normal retirement. The hypothetical account balance is payable upon termination of employment.
Preretirement Death	A 50% qualified joint and survivor annuity is payable immediately to the surviving spouse calculated as if the participant retired on his/her date of death, except if the date of death occurs prior to the date the participant would have attained the earliest retirement age the benefit is calculated at the earliest retirement age.

Schedule SB Attachment (Form 5500)—December 1, 2024 Plan Year
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Other Plan Provisions

Optional Forms of Payment

Preretirement death benefits are payable only as described above, except the hypothetical account may be paid as a lump sum. The actuarial equivalence basis is 5% interest and the mortality prescribed by Revenue Ruling 2001-62.

Retirement and termination benefits are payable as:

- (1) Single life annuity
- (2) 50%, 75% or 100% joint and survivor annuity
- (3) Lump sum (hypothetical account only)

Maximum on Benefits and Pay

All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes become effective.

Future Plan Changes

No future plan changes were recognized in determining pension cost or in determining minimum and maximum contributions.

Plan Changes Since the Prior Year

The funding valuation reflects the purchase of an annuity from an insurance company for certain retirees. The liability and assets for these retirees were transferred to OneAmerica on November 22, 2024.

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

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

Consolidated Retirement Plan of Vitalant

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

EIN: 86-0098929

Plan Number: 010

As of November 30, 2025

	(b) Identity of issuer, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
(a)				
Partnership/Joint Venture Interest:				
	Townsend Holdings	TOWNSEND RE FUND-E LP	\$17,571,105	\$21,883,317
Common/Collective Trusts:				
*	Aon Collective Investment Trust	LONG CR BD	32,545,680	33,223,044
*	Aon Collective Investment Trust	AON LARGE CAP EQUITY INDEX	14,359,073	27,301,736
	NISA Investment Advisors, LLC	NISA ULTRA LONG TREASURY CIF	18,276,290	19,193,525
*	Aon Collective Investment Trust	AON ENHANCED LIABILITY DRIVEN INVESTING FUND	15,479,835	16,132,785
*	Aon Collective Investment Trust	AON NON-US EQUITY INDEX	9,223,371	14,853,129
*	Aon Collective Investment Trust	AON MULTI ASSET CREDIT FUND	10,599,984	12,733,813
*	Aon Collective Investment Trust	AON US INTERMEDIATE GOVERNMENT	11,634,667	12,059,083
	NISA Investment Advisors, LLC	NISA ULTRA MID TREASURY CIF	9,300,247	11,030,365
*	Aon Collective Investment Trust	AON SMALL CAP EQUITY INDEX	3,066,170	4,884,540
*	Aon Collective Investment Trust	AON HIGH YIELD PLUS CL 1	2,657,009	2,977,517
*	Aon Collective Investment Trust	AON OPPORTUNISTIC CREDIT PORTFOLIO SP	1,189,554	1,568,616
*	Aon Collective Investment Trust	INTERMEDIATE CR BD	1,237,893	1,259,598
*	Aon Collective Investment Trust	MID DURATION LONG CR BD	245,857	299,312

See independent auditor's report.

Consolidated Retirement Plan of Vitalant

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

EIN: 86-0098929

Plan Number: 010

As of November 30, 2025

(a)	(b) Identity of issuer, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(e) Current value	
			(d) Cost	
*	Aon Collective Investment Trust	AON GLOBAL REAL ESTATE CL 1	182,336	222,710
*	Aon Collective Investment Trust	AON US LONG GOVERNMENT INDEX	215,028	218,183
Total			130,212,994	157,957,956
Common/Collective Trusts				
Money Market				
Mutual Fund:				
	JP Morgan	JP Morgan US GOVT MM INST	3,907,856	3,907,856
Total Investments			\$151,691,955	\$183,749,129

*Party-in-interest

See independent auditor's report.

Schedule SB Attachment (Form 5500)—December 1, 2024 Plan Year
Consolidated Retirement Plan of Vitalant
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Schedule SB, line 32 — Schedule of Amortization Bases

Type of Base	Present Value of Installment	Date Established	Years Remaining	Amortization Installment
Shortfall	\$ 3,459,671	December 1, 2022	13	\$ 355,628
Shortfall	\$ 13,089,139	December 1, 2023	14	\$ 1,278,474
Shortfall	\$ 4,104,562	December 1, 2024	15	\$ 382,813

Schedule SB Attachment (Form 5500)—December 1, 2024 Plan Year
Consolidated Retirement Plan of Vitalant
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Schedule SB, line 24 — Change in Actuarial Assumptions

The funding valuation reflects the following non-prescribed assumption change:

- A change in the unlimited expected rate of return on assets from 6.70 percent to 7.20 percent.
- A change in the retirement rates for active employees to better reflect anticipated future experience as the result of an assumption study.
- A change in the withdrawal rates to better reflect anticipated future experience as the result of an assumption study.
- A change in the ITxM optional payment form election percentages to better reflect anticipated future experience as the result of an assumption study.

These changes were made to better reflect the anticipated plan experience. These assumption changes did not reduce the funding shortfall by an amount requiring approval of the Commissioner.