Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

A This return/report is for:
- [ ] a multiemployer plan
- [ ] a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
- [X] a single-employer plan
- [ ] a DFE (specify) _____

B This return/report is:
- [ ] the first return/report
- [ ] the final return/report
- [ ] an amended return/report
- [ ] a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

D Check box if filing under:
- [X] Form 5558
- [ ] automatic extension
- [ ] the DFVC program
- [ ] special extension (enter description)

E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. . . . . ▶ [ ]

Part II Basic Plan Information—enter all requested information

1a Name of plan
PENSION PLAN FOR ASSOCIATES OF NINE WEST GROUP INC.

1b Three-digit plan number (PN) ▶ 004

1c Effective date of plan 01/01/1979

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)
PREMIER BRANDS GROUP HOLDINGS LLC

1414 RADCLIFFE STREET
SUITE 303
BRISTOL, PA 19007

2b Employer Identification Number (EIN)
22-3497645

2c Plan Sponsor's telephone number
215-785-4000

2d Business code (see instructions)
424300

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.	09/25/2026	GEORGE NEEMAN
	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 [X] 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

4b EIN

c Plan Name

4d PN

5	Total number of participants at the beginning of the plan year	**5**	555
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	**6a(1)**	6
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	4
b	Retired or separated participants receiving benefits	**6b**	148
c	Other retired or separated participants entitled to future benefits	**6c**	218
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	370
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	56
f	Total. Add lines **6d** and **6e**.	**6f**	426
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

1A 1C 1I

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

9a Plan funding arrangement (check all that apply)

- **(1)** [ ] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] 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)** [X] Trust
- **(4)** [ ] General assets of the sponsor

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

a Pension Schedules

- **(1)** [X] **R** (Retirement Plan Information)
- **(2)** [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- **(3)** [X] **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)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [ ] **A** (Insurance Information) – Number Attached _____
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [ ] **D** (DFE/Participating Plan Information)
- **(6)** [ ] **G** (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2025 Form M-1 annual report. If the plan was not required to file the 2025 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

▶ **Round off amounts to nearest dollar.**

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

A Name of plan
PENSION PLAN FOR ASSOCIATES OF NINE WEST GROUP INC.

B Three-digit plan number (PN) ▶ 004

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
PREMIER BRANDS GROUP HOLDINGS LLC

D Employer Identification Number (EIN)
22-3497645

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [ ] 101-500 [X] More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2025

2 Assets:

a Market value	**2a**	24727861
b Actuarial value	**2b**	22508777

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	139	11310618	11310618
b For terminated vested participants	410	13374499	13374499
c For active participants	6	65009	65009
d Total	555	24750126	24750126

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**	5.32 %
6 Target normal cost		
a Present value of current plan year accruals	**6a**	0
b Expected plan-related expenses	**6b**	295000
c Target normal cost	**6c**	295000

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

09/02/2026
Date

NICOLE DEVOE, A.S.A., E.A.
Type or print name of actuary

26-06880
Most recent enrollment number

TRANSAMERICA
Firm name

508-903-6014
Telephone number (including area code)

PO BOX 428
CEDAR RAPIDS, IA 52406-0428
Address of the firm

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

Part 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	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of 15.29 %	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		346
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 5.07 %		18
b(2)	Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c	Total available at beginning of current plan year to add to prefunding balance		364
d	Portion of (c) to be added to prefunding balance		364
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	364

Part III Funding Percentages

14	Funding target attainment percentage	14	90.94 %
15	Adjusted funding target attainment percentage	15	90.94 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	92.70 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/11/2025	186047				
07/09/2025	120000				
10/09/2025	120000				
01/09/2026	119317				
			Totals ► 18(b)	545364	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	528713

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? [X] Yes [ ] No

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

21 Discount rate:

a Segment rates:	1st segment: 5.07 %	2nd segment: 5.31 %	3rd segment: 5.50 %	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	65

23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No

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

26 Demographic and benefit information

a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No

b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ☐ Yes ☒ No

27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment	**27**	

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

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

a Target normal cost (line 6c)	**31a**	295000
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	2241713	233827
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**	528827

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	364	364

36 Additional cash requirement (line 34 minus line 35)	**36**	528463
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	528713

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

a Total (excess, if any, of line 37 over line 36)	**38a**	250
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

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

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

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

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

A Name of plan
PENSION PLAN FOR ASSOCIATES OF NINE WEST GROUP INC.

B Three-digit plan number (PN) ▶ 004

C Plan sponsor's name as shown on line 2a of Form 5500
PREMIER BRANDS GROUP HOLDINGS LLC

D Employer Identification Number (EIN)
22-3497645

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

TRANSAMERICA RETIREMENT SOLUTIONS

13-3689044

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

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

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

TRANSAMERICA RETIREMENT SOLUTIONS

13-3689044

(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 12 15 28 38 50 59 61 62 63 64	RECORD KEEPER	230342	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

BDO USA, P.C.

13-5381590

(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?
10 16 50	AUDITOR	36250	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

ONEDIGITAL INVESTMENT ADVISORS LLC

43-1451524

(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?
16 50	CONSULTANT	45000	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

(complete as many entries as needed)

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

A Name of plan
PENSION PLAN FOR ASSOCIATES OF NINE WEST GROUP INC.

B Three-digit plan number (PN) ▶ 004

C Plan sponsor's name as shown on line 2a of Form 5500
PREMIER BRANDS GROUP HOLDINGS LLC

D Employer Identification Number (EIN)
22-3497645

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)	163085	119317
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
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)		
(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)		
(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)	24564975	22485152
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
1e Buildings and other property used in plan operation	1e		
1f Total assets (add all amounts in lines 1a through 1e)	1f	24728060	22604469
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h		
1i Acquisition indebtedness	1i		
1j Other liabilities	1j		
1k Total liabilities (add all amounts in lines 1g through1j)	1k		
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	24728060	22604469

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)	545364	
(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)		545364
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		
(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)	1188820	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		1188820
(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)		
(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)		962066
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		2696250
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	4445675	
(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)		4445675
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)		
(3) Recordkeeping fees	2i(3)	187342	
(4) IQPA audit fees	2i(4)	36250	
(5) Investment advisory and investment management fees	2i(5)	45000	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)	43000	
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	62574	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		374166
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		4819841
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		-2123591
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) [X] 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) [X] 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: BDO USA, P.C. **(2)** EIN: 13-5381590

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.)	**4a**		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	**4b**		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	**4c**		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	**4d**		X	
e Was this plan covered by a fidelity bond?	**4e**	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4g**		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	**4j**	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**			
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.	**4n**			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? [ ] Yes [X] 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.) ..... [X] Yes [ ] No [ ] Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 587018.

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

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

A Name of plan
PENSION PLAN FOR ASSOCIATES OF NINE WEST GROUP INC.

B Three-digit plan number (PN) ▶ 004

C Plan sponsor's name as shown on line 2a of Form 5500
PREMIER BRANDS GROUP HOLDINGS LLC

D Employer Identification Number (EIN)
22-3497645

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): 13-3689044

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 | 98

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ Yes ☒ No ☐ N/A

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation._____

Part VII IRS Compliance Questions

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

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

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☐ N/A

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

Pension Plan for Associates of Nine West Group Inc.

Financial Statements
and ERISA-Required Supplemental Schedules
Years Ended December 31, 2025 and 2024

The report accompanying these financial statements was issued by BDO USA, P.C., a Virginia professional corporation, and the U.S. member of BDO International Limited, a UK company limited by guarantee.

Pension Plan for Associates of Nine West Group Inc.

Financial Statements and ERISA-Required Supplemental Schedules

Years Ended December 31, 2025 and 2024

Pension Plan for Associates of Nine West Group Inc.

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Schedule H, Line 4j – Schedule of Reportable Transactions for the Year Ended December 31, 2025 20

Note: Other schedules required by Section 2520.103.10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA have been omitted because they are not applicable.

Tel: 212-885-8000
Fax: 212-697-1299
www.bdo.com

200 Park Avenue
38th Floor
New York, NY 10166

Independent Auditor's Report

The Plan Committee
Pension Plan for Associates of Nine West Group Inc.
Bristol, Pennsylvania

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

We have performed audits of the financial statements of the Pension Plan for Associates of Nine West Group Inc. (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C). The financial statements comprise the statements of net assets available for benefits as of December 31, 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 (ERISA Section 103(a)(3)(C) audit). 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 (qualified institution), provided that the investment information is prepared and certified to by the qualified institution in accordance with 29 CFR 2520.103-5 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

Management has obtained certifications from a qualified institution as of December 31, 2025 and 2024, and for the years then ended, stating that the certified investment information, as described in Note 4 to the financial statements, is complete and accurate.

Opinion

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

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

BDO USA, P.C., a Virginia professional corporation, is the U.S. member of BDO International Limited, a UK company limited by guarantee, and forms part of the international BDO network of independent member firms.

BDO is the brand name for the BDO network and for each of the BDO Member Firms.



Basis for Opinion

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

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with 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 within one year after the date that the financial statements are available to be issued.

Management is responsible for maintaining a current plan instrument, including all plan amendments. Management is also responsible for 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 GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if, there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.

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

Our audits did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of 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 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 ERISA-required Supplemental Schedule H, line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2025 and Schedule H, Line 4j – Schedule of Reportable Transactions for the year ended December 31, 2025 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the 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 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 certified investment information in the supplemental schedules agrees to, or is derived from, in all material respects, the information prepared and certified by a qualified institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

BDO USA, P.C.

September 23, 2026

Financial Statements

Pension Plan for Associates of Nine West Group Inc.

Statements of Net Assets Available for Benefits

December 31,	**2025**	2024
Assets		
Investments, at fair value:		
Mutual funds	**$ 22,485,152**	$ 24,564,975
Total Investments, at fair value	**22,485,152**	24,564,975
Receivables:		
Employer contributions	**119,317**	163,085
Net Assets Available for Benefits	**$ 22,604,469**	$ 24,728,060

See accompanying notes to financial statements.

Pension Plan for Associates of Nine West Group Inc.

Statements of Changes in Net Assets Available for Benefits

Year ended December 31,	**2025**	2024
Additions		
Investment income:		
Interest and dividend income	**$ 1,188,820**	$ 614,516
Net appreciation in fair value of investments	**962,066**	2,667,377
Total Investment Income	**2,150,886**	3,281,893
Contributions:		
Employer	**545,364**	767,141
Total Contributions	**545,364**	767,141
Total Additions	**2,696,250**	4,049,034
Deductions		
Benefits paid to participants and beneficiaries	**4,445,675**	2,043,104
Expenses	**374,166**	522,651
Total Deductions	**4,819,841**	2,565,755
Net (Decrease) Increase	**(2,123,591)**	1,483,279
Net Assets Available for Benefits, beginning of year	**24,728,060**	23,244,781
Net Assets Available for Benefits, end of year	**$ 22,604,469**	$ 24,728,060

See accompanying notes to financial statements.

1. Plan Description

The following description of the Pension Plan for Associates of Nine West Group Inc. (the Plan or Nine West Plan) provides only general information. Participants should refer to the Plan document for a complete description of the Plan's provisions.

General

The Plan is effective January 3, 1983 and is a noncontributory, defined benefit pension plan, known as a cash balance plan, that covered substantially all employees of the former Nine West Group Inc., which is now part of Premier Brands Group Holdings LLC (the Company), except leased employees as defined in Internal Revenue Code (the Code) Section 414(n)(2)(c) and those covered by a collective-bargaining agreement, unless the collective-bargaining agreement provided otherwise. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA).

Plan Merger

The Plan was amended and restated effective January 1, 2012, by adding a Part II that incorporates the provisions of the Napier Co. Retirement Plan (Napier Plan), as a result of the merger of the Napier Plan into the Plan as of the close of business on December 31, 2011. Jones Jewelry Group, Inc. sponsored the Napier Plan, for the exclusive benefit of eligible employees who became participants thereunder. In conjunction with such merger, all liabilities attributable to the "accrued benefits" (as defined under the Napier Plan) and all other benefit liabilities of the Napier Plan for the participants and beneficiaries (collectively, a participant or participants) of the Napier Plan were transferred to and assumed by the Nine West Plan and all assets of the trust established under the Napier Plan were transferred to the trust under the Nine West Plan. Such transfer complied with the requirements of Section 414(1) of the Code and Section 208 of ERISA and the applicable regulations thereunder.

All participants with accrued benefits under the Napier Plan on December 31, 2011 participate in the Nine West Plan as of January 1, 2012. In connection with such merger, each participant's accrued benefit under the Napier Plan shall be equal to the accrued benefit he or she is entitled to receive immediately prior to the merger, and there shall be preserved on an ongoing basis those benefits rights and features under such plan consistent with Section 411(d)(6) of the Code and the applicable regulations thereunder in accordance with the terms of this Plan on and after January 1, 2012.

In addition, the accrued benefit and other benefit liabilities earned by any participant formerly covered under the Napier Plan that becomes payable under this Plan shall be computed exclusively in accordance with the provisions of the Napier Plan as in effect on December 31, 2011, and as further amended and restated in Part II of this Plan to reflect the merger effective January 1, 2012, including, but not limited to, eligibility for, determination of the nonforfeitable percentage and accrual of benefit, and all other applicable provisions shall continue to apply to the participants, except as otherwise provided in the amended and restated Plan document.

Nine West Plan

Effective February 15, 1999, the Nine West Plan was frozen and eliminated future service credits. As a result, there were no new participants, no future accrual service was credited, and no future

changes in compensation were taken into account in the determination of a participant's accrued benefit. Vesting service for those participants already in the Plan continued for purposes of determining the participant's non-forfeitable benefit.

Napier Plan

Effective December 31, 1995, the Napier Plan was frozen and benefit accruals ceased after that date. The freeze did not affect any benefits earned under the Plan as of December 31, 1995. Benefits under the Plan are calculated based on years of credited prior service, years of credited service, and average monthly earnings (as those terms are defined in the Plan) up to and through December 31, 1995. Notwithstanding the freeze on accrued benefits, years of vesting service after December 31, 1995 continued to count toward vesting percentages.

Plan Administration

The Company is the administrator of the Plan. State Street Bank and Trust Company (State Street) is the Trustee of the Plan (the Trustee).

Pension Benefits – Nine West Plan

Employees were eligible for participation in the Plan on January 1 or July 1 after attaining the age of 21 and completion of 1,000 hours of service during the 12-month period beginning on an employee's date of hire and ending upon the first anniversary of the date of hire. Participants vested 100% after five years of service or attaining normal retirement date. Benefits payable under the Plan are subject to maximum limitations under the Code.

Participants choosing to retire after age 65 may generally defer receiving their pension benefits up to age 73. The Plan also allows early retirement for those participants who have completed five or more years of vesting service, as defined by the Plan agreement, and have reached age 55. This benefit will be calculated in the same manner as normal retirement based on the participant's accrued benefit at the early retirement date. Participants may also elect to have any portion of an eligible rollover distribution paid directly to an eligible retirement plan specified by the participant in a direct rollover.

Pension Benefits – Napier Plan

Monthly pension payments are made, commencing at age 65, to hourly employees at a rate of $9 per month times the years of credited service earned prior to January 1, 1987 and $11 per month for each year of credited service earned after January 1, 1987 (but not past 1995 due to the Plan freeze) and for salaried employees at 1.75% of average monthly earnings, as defined, times years of credited service less 50% of monthly Social Security benefits. Monthly benefits for all employees or former employees who were participants at December 1, 1976 are subject to a minimum payment of 1.25% of average monthly earnings times years of credited service less 60% of the participant's monthly Social Security benefit, up to a maximum offset of $85 per month.

Employees may elect early retirement and receive reduced benefits if they have completed five years of service and attained age 55. A retirement income benefit will be payable to the surviving spouse of an employee who has completed five years of service on the later of the employee's date of death or the day on which the employee would have reached his or her early retirement.

The Plan also provides disability retirement benefits for those employees who become eligible for total and permanent disability benefits under the Social Security Act, provided that the employees have completed five or more years of service and the sum of their years of credited service and age equals 55.

Death Benefits

If a participant has satisfied the requirements for a vested benefit and dies prior to the termination of employment and before commencement of benefits, the designated beneficiary may elect either a lump-sum death benefit, or to receive payment in the form of an annuity in the amount of 50% of the participant's account balance. If the actuarial equivalent of the lump-sum death benefit is equal to or less than $7,000, a lump-sum benefit will be paid. The benefit payable to the beneficiary of a retired participant is payable in the form of a lump-sum payment at the time of the retired participant's death.

Other Distributions

Certain participants who leave the Company are entitled to receive a benefit equal to his or her vested accrued benefit. This benefit is payable at the participant's normal retirement date. If the actuarial equivalent of the accrued benefit is $7,000 or less, the participant will receive, at the Company's election, a lump-sum benefit. Effective August 1, 2025, the plan added a limited and one-time lump sum window option for certain participants. As of December 31, 2025, the lump sum option is still available to the following eligible participants:

- Nine West participants eligible for the cash balance once they attain age 55 with 5 years of service.
- Napier participants who work until normal retirement or if the participant is at least age 55 and the sum of vesting service and age is at least 80.

Effective December 1, 2016, if the actuarial equivalent value of a participant's vested accrued benefit does not exceed $5,000, the benefit shall be paid in a lump-sum payment in cash as soon as practicable after the date of termination of employment or death. In addition, for distributions beginning on or after December 1, 2016, if the present value of a terminated participants vested accrued benefit does not exceed $5,000, the benefit shall be paid in a lump-sum payment is cash as soon as practicable. If the present value of the terminated participant's vested accrued benefit is more than $1,000 but does not exceed $5,000, the participant may elect to receive an immediate distribution of their benefit. If the participant does not affirmatively elect to have such amount paid directly to them or an eligible retirement plan, such amount shall be paid directly to an individual retirement account or annuity.

Funding Policy

The Company makes contributions to the Plan sufficient to provide the Plan with assets with which to pay future pension benefits to Plan participants, as required by ERISA. The Company made a contribution in the amount of $545,364 and $767,141, respectively, to the Plan for the years ended December 31, 2025 and 2024. The Company met the minimum funding requirements of ERISA for the Plan years ended December 31, 2025 and 2024.

Administrative Expenses

Certain expenses of maintaining the Plan are paid using Plan assets, unless otherwise paid by the Company. The Company pays certain eligible plan expenses which are excluded from these financial statements.

2. Summary of Accounting Policies

Basis of Accounting

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

Use of Estimates

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets, 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.

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date (see Note 5). The Plan's Investment Committee determines the Plan's valuation policies utilizing information provided by the investment advisers, custodians, and insurance company.

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

Actuarial Present Value of Accumulated Plan Benefits

Accumulated Plan benefits are those future periodic payments, including lump-sum distributions, that are attributable under the Plan's provisions to the service employees have rendered. Accumulated Plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Benefits payable under all circumstances are included, to the extent they are deemed attributable to employee service rendered to the respective freeze dates.

The actuarial present value of accumulated Plan benefits is that amount that results from applying the actuarial assumptions to adjust the accumulated Plan benefits to reflect the time value of money (through the discounts for interest) and the probability of payment between the valuation date and the expected date of payment.

Payment of Benefits

Benefits paid to participants are recorded upon distribution.

3. Actuarial Present Value of Accumulated Plan Benefits

The present value of accumulated Plan benefits was calculated by the Plan's independent actuary, Transamerica Retirement Solutions (Transamerica), as of the beginning of the year. The actuarial cost method used in the valuation of the Plan is the traditional unit credit actuarial cost method.

The actuarial present value of accumulated Plan benefits is as follows:

December 31, 2024		
Participants currently receiving payment	$	11,260,539
Other vested participants		13,505,785
Actuarial Present Value of Accumulated Plan Benefits	$	24,766,324

The changes in accumulated Plan benefits are as follows:

Year ended December 31, 2024		
Actuarial Present Value of Accumulated Plan Benefits, beginning of year	$	26,474,369
Benefits accumulated and actuarial experience		(233,308)
Interest accumulated		1,267,914
Benefits paid		(2,043,104)
Change in actuarial assumptions and methods		(699,547)
Actuarial Present Value of Accumulated Plan Benefits, end of year	$	24,766,324

Significant assumptions underlying the actuarial computations at December 31, 2024 include: (a) discount (interest) rate of 5.369%; (4.979% in 2023) (b) employee turnover based upon rates varying by age; (c) investment rate of return of 5.0%; (d) retirement at normal retirement age; and (e) mortality based upon the PRI-2012/MP-2021 Mortality Tables for males and females.

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. If the Plan were to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated Plan benefits. As a result of the Nine West Plan and Napier Plan freezes, effective February 15, 1999 and December 31, 1995, respectively, a participant's accrued Plan benefit as of that date will not increase due to any future years of service or salary earned by that participant after February 15, 1999. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated Plan benefits.

The computations of the actuarial present value of accumulated Plan benefits were made as of January 1, 2025. Had the valuation been performed as of December 31, 2024, there would be no material differences.

4. Information Certified by the Plan's Trustee

Certain information disclosed in the accompanying financial statements and ERISA-required supplemental schedules, related to investments held at December 31, 2025 and 2024, and net appreciation in fair value of investments and interest and dividend income for the years ended

December 31, 2025 and 2024, was obtained by management and agreed to or derived from information certified as complete and accurate by State Street, a qualified institution.

5. 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 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.
- 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.

The following is a description of the valuation methodology used for assets measured at fair value. There have been no changes to the methodology used as of December 31, 2025 and 2024.

Mutual Funds - This class primarily consists of publicly traded funds of registered investment companies. The mutual funds invest primarily in fixed income securities. The fair value of these investments is determined by reference to the fair value of the underlying securities of the mutual funds. The net asset value (NAV) of the mutual fund's share is quoted on the exchange where the fund is traded and, therefore, classified as Level 1 within the fair value hierarchy.

The following tables, set forth by level within the fair value hierarchy, summarize investment assets measured at fair value:

December 31, 2025

	Level 1	Level 2	Level 3	Total
Mutual funds, at fair value	$ 22,485,152	$ -	$ -	$ 22,485,152

December 31, 2024

	Level 1	Level 2	Level 3	Total
Mutual funds, at fair value	$ 24,564,975	$ -	$ -	$ 24,564,975

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

6. Plan Termination

The Company has the right under the Plan to terminate the Plan subject to the provisions set forth in ERISA. See Note 10 below.

In the event the Plan does terminate, net assets will be distributed to the participants in an order of priority determined in accordance with ERISA, its applicable regulations, and with the Plan documents. Certain benefits under the Plan are insured by the Pension Benefit Guaranty Corporation (PBGC) if the Plan terminates. Generally, the PBGC guarantees most vested, normal age retirement benefits, early retirement benefits, and certain disability and survivor's pension benefits. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination, subject to a statutory ceiling on the amount of an individual's monthly benefit.

Whether all participants receive benefits should the Plan be terminated at some future time will depend on the sufficiency, at the time, of the Plan's net assets to provide these benefits, the priority of those benefits to be paid, the financial condition of the Company, and the level and type of benefits guaranteed by the PBGC at that time. Some benefits may be fully or partially provided for by the existing assets and the PBGC guaranty, while other benefits may not be provided for at all.

7. Tax Status

The Internal Revenue Service (IRS) has determined and informed the Plan Committee, in a letter dated July 17, 2015, that the Plan is designed in accordance with applicable sections of the Code. Although the Plan has been amended since receiving the determination letter, the Plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the Code.

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

8. Risks and Uncertainties

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

Concentration of credit risk is defined as the risk of loss attributed to the magnitude of the Plan's investment in a single issuer. The Plan employs and supervises an investment performance evaluation consultant to assist in the selection and evaluation of one or more investment managers, the establishment of investment objectives and guidelines, and the allocation of Plan investments among various assets. At December 31, 2025, the target allocation percentage for fund investments was 100% fixed-income securities.

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

9. Related Party and Party-in-Interest Transactions

Transamerica is the record keeper for the Plan. All fees to Transamerica for the years ended December 31, 2025 and 2024 were paid by the Company or Plan assets. These transactions are party-in-interest transactions, which are exempt from prohibited transaction rules under ERISA.

10. Subsequent Events

On February 5, 2026, the Company elected to terminate the plan. On April 23, 2026, the Plan was amended and the termination date is effective August 1, 2026. Management is in the process of engaging with an insurance company to fully fund annuity benefits. All participants prior to the termination will have the same distributions rights as in effect prior to the termination date.

The Plan has evaluated subsequent events through September 23, 2026, the date the financial statements were available to be issued. There were no other material subsequent events that require disclosure.

ERISA-Required Supplemental Schedules

Pension Plan for Associates of Nine West Group Inc.

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

EIN: 22-3497645 **Plan Number: 004**

December 31, 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	(d) Cost	(e) Current Value
	Mutual Funds			
	Pimco	Investment Grade Credit Bond Instl	$ 11,820,079	$ 12,139,643
	Pimco	Moderate Duration Instl	8,961,886	9,263,142
	Pimco	Long-Term Credit Bond Instl	1,069,009	1,082,367
	Total Mutual Funds		21,850,974	22,485,152
	Total Investments, at fair value		$ 21,850,974	$ 22,485,152

Pension Plan for Associates of Nine West Group Inc.

Schedule H, Line 4j – Schedule of Reportable Transactions

EIN: 22-3497645 **Plan Number: 004**

Year ended December 31, 2025

(a) Identity of Party Involved	(b) Description of Asset (Include Interest Rate and Maturity in Case of a Loan)	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
Category (i) – Single Transactions in Excess of 5% of the Current Value of Plan Assets						
Pimco	Income Institutional	$ -	$24,749,394	$24,516,771	$24,749,394	$ 232,623
Pimco	Moderate Duration Instl	8,455,204	-	8,455,204	-	-
Pimco	Investment Grade Credit Bond Instl	15,418,313	-	15,418,313	-	-
Pimco	Investment Grade Credit Bond Instl	-	1,793,134	1,741,941	1,793,134	51,193
Category (iii) – Series of Transactions in Excess of 5% of the Current Value of Plan Assets						
Pimco	Income Institutional	$ 208,748	$ -	$ -	$ 208,748	$ -
Pimco	Income Institutional	-	25,006,699	24,773,421	25,006,699	233,278
Pimco	Moderate Duration Instl	8,961,886	-	-	8,961,886	-
Pimco	Investment Grade Credit Bond Instl	16,307,526	-	-	16,307,526	-
Pimco	Investment Grade Credit Bond Instl	-	4,577,664	4,487,447	4,577,664	90,217

There were no category (ii) or (iv) reportable transactions.

Attachment to 2025 Form 5500 Schedule SB,
Line 26a – Schedule of Active Participant Data

Plan Name: Pension Plan for Associates of Nine West Group, Inc.
EIN/PN: 22-3497645/004

	Completed Years of Credited Service										
Age	0 to 1	1 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 +	Total
0 – 24	0	0	0	0	0	0	0	0	0	0	0
25 – 29	0	0	0	0	0	0	0	0	0	0	0
30 – 34	0	0	0	0	0	0	0	0	0	0	0
35 – 39	0	0	0	0	0	0	0	0	0	0	0
40 – 44	0	0	0	0	0	0	0	0	0	0	0
45 – 49	0	1	0	0	0	0	0	0	0	0	1
50 – 54	0	1	0	0	0	0	0	0	0	0	1
55 – 59	0	0	1	0	0	0	0	0	0	0	1
60 – 64	0	1	2	0	0	0	0	0	0	0	3
65 – 69	0	0	0	0	0	0	0	0	0	0	0
70 & Up	0	0	0	0	0	0	0	0	0	0	0
Totals	0	3	3	0	0	0	0	0	0	0	6

Attachment to 2025 Form 5500 Schedule SB,
Part V – Statement of Actuarial Assumptions/Methods

Plan Name: Pension Plan for Associates of Nine West Group, Inc.
EIN/PN: 22-3497645/004

A ACTUARIAL COST METHOD

The actuarial cost method used to determine the target normal cost, target liability and required contribution amounts for the plan is the Traditional Unit Credit Actuarial Cost Method. Under this method, both the target normal cost and target liability are based on the annual accrual of benefits as accruals occur each year.

The target liability for each active plan participant is equal to the actuarial present value of the participant's accrued benefit as of the valuation date. The total target liability of the plan is equal to the sum of such liabilities as determined for each active participant plus the actuarial present value of benefits being paid, or due to be paid, to retirees, beneficiaries and former participants with deferred vested benefits.

The target normal cost for each active participant is equal to the actuarial present value of the benefit expected to be earned during the year starting on the valuation date. The total target normal cost of the plan is the sum of the target normal costs for each active plan participant.

All employees who are plan participants on a valuation date are included in the actuarial valuation.

B ASSET VALUATION METHOD

The actuarial value of assets is equal to the market value of assets on the valuation date reduced by the sum of:

1. 66.67% of gains and losses of the prior year;

2. 33.33% of gains and losses of the second prior year.

Investment gains and losses are determined by the excess or deficiency of the expected return over the actual return on the market value (including employer contributions receivable for any given year. However, the expected return on assets may be limited by certain statutory interest rates.

The actuarial valuation of assets is further constrained to be not less than 90% or more than 110% of market value (including employer contributions receivable).

Attachment to 2025 Form 5500 Schedule SB,
Part V – Statement of Actuarial Assumptions/Methods

Plan Name: Pension Plan for Associates of Nine West Group, Inc.
EIN/PN: 22-3497645/004

C INTEREST RATE METHODS

Target Liability Interest Rates	Segment rates for September prior to the valuation date as adjusted in accordance with Code Section 430(h)(2)(C)(iv) including the amendments made by the American Rescue Plan Act of 2021.
PBGC Interest Rates	Based on the alternative premium funding target and the Target Liability Interest Rates, unadjusted by Code Section 430(h)(2)(C)(iv). The Plan is eligible to switch methods in 2025.
Expected Investment Return	5.00% (previously, 6.00%).

D ACTUARIAL ASSUMPTIONS

Pre- and Post-Retirement Mortality	Funding: Generational Mortality Tables in accordance with 1.430(h)(3)-1 for the valuation year. Accounting (ASC 960-20): PRI-2012 Employee Tables with the Retiree and Contingent Survivor Tables for annuitants projected forward with Scale MP-2021 for all years (unchanged).
Disability Mortality	Funding: Static mortality table in accordance with IRS Regulation 1.430(h)(3)-1 for the valuation. Accounting (ASC 960-20): PRI-2012 Disabled Tables for annuitants projected forward with Scale MP-2021.
ASC 960-20 Interest Rate	5.369% (previously, 4.979%).
Cash Balance Interest Crediting Rate	4.369% per annum (previously, 3.479%).

D ACTUARIAL ASSUMPTIONS *(cont'd)*

Salary Scale — N/A.

IRC Maximum Benefit and Compensation Limitations

Benefit Limit — $280,000 for 2025 (previously, $275,000).

Compensation Limit — N/A.

Withdrawal Rates — Sample probabilities are as follows:

Age	Rate (%)
20	9.81
25	7.96
30	6.11
35	4.26
40	3.12
45	2.22
50	1.11
55 and over	0.0

Retirement Age — All participants are assumed to retire at age 65.

Disability Rates (Nine West) — None assumed.

Disability Rates (Napier) — Sample probabilities are as follows:

Age	Rate (%)
20	0.06
25	0.09
30	0.15
35	0.22
40	0.33
45	0.51
50	0.84
55	1.50

Form of Payment — Active Nine West plan participants over age 59.5 as of December 1, 2025 are assumed to receive a lump sum by the end of 2025; participants under 59.5 are assumed to receive a lump sum at 65.

Nine West Terminated Vested participants whose cash balance is greater than the value of the prior plan benefit are assumed to receive a lump sum, while those whose cash balance is lower are assumed to receive 50% lump sum and 50% a single life annuity.

D ACTUARIAL ASSUMPTIONS *(cont'd)*

Form of Payment (cont.)	Active Napier plan participants over age 59.5 as of December 1, 2025 are assumed to receive a lump sum by the end of 2025; participants under age 59.5 assumed to elect a single life annuity. 50% of Napier plan Terminated Vested participants are assumed to elect a single life annuity and 50% lump sum are assumed to elect a lump sum as part of a future lump sum offering expected at the end of 2025. (Previously, 100% of active Nine West plan participants are assumed to elect a lumps sum at 65. Nine West Terminated Vested participants whose cash balance is greater than the value of the prior plan benefit are assumed to receive a lump sum, while those whose cash balance is lower are assumed to receive a single life annuity. 100% of Napier plan participants are assumed to elect a single life annuity).
Lump Sum Conversion Basis	Funding: IRS Applicable Mortality Table for 417(e) and target liability interest rates for the valuation year. Accounting (ASC 960-20): 5.369% and applicable mortality table under IRS section 417(e) for the valuation year (previously, 4.979%).
Marital Assumption	It has been assumed that 85% of all active Nine West participants and 100% of all Napier participants are married. Husbands are assumed to be four and three years older than their wives for Nine West and Napier plans, respectively.
Plan Expenses	$295,000, equal to actual prior year's non-PBGC expenses plus expected PBGC premiums for the current year, rounded up to the nearest multiple of $5,000 (previously, $555,000).

ATTACHMENT TO THE 2025 SCHEDULE H OF FORM 5500
LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR) &
LINE 4j – SCHEDULE OF REPORTABLE TRANSACTIONS

Plan Sponsor: Premier Brands Group Holdings LLC

Plan Name: Pension Plan for Associates of Nine West Group, Inc.

Plan Year: January 1, 2025 to December 31, 2025
EIN: 22-3497645 Plan No.: 004

Item 4i- Schedule of Assets Held at End of Year
Page 19 of the attached auditor's report of the Plan for the plan year ending December 31, 2025 provides the schedule of assets information.

Item 4j- Schedule of Reportable Transactions
Page 20 of the attached auditor's report of the Plan for the plan year ending December 31, 2025 provides the schedule of reportable transactions.

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

▶ **Round off amounts to nearest dollar.**

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

A Name of plan
PENSION PLAN FOR ASSOCIATES OF NINE WEST GROUP INC.

B Three-digit plan number (PN) ▶ 004

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
PREMIER BRANDS GROUP HOLDINGS LLC

D Employer Identification Number (EIN)
22-3497645

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [ ] 101-500 [X] More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2025

2 Assets:

a Market value	**2a**	24727861
b Actuarial value	**2b**	22508777

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	139	11310618	11310618
b For terminated vested participants	410	13374499	13374499
c For active participants	6	65009	65009
d Total	555	24750126	24750126

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**	5.32 %
6 Target normal cost		
a Present value of current plan year accruals	**6a**	0
b Expected plan-related expenses	**6b**	295000
c Target normal cost	**6c**	295000

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

Nicole Devoe
Signature of actuary

9/2/2026
Date

Nicole Devoe, A.S.A., E.A.
Type or print name of actuary

26-06880
Most recent enrollment number

Transamerica
Firm name

(508) 903-6014
Telephone number (including area code)

PO Box 428

Cedar Rapids, IA 52406-0428
Address of the firm

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

Part 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	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of 15.29 %	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		346
	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 5.07 %		18
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		364
	d Portion of (c) to be added to prefunding balance		364
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	364

Part III Funding Percentages

14	Funding target attainment percentage	14	90.94 %
15	Adjusted funding target attainment percentage	15	90.94 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	92.70 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04-11-2025	186047				
07-09-2025	120000				
10-09-2025	120000				
01-09-2026	119317				
			Totals ► 18(b)	545364	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	528713

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? [X] Yes [ ] No

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

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	
5.07 %	5.31 %	5.50 %	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	65

23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment ☒ Yes ☐ No

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

26 Demographic and benefit information

a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment ☒ Yes ☐ No

b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ☐ Yes ☒ No

27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment	**27**	

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

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

a Target normal cost (line 6c)	**31a**	295000
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	2241713	233827
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**	528827

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	364	364

36 Additional cash requirement (line 34 minus line 35)	**36**	528463
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	528713

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

a Total (excess, if any, of line 37 over line 36)	**38a**	250
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

Attachment to 2025 Form 5500 Schedule SB,
Line 24 – Change in Actuarial Assumptions

Plan Name: Pension Plan for Associates of Nine West Group, Inc.
EIN/PN: 22-3497645/004

The cash balance interest crediting rate was changed to 4.369% (previously, 3.479%).

For 2025, plan expenses were assumed to be $295,000 (previously, $555,000).

Active Nine West plan participants over age 59.5 as of December 1, 2025 are assumed to receive a lump sum by the end of 2025; participants under 59.5 are assumed to receive a lump sum at 65. Nine West Terminated Vested participants whose cash balance is greater than the value of the prior plan benefit are assumed to receive a lump sum, while those whose cash balance is lower are assumed to receive 50% lump sum and 50% a single life annuity. Active Napier plan participants over age 59.5 as of December 1, 2025 are assumed to receive a lump sum by the end of 2025; participants under age 59.5 assumed to elect a single life annuity. 50% of Napier plan Terminated Vested participants are assumed to elect a single life annuity and 50% lump sum are assumed to elect a lump sum as part of a future lump sum offering expected at the end of 2025. (Previously, 100% of active Nine West plan participants are assumed to elect a lump sum at 65. Nine West Terminated Vested participants whose cash balance is greater than the value of the prior plan benefit are assumed to receive a lump sum, while those whose cash balance is lower are assumed to receive a single life annuity. 100% of Napier plan participants are assumed to elect a single life annuity).

Attachment to 2025 Form 5500 Schedule SB,
Line 26a – Schedule of Active Participant Data

Plan Name: Pension Plan for Associates of Nine West Group, Inc.
EIN/PN: 22-3497645/004

	Completed Years of Credited Service										
Age	0 to 1	1 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 +	Total
0 – 24	0	0	0	0	0	0	0	0	0	0	0
25 – 29	0	0	0	0	0	0	0	0	0	0	0
30 – 34	0	0	0	0	0	0	0	0	0	0	0
35 – 39	0	0	0	0	0	0	0	0	0	0	0
40 – 44	0	0	0	0	0	0	0	0	0	0	0
45 – 49	0	1	0	0	0	0	0	0	0	0	1
50 – 54	0	1	0	0	0	0	0	0	0	0	1
55 – 59	0	0	1	0	0	0	0	0	0	0	1
60 – 64	0	1	2	0	0	0	0	0	0	0	3
65 – 69	0	0	0	0	0	0	0	0	0	0	0
70 & Up	0	0	0	0	0	0	0	0	0	0	0
Totals	0	3	3	0	0	0	0	0	0	0	6

Attachment to 2025 Form 5500 Schedule SB,
Line 32 – Schedule of Amortization Bases

Plan Name: Pension Plan for Associates of Nine West Group, Inc.
EIN/PN: 22-3497645/004

Amortization Schedule

(a) Year	(b) Type	(c) Present Value	(d) Years Left	(e) Payment
2023	Shortfall	3,324,445	13	341,672
2024	Shortfall	(1,561,474)	14	(152,483)
2025	Shortfall	478,742	15	44,638
Total		$ 2,241,713		$ 233,827

Attachment to 2025 Form 5500 Schedule SB,
Part V – Statement of Actuarial Assumptions/Methods

Plan Name: Pension Plan for Associates of Nine West Group, Inc.
EIN/PN: 22-3497645/004

A ACTUARIAL COST METHOD

The actuarial cost method used to determine the target normal cost, target liability and required contribution amounts for the plan is the Traditional Unit Credit Actuarial Cost Method. Under this method, both the target normal cost and target liability are based on the annual accrual of benefits as accruals occur each year.

The target liability for each active plan participant is equal to the actuarial present value of the participant's accrued benefit as of the valuation date. The total target liability of the plan is equal to the sum of such liabilities as determined for each active participant plus the actuarial present value of benefits being paid, or due to be paid, to retirees, beneficiaries and former participants with deferred vested benefits.

The target normal cost for each active participant is equal to the actuarial present value of the benefit expected to be earned during the year starting on the valuation date. The total target normal cost of the plan is the sum of the target normal costs for each active plan participant.

All employees who are plan participants on a valuation date are included in the actuarial valuation.

B ASSET VALUATION METHOD

The actuarial value of assets is equal to the market value of assets on the valuation date reduced by the sum of:

1. 66.67% of gains and losses of the prior year;

2. 33.33% of gains and losses of the second prior year.

Investment gains and losses are determined by the excess or deficiency of the expected return over the actual return on the market value (including employer contributions receivable for any given year. However, the expected return on assets may be limited by certain statutory interest rates.

The actuarial valuation of assets is further constrained to be not less than 90% or more than 110% of market value (including employer contributions receivable).

Attachment to 2025 Form 5500 Schedule SB,
Part V – Statement of Actuarial Assumptions/Methods

Plan Name: Pension Plan for Associates of Nine West Group, Inc.
EIN/PN: 22-3497645/004

C INTEREST RATE METHODS

Target Liability Interest Rates	Segment rates for September prior to the valuation date as adjusted in accordance with Code Section 430(h)(2)(C)(iv) including the amendments made by the American Rescue Plan Act of 2021.
PBGC Interest Rates	Based on the alternative premium funding target and the Target Liability Interest Rates, unadjusted by Code Section 430(h)(2)(C)(iv). The Plan is eligible to switch methods in 2025.
Expected Investment Return	5.00% (previously, 6.00%).

D ACTUARIAL ASSUMPTIONS

Pre- and Post-Retirement Mortality	Funding: Generational Mortality Tables in accordance with 1.430(h)(3)-1 for the valuation year. Accounting (ASC 960-20): PRI-2012 Employee Tables with the Retiree and Contingent Survivor Tables for annuitants projected forward with Scale MP-2021 for all years (unchanged).
Disability Mortality	Funding: Static mortality table in accordance with IRS Regulation 1.430(h)(3)-1 for the valuation. Accounting (ASC 960-20): PRI-2012 Disabled Tables for annuitants projected forward with Scale MP-2021.
ASC 960-20 Interest Rate	5.369% (previously, 4.979%).
Cash Balance Interest Crediting Rate	4.369% per annum (previously, 3.479%).

D ACTUARIAL ASSUMPTIONS *(cont'd)*

Salary Scale — N/A.

IRC Maximum Benefit and Compensation Limitations

Benefit Limit — $280,000 for 2025 (previously, $275,000).

Compensation Limit — N/A.

Withdrawal Rates — Sample probabilities are as follows:

Age	Rate (%)
20	9.81
25	7.96
30	6.11
35	4.26
40	3.12
45	2.22
50	1.11
55 and over	0.0

Retirement Age — All participants are assumed to retire at age 65.

Disability Rates (Nine West) — None assumed.

Disability Rates (Napier) — Sample probabilities are as follows:

Age	Rate (%)
20	0.06
25	0.09
30	0.15
35	0.22
40	0.33
45	0.51
50	0.84
55	1.50

Form of Payment — Active Nine West plan participants over age 59.5 as of December 1, 2025 are assumed to receive a lump sum by the end of 2025; participants under 59.5 are assumed to receive a lump sum at 65.

Nine West Terminated Vested participants whose cash balance is greater than the value of the prior plan benefit are assumed to receive a lump sum, while those whose cash balance is lower are assumed to receive 50% lump sum and 50% a single life annuity.

D ACTUARIAL ASSUMPTIONS *(cont'd)*

Form of Payment (cont.)	Active Napier plan participants over age 59.5 as of December 1, 2025 are assumed to receive a lump sum by the end of 2025; participants under age 59.5 assumed to elect a single life annuity. 50% of Napier plan Terminated Vested participants are assumed to elect a single life annuity and 50% lump sum are assumed to elect a lump sum as part of a future lump sum offering expected at the end of 2025. (Previously, 100% of active Nine West plan participants are assumed to elect a lumps sum at 65. Nine West Terminated Vested participants whose cash balance is greater than the value of the prior plan benefit are assumed to receive a lump sum, while those whose cash balance is lower are assumed to receive a single life annuity. 100% of Napier plan participants are assumed to elect a single life annuity).
Lump Sum Conversion Basis	Funding: IRS Applicable Mortality Table for 417(e) and target liability interest rates for the valuation year. Accounting (ASC 960-20): 5.369% and applicable mortality table under IRS section 417(e) for the valuation year (previously, 4.979%).
Marital Assumption	It has been assumed that 85% of all active Nine West participants and 100% of all Napier participants are married. Husbands are assumed to be four and three years older than their wives for Nine West and Napier plans, respectively.
Plan Expenses	$295,000, equal to actual prior year's non-PBGC expenses plus expected PBGC premiums for the current year, rounded up to the nearest multiple of $5,000 (previously, $555,000).

Attachment to 2025 Form 5500 Schedule SB,
Part V – Summary of Plan Provisions

Plan Name: Pension Plan for Associates of Nine West Group, Inc.
EIN/PN: 22-3497645/004

Effective Date	December 1, 1953. The plan was most recently amended effective December 1, 2016.
Plan Year	The twelve-month period ending December 31.
Plan Status	Frozen accruals, effective February 15, 1999 for Nine West and December 31, 1995 for Napier.
Eligibility	January 1 or July 1 following the attainment of age 21 and completion of one Year of Service. No new entrants may enter the plan.
Credited Service	
Nine West	One year of service for each plan year during which an employee is credited with at least 1,000 hours of service.
Napier	One year of service for each plan year during which an employee is credited with at least 1,600 hours of service. A partial year of service is earned if the employee works less than 1,600 hours and at least 1,000 hours of service. No credited service is currently being accrued in either benefit.
Vesting Service	One year of service for each plan year during which an employee is credited with at least 1,000 hours of service.
Compensation	
Nine West	Regular pay excluding bonuses, overtime, and other special pay. Compensation shall in all cases be limited in accordance with Section 401(a)(17) of the Code.
Napier	Regular pay is recognized for benefit purposes. Compensation shall in all cases be limited in accordance with Section 401(a)(17) of the Code. No current pay is used in calculation of either benefit.

Final Average Monthly Earnings

Nine West — Not applicable.

Napier — The average monthly rate of basic compensation of the highest 60 consecutive months in the last 120 months of compensation.

Social Security Benefit (SSB) — The projected age 65 primary Social Security benefit based in the law in effect at termination and assuming level earnings through age 65.

Normal Retirement Date — The first of the month coincident with or next following age 65.

Normal Retirement Benefit

Nine West — Effective January 1, 1997, all accrued benefits were converted to cash balances. The balances are credited with interest equivalent the 5-year U.S. Treasury Bill interest rate in effect on December 1st of the previous plan year plus 25 basis points. Additional accruals are earned annually for participants who complete 1,000 hours of service. The additional accrual rates are based on the participants age plus service at the beginning of the year, as shown below:

Age + Service	Rate (%)
Under 30	1.50
30 – 39	2.00
40 – 49	2.50
50 – 59	3.25
60 – 69	4.25
70 – 79	5.50
80 – 89	7.00
90 and over	9.25

Effective February 15, 1999, service credits will no longer be provided. Interest credits continue to accrue until retirement.

Normal Retirement Benefit *(cont'd)*

Napier

For Salaried employees, the greater of (a), (b), or (c). For Hourly employees, the greater of (b) or (c):

(a) 1.75% of Final Average Monthly Salary times years of credited service minus 50% of Social Security Benefit;

(b) $108 times years of credited service as of January 1, 1987, plus $132 times years of credited service after January 1, 1987;

(c) For participants prior to December 1, 1986, 1.25% of Final Average Monthly Salary times years of credited service minus 60% of Social Security Benefit up to a maximum of $1,020 per year.

Benefit accruals ceased effective December 31, 1995.

Normal Form of Payment

Single life annuity if the participant has no spouse as of the date of the first payment. Otherwise, benefits are paid in the form of a 50% Joint and Survivor annuity.

Early Retirement Date

On or after attaining age 55 with 5 years of vesting service.

Early Retirement Benefit

Nine West

Monthly benefit equal to the participant's accrued benefit as of the early retirement date.

Napier

6% reduction per year prior to normal retirement.

Vesting

Nine West

Effective January 1, 2008, if a participant terminates employment for reasons other than death or retirement and has attained 3 years of vesting service, then he is entitled to 100% of his accrued benefit upon retirement.

Napier

If a participant terminates employment for reasons other than death or retirement and has attained 5 years of Vesting Service, then he is entitled to 100% of his accrued benefit upon retirement date.

Attachment to 2025 Form 5500 Schedule SB,
Part V – Summary of Plan Provisions

Plan Name: Pension Plan for Associates of Nine West Group, Inc.
EIN/PN: 22-3497645/004

Death Benefit Eligibility	Based upon the vesting schedule for termination benefits except the death benefit which is based on the account balance, which is fully vested.
Pre-Retirement Survivor Benefit	50% of the monthly retirement benefit determined as of the participants earliest retirement date and adjusted for the 50% Joint and Survivor form of payment.
Disability Benefit Eligibility	
Nine West	None.
Napier	Completion of 5 years of vesting service and age plus service at least equal to 55.
Disability Benefit	
Nine West	None.
Napier	Participants accrued benefit as of date of disability.
Optional Forms of Payment	
Nine West	Single life annuity 5 or 10-year Certain and Continuous 50%, 67%, 75%, or 100% Joint and Survivor Lump Sum
Napier	Single life annuity 10-year Certain and Continuous 50%, 75%, or 100% Joint and Survivor Lump Sum (under $5,000, or full Lump Sum if participant works until normal retirement or if age 55 and sum of vesting service and age are at least 80)
Benefits Not Included	None to our knowledge.
Significant Events that Occurred During the Year	None.
Summary of Changes in Principal Eligibility or Benefit Provisions Since Last Valuation	None.

Attachment to 2025 Form 5500 Schedule SB,
Part V – Summary of Plan Provisions

Plan Name: Pension Plan for Associates of Nine West Group, Inc.
EIN/PN: 22-3497645/004

Effective Date	December 1, 1953. The plan was most recently amended effective December 1, 2016.
Plan Year	The twelve-month period ending December 31.
Plan Status	Frozen accruals, effective February 15, 1999 for Nine West and December 31, 1995 for Napier.
Eligibility	January 1 or July 1 following the attainment of age 21 and completion of one Year of Service. No new entrants may enter the plan.
Credited Service	
Nine West	One year of service for each plan year during which an employee is credited with at least 1,000 hours of service.
Napier	One year of service for each plan year during which an employee is credited with at least 1,600 hours of service. A partial year of service is earned if the employee works less than 1,600 hours and at least 1,000 hours of service. No credited service is currently being accrued in either benefit.
Vesting Service	One year of service for each plan year during which an employee is credited with at least 1,000 hours of service.
Compensation	
Nine West	Regular pay excluding bonuses, overtime, and other special pay. Compensation shall in all cases be limited in accordance with Section 401(a)(17) of the Code.
Napier	Regular pay is recognized for benefit purposes. Compensation shall in all cases be limited in accordance with Section 401(a)(17) of the Code. No current pay is used in calculation of either benefit.

Final Average Monthly Earnings

Nine West — Not applicable.

Napier — The average monthly rate of basic compensation of the highest 60 consecutive months in the last 120 months of compensation.

Social Security Benefit (SSB) — The projected age 65 primary Social Security benefit based in the law in effect at termination and assuming level earnings through age 65.

Normal Retirement Date — The first of the month coincident with or next following age 65.

Normal Retirement Benefit

Nine West — Effective January 1, 1997, all accrued benefits were converted to cash balances. The balances are credited with interest equivalent the 5-year U.S. Treasury Bill interest rate in effect on December 1st of the previous plan year plus 25 basis points. Additional accruals are earned annually for participants who complete 1,000 hours of service. The additional accrual rates are based on the participants age plus service at the beginning of the year, as shown below:

Age + Service	Rate (%)
Under 30	1.50
30 – 39	2.00
40 – 49	2.50
50 – 59	3.25
60 – 69	4.25
70 – 79	5.50
80 – 89	7.00
90 and over	9.25

Effective February 15, 1999, service credits will no longer be provided. Interest credits continue to accrue until retirement.

Normal Retirement Benefit *(cont'd)*

Napier

For Salaried employees, the greater of (a), (b), or (c). For Hourly employees, the greater of (b) or (c):

(a) 1.75% of Final Average Monthly Salary times years of credited service minus 50% of Social Security Benefit;

(b) $108 times years of credited service as of January 1, 1987, plus $132 times years of credited service after January 1, 1987;

(c) For participants prior to December 1, 1986, 1.25% of Final Average Monthly Salary times years of credited service minus 60% of Social Security Benefit up to a maximum of $1,020 per year.

Benefit accruals ceased effective December 31, 1995.

Normal Form of Payment

Single life annuity if the participant has no spouse as of the date of the first payment. Otherwise, benefits are paid in the form of a 50% Joint and Survivor annuity.

Early Retirement Date

On or after attaining age 55 with 5 years of vesting service.

Early Retirement Benefit

Nine West

Monthly benefit equal to the participant's accrued benefit as of the early retirement date.

Napier

6% reduction per year prior to normal retirement.

Vesting

Nine West

Effective January 1, 2008, if a participant terminates employment for reasons other than death or retirement and has attained 3 years of vesting service, then he is entitled to 100% of his accrued benefit upon retirement.

Napier

If a participant terminates employment for reasons other than death or retirement and has attained 5 years of Vesting Service, then he is entitled to 100% of his accrued benefit upon retirement date.

Attachment to 2025 Form 5500 Schedule SB,
Part V – Summary of Plan Provisions

Plan Name: Pension Plan for Associates of Nine West Group, Inc.
EIN/PN: 22-3497645/004

Death Benefit Eligibility	Based upon the vesting schedule for termination benefits except the death benefit which is based on the account balance, which is fully vested.
Pre-Retirement Survivor Benefit	50% of the monthly retirement benefit determined as of the participants earliest retirement date and adjusted for the 50% Joint and Survivor form of payment.
Disability Benefit Eligibility	
Nine West	None.
Napier	Completion of 5 years of vesting service and age plus service at least equal to 55.
Disability Benefit	
Nine West	None.
Napier	Participants accrued benefit as of date of disability.
Optional Forms of Payment	
Nine West	Single life annuity 5 or 10-year Certain and Continuous 50%, 67%, 75%, or 100% Joint and Survivor Lump Sum
Napier	Single life annuity 10-year Certain and Continuous 50%, 75%, or 100% Joint and Survivor Lump Sum (under $5,000, or full Lump Sum if participant works until normal retirement or if age 55 and sum of vesting service and age are at least 80)
Benefits Not Included	None to our knowledge.
Significant Events that Occurred During the Year	None.
Summary of Changes in Principal Eligibility or Benefit Provisions Since Last Valuation	None.

ATTACHMENT TO THE 2025 SCHEDULE H OF FORM 5500
LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR) &
LINE 4j – SCHEDULE OF REPORTABLE TRANSACTIONS

Plan Sponsor: Premier Brands Group Holdings LLC

Plan Name: Pension Plan for Associates of Nine West Group, Inc.

Plan Year: January 1, 2025 to December 31, 2025
EIN: 22-3497645 Plan No.: 004

Item 4i- Schedule of Assets Held at End of Year
Page 19 of the attached auditor's report of the Plan for the plan year ending December 31, 2025 provides the schedule of assets information.

Item 4j- Schedule of Reportable Transactions
Page 20 of the attached auditor's report of the Plan for the plan year ending December 31, 2025 provides the schedule of reportable transactions.

Attachment to 2025 Form 5500 Schedule SB,
Line 32 – Schedule of Amortization Bases

Plan Name: Pension Plan for Associates of Nine West Group, Inc.
EIN/PN: 22-3497645/004

Amortization Schedule

(a) Year	(b) Type	(c) Present Value	(d) Years Left	(e) Payment
2023	Shortfall	3,324,445	13	341,672
2024	Shortfall	(1,561,474)	14	(152,483)
2025	Shortfall	478,742	15	44,638
Total		$ 2,241,713		$ 233,827

Attachment to 2025 Form 5500 Schedule SB,
Line 24 – Change in Actuarial Assumptions

Plan Name: Pension Plan for Associates of Nine West Group, Inc.
EIN/PN: 22-3497645/004

The cash balance interest crediting rate was changed to 4.369% (previously, 3.479%).

For 2025, plan expenses were assumed to be $295,000 (previously, $555,000).

Active Nine West plan participants over age 59.5 as of December 1, 2025 are assumed to receive a lump sum by the end of 2025; participants under 59.5 are assumed to receive a lump sum at 65. Nine West Terminated Vested participants whose cash balance is greater than the value of the prior plan benefit are assumed to receive a lump sum, while those whose cash balance is lower are assumed to receive 50% lump sum and 50% a single life annuity. Active Napier plan participants over age 59.5 as of December 1, 2025 are assumed to receive a lump sum by the end of 2025; participants under age 59.5 assumed to elect a single life annuity. 50% of Napier plan Terminated Vested participants are assumed to elect a single life annuity and 50% lump sum are assumed to elect a lump sum as part of a future lump sum offering expected at the end of 2025. (Previously, 100% of active Nine West plan participants are assumed to elect a lump sum at 65. Nine West Terminated Vested participants whose cash balance is greater than the value of the prior plan benefit are assumed to receive a lump sum, while those whose cash balance is lower are assumed to receive a single life annuity. 100% of Napier plan participants are assumed to elect a single life annuity).