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
- [X] an amended return/report
- [ ] a short plan year return/report (less than 12 months)

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
BYK-GARDNER USA 401(K) PLAN

1b Three-digit plan number (PN) ▶ 005

1c Effective date of plan 10/31/1989

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)
BYK-GARDNER USA

9104 GUILFORD ROAD
COLUMBIA, MD 21046

2b Employer Identification Number (EIN)
13-1978006

2c Plan Sponsor's telephone number
301-483-6500

2d Business code (see instructions)
425120

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	LISA MOUNT
	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**	130
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)**	109
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	106
b	Retired or separated participants receiving benefits	**6b**	5
c	Other retired or separated participants entitled to future benefits	**6c**	25
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	136
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**.	**6f**	136
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)**	126
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)**	133
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	11
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:

2F 2G 2J 2K 2S 2T 3D 3H 2E

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)** [ ] **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)** [X] **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 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
BYK-GARDNER USA 401(K) PLAN

B Three-digit plan number (PN) ▶ 005

C Plan sponsor's name as shown on line 2a of Form 5500
BYK-GARDNER USA

D Employer Identification Number (EIN)
13-1978006

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?
12 15 28 37 38 50 54 59 61 62 63 64 65	RECORD KEEPER	5636	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

NATIONAL FINANCIAL SERVICES

04-3523567

(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?
33 71	SECURITIES BROKER	0	Yes [X] No [ ]	Yes [ ] No [X]	0	Yes [X] No [ ]

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
NATIONAL FINANCIAL SERVICES	33 71	0

(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.
PRINCIPAL 711 HIGH STREET DES MOINES, IA 50309	REVENUE SHARING SEE ATTACHMENT TO LINE 2(H)

(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

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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

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

(complete as many entries as needed)

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

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

A Name of plan
BYK-GARDNER USA 401(K) PLAN

B Three-digit plan number (PN) ▶ 005

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
BYK-GARDNER USA

D Employer Identification Number (EIN)
13-1978006

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

a Name of MTIA, CCT, PSA, or 103-12 IE: STATE STREET REAL ASSET NL CLASS C

b Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
90-0337987-280	C	964026

a Name of MTIA, CCT, PSA, or 103-12 IE: MFS MID CAP VAL CLASS CT

b Name of sponsor of entity listed in (a): GREAT GRAY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
38-4139822-616	C	249460

a Name of MTIA, CCT, PSA, or 103-12 IE: MFS MID CAP GR CLASS CT

b Name of sponsor of entity listed in (a): GREAT GRAY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
38-4126294-597	C	214891

a Name of MTIA, CCT, PSA, or 103-12 IE: HARBOR CAPITAL APPR CIT CL R

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
84-4022934-001	C	407905

a Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK LIFEPATH INDEX RETIREMENT

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
45-2859118-001	C	4028831

a Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK LIFEPATH INDEX 2030 O

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
45-2849592-001	C	4170568

a Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK LIFEPATH INDEX 2035 O

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
45-2849635-001	C	3247493

a Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK LIFEPATH INDEX 2040 O

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

c EIN-PN 45-2858930-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2891589

a Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK LIFEPATH INDEX 2045 O

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

c EIN-PN 45-2858957-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 710089

a Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK LIFEPATH INDEX 2050 O

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

c EIN-PN 45-2859039-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 802747

a Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK LIFEPATH INDEX 2055 O

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

c EIN-PN 45-2859078-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 434174

a Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK LIFEPATH INDEX 2060 O

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

c EIN-PN 47-1996611-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 263621

a Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK LIFEPATH INDEX 2065 O

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

c EIN-PN 84-1858562-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 343297

a Name of MTIA, CCT, PSA, or 103-12 IE: RELIANCE TR/NY LIFE ANCHOR CL 0

b Name of sponsor of entity listed in (a): NEW YORK LIFE

c EIN-PN 46-6350416-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1627969

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

Part II **Information on Participating Plans (to be completed by DFEs, other than DCGs)**
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

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a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

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
BYK-GARDNER USA 401(K) PLAN

B Three-digit plan number (PN) ▶ 005

C Plan sponsor's name as shown on line 2a of Form 5500
BYK-GARDNER USA

D Employer Identification Number (EIN)
13-1978006

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)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	541	17
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	2226	0
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	248195	186838
(9) Value of interest in common/collective trusts	1c(9)	18102194	20356660
(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)	6001088	8150871
(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	24354244	28694386
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	24354244	28694386

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)	897370	
(B) Participants	2a(1)(B)	1000881	
(C) Others (including rollovers)	2a(1)(C)	450932	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		2349183
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	102	
(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)	18212	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		18314
(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)	123147	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		123147
(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)		2703583
(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)		883601
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		6077828
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1732050	
(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)		1732050
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)	5636	
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		5636
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		1737686
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		4340142
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: EICHEN & DIMEGLO **(2)** EIN: 11-3320902

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		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**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**		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	**4n**		X	

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ☐ Yes ☒ No

If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

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

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

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

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

SCHEDULE R (Form 5500)

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
BYK-GARDNER USA 401(K) PLAN

B Three-digit plan number (PN) ▶ 005

C Plan sponsor's name as shown on line 2a of Form 5500
BYK-GARDNER USA

D Employer Identification Number (EIN)
13-1978006

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 |

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 06 / 30 / 2020 (MM/DD/YYYY) and the Opinion Letter serial number Q702459A .

BYK-GARDNER USA 401(k) PLAN

Statements of Net Assets Available for Benefits as of December 31, 2025 and 2024, Statement of Changes in Net Assets Available for Benefits for the Year Ended December 31, 2025, Supplemental Schedule as of December 31, 2025 and Independent Auditors' Report

EICHEN & DIMEGLIO, P.C.
CERTIFIED PUBLIC ACCOUNTANTS

1 Dupont Street, Suite 203
Plainview, New York 11803

Tel. (516) 576-3333
Fax (516) 576-3342

INDEPENDENT AUDITORS' REPORT

To the management of BYK-Gardner USA 401(k) Plan:

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

We have performed audits of the accompanying financial statements of the BYK-Gardner USA 401(k) Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) [ERISA Section 103(a)(3)(C) audit]. The financial statements comprise the statements of net assets available for benefits as of December 31, 2025 and 2024, and the related statement of changes in net assets available for benefits for the year ended December 31, 2025, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audit of the BYK-Gardner USA 401(k) Plan financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audit need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from a qualified institution as of December 31, 2025 and 2024 and for the year ended December 31, 2025 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 audit and on the procedures performed as described in the Auditor's Responsibilities for the Audit of the Financial Statements section—

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

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

Basis for Opinion

We conducted our audit in accordance with auditing standards generally accepted in the United States of America. 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 BYK-Gardner USA 401(k) Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards 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 generally accepted auditing standards, 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 BYK-Gardner USA 401(k) Plan's internal control. Accordingly, no 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 BYK -Gardner USA 401(k) Plan's ability to continue as a going concern for a reasonable period of time.

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

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

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

Other Matter - Supplemental Schedule Required by ERISA

The supplemental schedule of assets (held at end of year) - December 31, 2025 is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to

than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit 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 generally accepted auditing standards. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion—

- the form and content of the supplemental schedule, other than the information in the supplemental schedule that agreed to or is derived from the certified investment information, is presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

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

Eichen + DiMeglio, P.C.

September 3, 2026

BYK-GARDNER USA 401(k) PLAN

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

	2025	2024
ASSETS:		
INVESTMENTS, at fair value	$ 28,507,531	$ 24,105,508
RECEIVABLES:		
Employee contributions receivable	-	30,106
Employer contributions receivable	549,782	529,865
Notes receivable from participants	186,838	248,195
Accrued interest on notes receivable from participants	17	541
Total receivables	736,637	808,707
NET ASSETS AVAILABLE FOR BENEFITS	$ 29,244,168	$ 24,914,215

See accompanying notes to financial statements.

BYK-GARDNER USA 401(k) PLAN

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS FOR THE YEAR ENDED DECEMBER 31, 2025

NET ASSETS AVAILABLE FOR BENEFITS, JANUARY 1, 2025	$ 24,914,215
ADDITIONS TO NET ASSETS:	
Contributions:	
Employee contributions	1,421,707
Employer contributions - net	917,287
Total contributions	2,338,994
Investment income - net:	
Dividends on mutual funds	123,147
Net appreciation in fair value of mutual funds	883,601
Net investment gain on collective investment trust funds	2,703,583
Interest on interest-bearing cash	102
Net investment income	3,710,433
Interest income on notes receivable from participants	18,212
TOTAL ADDITIONS	6,067,639
DEDUCTIONS FROM NET ASSETS	
Benefits paid to participants	(1,732,050)
Administrative expenses	(5,636)
TOTAL DEDUCTIONS	(1,737,686)
NET INCREASE IN PLAN ASSETS	4,329,953
NET ASSETS AVAILABLE FOR BENEFITS, DECEMBER 31, 2025	$ 29,244,168

See accompanying notes to financial statements.

NOTES TO FINANCIAL STATEMENTS

1. PLAN DESCRIPTION

Background - The BYK-Gardner USA 401(k) Plan (the "Plan"), as amended, is a defined contribution plan as described in the Internal Revenue Code ("IRC") section 401(k) sponsored by BYK-Gardner USA (the "Company"). The Plan was adopted on October 31, 1989 and is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"). State Street Bank and Trust Company ("State Street Bank") is the trustee of the Plan and Transamerica Retirement Solutions ("Transamerica") is the recordkeeper of the Plan. CAPTRUST Financial Advisors provides investment advisory services to the Plan.

Amendments to the Plan - During 2021, the Company adopted amended and restated pre-approved plan documents which incorporated recent tax law changes and cumulative plan amendments. The effective date of such amended and restated documents is April 1, 2021.

The Plan implemented certain provisions of the Setting Every Community Up for Retirement Enhancement Act of 2019 ("SECURE Act"), which was signed into law during December 2019. The SECURE Act raised the age for minimum distributions from 70 1/2 to 72 effective January 1, 2020. The SECURE 2.0 Act, which was signed into law during December 2022, raised the age for minimum distributions from 72 to 73 effective January 1, 2023, among other provisions.

Written amendments to the Plan to reflect the operational changes in the SECURE Act, SECURE 2.0 Act, and CARES Act (Coronavirus Aid, Relief and Economic Security Act with certain provisions implemented in 2020) will be adopted in accordance with applicable law and IRS guidance.

The following description of the Plan provides only general information. Participants should refer to the Plan agreement for a complete description of the Plan's provisions.

Eligibility - The Plan is available to all employees of the Company who have attained age 18 and completed two months of service, excluding employees of BYK USA (an affiliate with its own plan), independent contractors, foreign assignees from a subsidiary of ALTANA (the parent company of the plan sponsor), collectively bargained employees, nonresident aliens, leased employees, and employees of a controlled group or affiliated service group employer that does not adopt the Plan. An employee meeting eligibility requirements may elect participation in the Plan as of the first day of the following month.

1. PLAN DESCRIPTION (continued)

Contributions and Vesting - Participants in the Plan may make pre-tax or Roth salary deferral contributions, referred to as employee deferral contributions, as defined in the Plan, or the section 401(k) maximum limitation ($23,500 in 2025). Employees who attain age 50 are permitted to make catch-up contributions of up to $7,500. This limit is increased for individuals who turned 60 through 63 in 2025 to $11,250.

The Plan provides for an automatic enrollment feature, under which employee pre-tax deferral contributions are made at the rate of 3 percent of compensation for eligible employees, unless they elect not to contribute or to contribute a different percentage. This amount is automatically increased by 1 percent annually up to a maximum of 10 percent, unless the participant elects otherwise.

An eligible employee may also make a transfer to the Plan of a benefit from a qualified retirement plan of another employer with certain restrictions, referred to as employee rollover contributions.

Participants are fully and immediately vested in their own contributions and earnings thereon.

Employee contributions consisted of the following during the year ended December 31, 2025:

Employee pre-tax and Roth salary deferral contributions, including catch-up contributions	$	970,775
Employee rollover contributions		450,932
Total	$	1,421,707

The Plan provides for employer safe harbor matching contributions equal to 100 percent of the first 3 percent of salary deferral and catch-up contributions, plus 50 percent of the next 2 percent of salary deferral and catch-up contributions, up to a maximum of 4 percent of eligible compensation. Employer safe harbor matching contributions are remitted to the Plan on a payroll date basis and annualized with an aggregate true-up contribution remitted after year-end.

During the year ended December 31, 2025, the Company elected to make additional discretionary matching contributions under the ALTANA Participation Plan ("APP"). The APP discretionary employer matching contribution is based on the financial performance of ALTANA, as communicated annually to Plan participants. Participants of an Altana Equity Plan are excluded from receiving the APP. Discretionary matching contributions under the APP for the year ended December 31, 2025, which amounted to 15.5 percent of participants' elective deferral contributions up to a maximum of $500 per participant, were remitted to the Plan and allocated to participants during March, 2026.

1. PLAN DESCRIPTION (continued)

The Company may also make additional annual discretionary matching contributions in an amount to be determined at Plan year-end by the Board of Directors. Additional matching contributions, if any, are allocated to participant accounts on a pro-rata basis according to eligible compensation. The Company elected to make additional discretionary matching contributions of 5 percent of eligible compensation for the year ended December 31, 2025. Such amount aggregated $486,737 and was allocated to participants during March, 2026, as described above.

Participants are immediately 100 percent vested in employer safe harbor matching contributions and earnings thereon. Participants vest in APP discretionary matching contributions and additional discretionary matching contributions and earnings thereon at the rate of 25 percent after 1 year of continuous service, 50 percent after 2 years, 75 percent after 3 years and 100 percent after 4 years of continuous service.

Employer contributions consisted of the following during the year ended December 31, 2025:

Employer safe harbor matching contributions	$	388,291
Employer discretionary match under APP		42,259
Additional employer discretionary matching contributions		486,737
Employer contributions - net	$	917,287

Employer contributions receivable consisted of the following as of December 31, 2025 and 2024:

	December 31, 2025	December 31, 2024
Employer safe harbor matching contributions	$ 20,786	$ 29,278
Employer discretionary match under APP	42,259	43,096
Additional employer discretionary matching contributions	486,737	457,491
Total	$ 549,782	$ 529,865

Forfeitures - When participants terminate employment prior to full vesting, the nonvested amounts in their individual accounts, referred to as forfeitures, may be used to reduce future employer contributions or to pay administrative expenses of the Plan. The Plan was amended during May 2025 restricting the use of forfeitures only to reduce future employer contributions.

During 2025, forfeitures in the amount of $11,252 were used to fund a portion of employer safe harbor matching contributions.

1. PLAN DESCRIPTION (continued)

Distributions to Participants - Distributions to participants are available upon the following events: termination of employment, retirement, attainment of age 59 1/2, death, or disability. A participant's benefit, consisting of his/her entire account balance, is paid in the form of a lump sum payment. Payment shall be made as soon as administratively feasible following the date on which the event occurs, provided, however, that the participant's consent is obtained for distributions of amounts in excess of $1,000. For terminated participants with account balances of $5,000 or less, in the absence of a payment election by the participant, the plan administrator may elect to distribute their account balance to an individual retirement account set up in his or her name. A participant with an account balance in excess of $5,000 may elect to defer payment until April 1 following the calendar year in which the participant attains age 73 or terminates employment, whichever is later. The Plan also provides for hardship withdrawals to participants meeting certain requirements as described in the Plan agreement.

Upon enrollment in the Plan, participants are directed to designate a beneficiary or beneficiaries by completing a designation form. If a married participant designates someone other than their spouse as primary beneficiary, then the spouse must consent to this designation by signing the form and his/her signature must be witnessed by a Plan representative or a notary public. A participant's entire account balance is payable to the designated beneficiary upon his/her death.

Notes Receivable from Participants - Participants may borrow from their fund accounts a minimum of $1,000 up to a maximum equal to the lesser of $50,000 or 50 percent of their account balance. The loans are secured by the balance in the participant's account. The loan interest rate, which is determined by the Plan administrator based on one percent over the prime rate, remains fixed for the duration of the loan. Interest rates ranged from 4.25 percent to 9.5 percent per annum on loans outstanding during the year ended December 31, 2025. Principal and interest is paid ratably through payroll deductions over periods of 1 to 5 years. The repayment period may be extended for loan proceeds used for the purchase of a primary residence.

Administrative Expenses - A substantial portion of administrative expenses incurred in connection with the management of the Plan are paid by the Company. In accordance with Plan provisions, the Company may, at any time, elect to have some or all of such expenses paid by the Plan. Administrative expenses in the accompanying statement of changes in net assets available for benefits for the year ended December 31, 2025 include certain trustee fees paid from plan forfeitures, fees charged by Transamerica related to plan administrative services, distributions to participants, administration of notes receivable from participants, and certain other transaction fees, which are charged directly to the participant's account. Investment income on mutual funds and the collective investment trust funds is reported net of investment related expenses.

1. PLAN DESCRIPTION (continued)

Termination - The Company intends to continue the Plan indefinitely, but reserves the right to modify or discontinue it at its discretion, subject to applicable provisions of ERISA.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Presentation - The Plan's policy is to prepare financial statements on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America for defined contribution plans.

Use of Estimates - The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes in assets and liabilities, as well as disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Investment Valuation and Income Recognition - The Plan's investments are stated at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 5 for further information regarding fair value measurements.

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

Notes Receivable from Participants - Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of December 31, 2025 or 2024. If a participant ceases to make loan repayments and the Plan administrator deems the participant loan to be in default, the participant loan balance is reduced and a benefit payment is recorded.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Subsequent Events - The Plan has evaluated subsequent events through September 3, 2026, the date the financial statements were available to be issued (see Note 8).

3. INCOME TAX STATUS

In June 2020, the Internal Revenue Service ("IRS") stated in an opinion letter that the prototype plan adopted by the Plan administrator was in compliance with the applicable requirements of the Internal Revenue Code. The Plan has been amended since receiving the opinion letter, however, the Plan administrator and management believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC. Accordingly, they believe that the Plan was qualified and the related trust is tax-exempt.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain tax position that would not likely 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.

4. INVESTMENTS CERTIFIED BY THE TRUSTEE

The following information included in the accompanying statements of net assets available for benefits as of December 31, 2025 and 2024, and the supplemental schedule of assets (held at end of year) - December 31, 2025 was obtained from data that has been prepared and certified to as complete and accurate by State Street Bank, the trustee of the Plan:

	December 31, 2025	December 31, 2024
Investments, at fair value:		
Interest-bearing cash	$ -	$ 2,226
Mutual funds	8,150,871	6,001,088
Collective investment trust funds	20,356,660	18,102,194
Total	$ 28,507,531	$ 24,105,508
Plan receivable, classified as an investment for purposes of Form 5500:		
Notes receivable from participants	$ 186,838	$ 248,195

4. INVESTMENTS CERTIFIED BY THE TRUSTEE (continued)

The following information included in the accompanying statement of changes in net assets available for benefits for the year ended December 31, 2025 was obtained from data that has been prepared and certified to as complete and accurate by State Street Bank, the trustee of the Plan:

	Year Ended December 31, 2025
Investment income:	
Dividends on mutual funds	$ 123,147
Net appreciation in fair value of mutual funds	$ 883,601
Net investment gain on collective investment trust funds	$ 2,703,583
Interest on interest-bearing cash	$ 102
Other interest income:	
Interest income on notes receivable from participants	$ 18,212

Interest-bearing cash - The State Street Bank & Trust Cash Reserve Account holds the Plan's unallocated forfeitures and cash reserve account.

Investments in mutual funds - The participant-directed mutual funds offer various investment options ranging from conservative funds which principally seek to preserve capital and provide fixed income to aggressive funds invested principally in common stocks which seek growth of capital over the long term.

Investment in collective investment trust funds - As of December 31, 2025 and 2024, the Plan's investments included collective investment trust funds as follows:

	December 31, 2025	December 31, 2024
BlackRock Lifepath Target Index Funds	$ 12,863,578	$ 10,154,241
BlackRock Lifepath Index Retirement O	4,028,831	3,575,409
Harbor Capital Appreciation CIT Class R	407,905	1,898,116
MFS Mid Cap Gr Class CT	214,891	-
MFS Mid Cap Val Class CT	249,460	329,276
Reliance Trust/New York Life Anchor Account Class 0	1,627,969	1,303,198
State Street Real Asset Non-Lending Series Fund Class C	964,026	841,954
	$ 20,356,660	$ 18,102,194

4. INVESTMENTS CERTIFIED BY THE TRUSTEE (continued)

The BlackRock Lifepath Index and other funds with varied retirement target dates invest in a variety of asset classes including global stocks, U.S. bonds, real assets and commodities. The Harbor Collective Investment Trust and the MFS Fund invest primarily in equity securities. The Reliance Trust/New York Life Anchor Account Class 0 has underlying investments which include a guaranteed insurance contract issued by New York Life. Reliance Trust Company, the trustee of such account, issues annual audited financial statements for the account, which describe how net asset value is determined for each class of the account. The State Street Real Asset Non-Lending Series Fund Class C invests in a diversified portfolio which includes commodities, global natural resource stocks, U.S. Real Estate Investment Trusts and U.S. Treasury Inflation Protected Securities. See Note 5 for a description of the collective investment trust funds stated at fair value.

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 under FASB ASC 820 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.

5. FAIR VALUE MEASUREMENTS (continued)

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 methodologies used for assets measured at fair value.

Interest-bearing cash - Interest-bearing cash is stated at the reconciled balance of the State Street Bank Cash Reserve Account held by the Plan.

Mutual funds - Investments in mutual funds are valued at the daily closing price (NAV) as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset NAV and transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

Collective investment trust funds - Investments are valued at the net asset value of units of the collective investment trusts. The net asset value is used as a practical expedient to estimate the fair value. This practical expedient would not be used if it is determined to be probable that the Plan will sell the investment for an amount different from the reported net asset value. Participant transactions (purchases and sales) in such collective investment trust funds may occur daily. If the Plan initiates a full redemption of the Reliance Trust/New York Life Anchor Account Class 0, the issuer reserves the right to require 12 months' notification in order to ensure that securities liquidations will be carried out in an orderly business manner.

5. FAIR VALUE MEASUREMENTS (continued)

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

	Assets at Fair Value as of December 31, 2025			
	Level 1	Level 2	Level 3	Total
Interest-bearing cash	$ -	$ -	$ -	$ -
Mutual funds	8,150,871	-	-	8,150,871
Total assets in the fair value hierarchy	$ 8,150,871	$ -	$ -	8,150,871
Investments measured at net asset value (a)				20,356,660
Investments at fair value				$ 28,507,531

	Assets at Fair Value as of December 31, 2024			
	Level 1	Level 2	Level 3	Total
Interest-bearing cash	$ 2,226	$ -	$ -	$ 2,226
Mutual funds	6,001,088	-	-	6,001,088
Total assets in the fair value hierarchy	$ 6,003,314	$ -	$ -	6,003,314
Investments measured at net asset value (a)				18,102,194
Investments at fair value				$ 24,105,508

(a) In accordance with Subtopic 820-10, certain investments that are measured at fair value using the net asset value per share (or its equivalent) as a practical expedient have not been classified in the fair value hierarchy. The fair value amount presented in this table are intended to permit reconciliation of the fair value hierarchy to the amounts presented in the statements of net assets available for benefits.

6. PARTY-IN-INTEREST TRANSACTIONS

The Plan's investments include a cash reserve account managed by the trustee, State Street Bank, and a collective investment trust fund managed by State Street Global Advisors, an affiliate of the trustee. Administrative expenses in the accompanying statement of changes in assets available for benefits consist of fees paid to Transamerica in connection with its recordkeeping services. Amounts paid as indirect compensation to Transamerica are treated as a reduction of the investment income on the related mutual funds and collective investment trust funds. Transactions with the trustee, affiliates of the trustee, and service providers qualify as party-in-interest transactions; however, they are exempt from prohibited transaction rules under ERISA.

7. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of net assets available for benefits per the financial statements to the Form 5500, on which contributions are recorded on the cash basis:

	December 31, 2025	December 31, 2024
Net assets available for benefits per the financial statements	$ 29,244,168	$ 24,914,215
Employee contributions receivable	-	(30,106)
Employer contributions receivable	(549,782)	(529,865)
Net assets available for benefits per Form 5500	$ 28,694,386	$ 24,354,244

The following is a reconciliation of total contributions for the year ended December 31, 2025 per the financial statements to the Form 5500:

	Year Ended December 31, 2025
Total contributions per the financial statements	$ 2,338,994
Employee contributions receivable as of December 31, 2024	$ 30,106
Employer contributions receivable as of December 31, 2024	529,865
Employer contributions receivable as of December 31, 2025	(549,782)
Total contributions per Form 5500	$ 2,349,183

8. SUBSEQUENT EVENTS

The SECURE 2.0 Act of 2022 contains numerous provisions that impact 401(k) plans. These provisions, which will continue to take effect in years subsequent to 2025 address various issues including financial incentives to contribute to a retirement plan, automatic enrollment, required minimum distribution age, contribution limits and part-time worker access.

Effective January 1, 2026, the Plan was amended to change the plan sponsor and plan names to BYK-Gardner USA LLC., and BYK-Gardner USA LLC. 401(k) Plan, respectively.

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BYK-GARDNER USA 401(k) PLAN

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR) - DECEMBER 31, 2025

EIN - 13-1978006 PLAN NO.- 005

	(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
		Mutual funds:			
		American Funds	American Funds EuroPacific Growth Fund R6	N/A	386,522
		Dodge & Cox	Dodge & Cox Inc X	N/A	234,518
		John Hancock Funds	John Hancock Disciplined Value Fund R6	N/A	260,151
		Principal Funds	Principal Real Estate Securities Inst Fund	N/A	173,836
		Principal Funds	Principal Small Cap Growth Fund I R6	N/A	116,746
		Vanguard Funds	Vanguard Institutional Index	N/A	5,322,684
		Vanguard Funds	Vanguard Mid Cap Index Instl	N/A	280,305
		Vanguard Funds	Vanguard Small Cap Index Instl	N/A	190,093
		Vanguard Funds	Vanguard Total Bond Market Index Instl	N/A	531,274
		Vanguard Funds	Vanguard Total International Stock Index Adm Fund	N/A	634,431
		Victory Funds	Victory Sycamore Small Cap CO OPP R6	N/A	20,311
		Total mutual funds			8,150,871
		Collective investment trust funds:			
		BlackRock Funds	BlackRock Lifepath Index 2030 Fund O	N/A	4,170,568
		BlackRock Funds	BlackRock Lifepath Index 2035 Fund O	N/A	3,247,493
		BlackRock Funds	BlackRock Lifepath Index 2040 Fund O	N/A	2,891,589
		BlackRock Funds	BlackRock Lifepath Index 2045 Fund O	N/A	710,089
		BlackRock Funds	BlackRock Lifepath Index 2050 Fund O	N/A	802,747
		BlackRock Funds	BlackRock Lifepath Index 2055 Fund O	N/A	434,174
		BlackRock Funds	BlackRock Lifepath Index 2060 Fund O	N/A	263,621
		BlackRock Funds	BlackRock Lifepath Index 2065 Fund O	N/A	343,297
		BlackRock Funds	BlackRock Lifepath Index Retirement O	N/A	4,028,831
		Harbor Funds	Harbor Capital Appreciation CIT Class R	N/A	407,905
		MFS Funds	MFS Mid Cap Gr Class CT	N/A	214,891
		MFS Funds	MFS Mid Cap Val Class CT	N/A	249,460
		New York Life	Reliance Trust/New York Life Anchor Account Class 0	N/A	1,627,969
*		State Street Global Advisors	State Street Real Asset Non-Lending Series Fund Class C	N/A	964,026
		Total collective investment trust funds			20,356,660
		Participant loans:			
*		Notes receivable from participants, 4.25% to 9.5%		$0	186,838
		Total			$ 28,694,369

* An asterisk indicates a party-in-interest. State Street Bank & Trust Company is the trustee of the Plan.

Schedule C, Line 2(h) Formula Descriptions

BYK-Gardner USA LLC 401(k) Plan
EIN No.: 39-5065110, Plan No. 005
Plan Year Ending: 12/31/2025

Indirect Compensation in the form of revenue sharing was paid to the following Service Providers:

NATIONAL FINANCIAL SERVICES 04-3523567

Revenue amounts are shown in annualized basis points of plan assets invested in applicable fund

Fund Family	Fund Name	Start Date	End Date	Revenue to National Financial Services
PRINCIPAL	PRINCIPAL REAL ESTATE SEC INST	1/1/2025	12/31/2025	0.330

BYK-Gardner USA LLC 401(k) Plan
EIN No.: 39-5065110, Plan No. 005
Schedule H, Line 4i - Schedule of Assets
Plan Year Ending: 12/31/2025

(a)	(b) Identity of Issuer, Borrower, Lessor or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Par or Maturity Value	(d) CURRENT VALUE
	American Funds	American Funds EuroPacific Gr R6	$ 386,521
	Dodge & Cox	Dodge & Cox Inc X	$ 234,518
	John Hancock	JHancock3 Disciplined Val R6	$ 260,151
	Principal	Principal Real Estate Sec Inst	$ 173,836
	Principal	Principal SmallCap Gr I R6	$ 116,746
	Vanguard	Vanguard Instl Index	$ 5,322,684
	Vanguard	Vanguard Mid Cap Index Instl	$ 280,305
	Vanguard	Vanguard Small Cap Index Inst	$ 190,093
	Vanguard	Vanguard Total Bd Mkt Index Instl	$ 531,274
	Vanguard	Vanguard Total Intl Stock Index Adm	$ 634,431
	Victory	Victory Sycamore Small Co Opp R6	$ 20,311
		Mutual Funds Total	**$ 8,150,871**
	Blackrock	Blackrock LifePath Index 2030 O	$ 4,170,568
	Blackrock	Blackrock LifePath Index 2035 O	$ 3,247,493
	Blackrock	Blackrock LifePath Index 2040 O	$ 2,891,589
	Blackrock	Blackrock LifePath Index 2045 O	$ 710,089
	Blackrock	Blackrock LifePath Index 2050 O	$ 802,747
	Blackrock	Blackrock LifePath Index 2055 O	$ 434,174
	Blackrock	Blackrock LifePath Index 2060 O	$ 263,621
	Blackrock	Blackrock LifePath Index 2065 O	$ 343,297
	Blackrock	Blackrock LifePath Index Retirement O	$ 4,028,831
	Great Gray	MFS Mid Cap Gr Class CT	$ 214,891
	Great Gray	MFS Mid Cap Val Class CT	$ 249,460
	Harbor	Harbor Capital Appr CIT Cl R	$ 407,905
	New York Life	Reliance Tr/NY Life Anchor Cl 0	$ 1,627,968
	State Street Global Advisors	State Street Real Asset NL Class C	$ 964,026
		Collective Trusts Total	**$ 20,356,660**
*	Participants	Notes Receivable with interest rates of 4.25% to 9.50%	**$ 186,838**
		TOTAL PLAN ASSETS	**$ 28,694,369**

* Indicates Party-In-Interest to the Plan