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
- [X] a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
- [ ] a single-employer plan
- [ ] a DFE (specify) _____

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

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

D Check box if filing under:
- [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
HENRY CROWN AND COMPANY PENSION PLAN

1b Three-digit plan number (PN) ▶ 101

1c Effective date of plan 01/01/1985

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)
HENRY CROWN & COMPANY S LLC

222 N LASALLE ST STE 1000
CHICAGO, IL 60601

2b Employer Identification Number (EIN)
36-2123962

2c Plan Sponsor's telephone number
312-855-4000

2d Business code (see instructions)
551112

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.	10/05/2026	CHRISTOPHER LAWRENCE
	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**	780
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)**	317
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	318
b	Retired or separated participants receiving benefits	**6b**	170
c	Other retired or separated participants entitled to future benefits	**6c**	243
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	731
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	31
f	Total. Add lines **6d** and **6e**.	**6f**	762
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**	7
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 3H

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)** [X] **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 0
- **(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 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
HENRY CROWN AND COMPANY PENSION PLAN

B Three-digit plan number (PN) ▶ 101

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
HENRY CROWN & COMPANY S LLC

D Employer Identification Number (EIN)
36-2123962

E Type of plan: ☐ Single ☐ Multiple-A ☒ Multiple-B

F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I Basic Information

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

2 Assets:

a Market value	**2a**	158916889
b Actuarial value	**2b**	158916889

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	188	28951650	28951650
b For terminated vested participants	285	14089658	14089658
c For active participants	317	36112396	37012418
d Total	790	79153704	80053726

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**	5.38 %
6 Target normal cost		
a Present value of current plan year accruals	**6a**	3944595
b Expected plan-related expenses	**6b**	475000
c Target normal cost	**6c**	4419595

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

08/20/2026
Date

BARON JAMES
Type or print name of actuary

26-08664
Most recent enrollment number

MERCER (US) LLC
Firm name

214-220-3563
Telephone number (including area code)

4400 COMERICA BANK TOWER
1717 MAIN STREET
DALLAS, TX 75201

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 12.82 %	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)		0
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.28 %		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		
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	0

Part III Funding Percentages

14	Funding target attainment percentage	14	198.51 %
15	Adjusted funding target attainment percentage	15	191.87 %
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	190.01 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
			Totals ► 18(b)	0	18(c) 0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
	a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
	b Contributions made to avoid restrictions adjusted to valuation date	19b	0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	0

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? ☐ Yes ☒ No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☐ No

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

Liquidity shortfall as of end of quarter of this plan year

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

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

21 Discount rate:

a Segment rates:	1st segment: 5.00 %	2nd segment: 5.27 %	3rd segment: 5.50 %	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	0
22 Weighted average retirement age	**22**	64

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**	4419595
b Excess assets, if applicable, but not greater than line 31a	**31b**	4419595

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

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____)_and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	0

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

36 Additional cash requirement (line 34 minus line 35)	**36**	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	0

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

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

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

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

SCHEDULE C (Form 5500)	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
HENRY CROWN AND COMPANY PENSION PLAN

B Three-digit plan number (PN) ▶ 101

C Plan sponsor's name as shown on line 2a of Form 5500
HENRY CROWN & COMPANY S LLC

D Employer Identification Number (EIN)
36-2123962

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

MERCER

13-2834414

(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 50	ACTUARY	298721	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

HARRIS ASSOCIATES L.P.

36-3484078

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 51 68 52	INVEST ADVISOR	244531	Yes [X] No [ ]	Yes [X] No [ ]	4008	Yes [ ] No [X]

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

NEUBERGER BERMAN, LLC

13-5521910

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 51	INVEST ADVISOR	167007	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

THE NORTHERN TRUST COMPANY

36-1561860

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21 27 50 51 99	TRUSTEE	86099	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

PRICEWATERHOUSECOOPERS LLP

13-4008324

(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 50	AUDITOR	41720	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

(complete as many entries as needed)

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

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
HENRY CROWN AND COMPANY PENSION PLAN

B Three-digit plan number (PN) ▶ 101

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
HENRY CROWN & COMPANY S LLC

D Employer Identification Number (EIN)
36-2123962

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: NT COLLECTIVE SHORT TERM INV FUND

b Name of sponsor of entity listed in (a): NORTHERN TRUST INVESTMENTS, INC.

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)
45-6138589-084	C	2839598

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)

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)

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)

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)

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)

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

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

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
HENRY CROWN AND COMPANY PENSION PLAN

B Three-digit plan number (PN) ▶ 101

C Plan sponsor's name as shown on line 2a of Form 5500
HENRY CROWN & COMPANY S LLC

D Employer Identification Number (EIN)
36-2123962

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)	181509	95215
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)	652090	454182
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	73780473	79543024
(5) Partnership/joint venture interests	1c(5)	281342	654849
(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)	18686883	2839598
(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)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	0	18193626
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	65451523	69721365

		(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	159033820	171501859
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h	116931	91883
1i Acquisition indebtedness	1i		
1j Other liabilities	1j	0	0
1k Total liabilities (add all amounts in lines 1g through1j)	1k	116931	91883
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	158916889	171409976

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)		
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	240319	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)	25848	
(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)		266167
(2) Dividends: **(A)** Preferred stock	2b(2)(A)	0	
(B) Common stock	2b(2)(B)	1030681	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		1030681
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	20271068	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	13740529	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		6530539
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	8820109	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		8820109

		(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)		
c Other income	2c		1337
d Total income. Add all **income** amounts in column (b) and enter total	2d		16648833
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	3236580	
(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)		3236580
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)		
(4) IQPA audit fees	2i(4)	41720	
(5) Investment advisory and investment management fees	2i(5)	423312	
(6) Bank or trust company trustee/custodial fees	2i(6)	74323	
(7) Actuarial fees	2i(7)	298721	
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	81090	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		919166
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		4155746
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		12493087
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: PRICEWATERHOUSECOOPERS LLP **(2)** EIN: 13-4008324

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		15000000
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**			

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 586266.

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
HENRY CROWN AND COMPANY PENSION PLAN

B Three-digit plan number (PN) ▶ 101

C Plan sponsor's name as shown on line 2a of Form 5500
HENRY CROWN & COMPANY S LLC

D Employer Identification Number (EIN)
36-2123962

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): 36-1561860

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 | 37

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_____.

SCHEDULE MEP (Form 5500)	MULTIPLE-EMPLOYER RETIREMENT PLAN INFORMATION	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	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.**	**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 HENRY CROWN AND COMPANY PENSION PLAN	**B** Three-digit Plan number (PN)..... ▶ 101
C Plan administrator's name as shown on line 3a of Form 5500/Form 5500-SF HENRY CROWN & COMPANY S LLC	**D** Administrator's EIN 36-2123962

Part I Type of Multiple-Employer Pension Plan. All multiple-employer pension plans must complete.

1 Check the appropriate box to indicate type of multiple-employer pension plan. (Only defined contribution plans may check lines 1a, 1b, and 1c. Defined benefit plans and defined contribution plans not checking lines 1a, 1b, or 1c should check line 1d. See Instructions).

- **a** ☐ association retirement plan (See 29 CFR 2510.3-55) (Complete Part II)
- **b** ☐ professional employer organization plan (PEO Plan) (See 29 CFR 29 CFR 2510.3-55) (Complete Part II)
- **c** ☐ pooled employer plan (PEP) (See 29 CFR 2510.3-44) (Complete Parts II and III)
- **d** ☒ other multiple-employer pension plan (Describe) DEFINED BENEFIT MEP (Complete Part II)

Part II Participating Employer Information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan. **Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).**

2a Name of Participating Employer	**2b** EIN	**2c** Percentage of Total Contributions for the Plan Year	**2d** Aggregate Account Balances Attributable to Participating Employer
HENRY CROWN & COMPANY S LLC	36-2123962	0.00	
2a Name of Participating Employer	**2b** EIN	**2c** Percentage of Total Contributions for the Plan Year	**2d** Aggregate Account Balances Attributable to Participating Employer
LONGVIEW ASSET MANAGEMENT	36-4245844	0.00	

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer "Yes" to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

2e	Does the plan include any individuals not participating through an employer or who are individual working owners?	**2e**	☐ Yes ☒ No
2f	If you answer "Yes" in line 2e, enter a good faith estimate of the percentage of total contributions made by all such individuals that are not listed on line 2a during the plan year.	**2f**	
2g	If you answer "Yes" in Line 2e, enter the aggregate account balances for all such individuals that are not listed on line 2a.	**2g**	

Part III Pooled Employer Plan Information

Line 3. All Pooled employer plans must answer all of the questions in Part III, in addition to completing all of Parts I and II.

3a Is the pooled plan provider (identified as the plan sponsor and administrator in Part II of the Form 5500) currently in compliance with the Form PR (Pooled Plan Provider Registration Statement) requirements? (See instructions and 29 CFR 2510.3-44) ☐ Yes ☐ No

3b If line 3a is "Yes", enter the ACK ID for the most recent Form PR that was required to be filed under the Form PR filing requirements. (Failure to enter a valid ACK ID will subject the Form 5500 filing to rejection as incomplete.)

ACK ID _____

Henry Crown and Company Pension Plan

Financial Statements and Supplemental Schedules

December 31, 2025 and 2024

Henry Crown and Company Pension Plan
Index

Page(s)

Report of Independent Auditors 1-4

Financial Statements

Statements of Net Assets Available for Benefits
December 31, 2025 and 2024 5

Statements of Changes in Net Assets Available for Benefits
Years Ended December 31, 2025 and 2024 6

Statement of Accumulated Plan Benefits
December 31, 2024 7

Statement of Changes in Accumulated Plan Benefits
Year Ended December 31, 2024 8

Notes to Financial Statements
December 31, 2025 and 2024 9-17

Supplemental Schedules

Schedule I: Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
December 31, 2025 18-19

Schedule II: Schedule H, Line 4j – Schedule of Reportable Transactions
Year Ended December 31, 2025 20-21

Note: Other schedules of additional financial information required by Section 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 ("ERISA") have been omitted because they are not applicable.

pwc

Report of Independent Auditors

To the Administrator of Henry Crown and Company Pension Plan

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

We have performed an audit of the accompanying financial statements of Henry Crown and Company Pension Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2025 and 2024, and the related statements of changes in net assets available for benefits for the years then ended and the statement of accumulated plan benefits as of December 31, 2024 and the related statement of changes in accumulated plan benefits for the year then ended, including the related notes (collectively referred to as the "financial statements").

Management, having determined it is permissible in the circumstances, has elected to have the audit 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 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 years then ended, stating that the certified investment information, as described in Note 6 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 Auditors' 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.
- the information in the accompanying financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

PricewaterhouseCoopers LLP
One North Wacker Drive
Chicago, Illinois 60606
(312) 298 2000

Basis for Opinion

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

Auditors' Responsibilities for the Audit of the Financial Statements

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

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

- Exercise professional judgment and maintain professional skepticism throughout the 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 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 Schedules Required by ERISA

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 ("supplemental schedules"), are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to the 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 US 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 Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. In our opinion

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

PricewaterhouseCoopers LLP

Chicago, Illinois
September 22, 2026

Henry Crown and Company Pension Plan
Statements of Net Assets Available for Benefits
December 31, 2025 and 2024

	2025	2024
Assets		
Investments, at fair value		
Common stocks	$ 79,543,024	$ 73,780,473
Exchange traded funds	18,193,626	-
Common and collective trusts	2,839,598	18,686,883
Limited partnerships	654,849	281,342
Pooled investment funds	69,721,365	65,451,523
Corporate bonds	454,182	652,090
Total investments	171,406,644	158,852,311
Receivables		
Investment income receivable	95,215	181,509
Total receivables	95,215	181,509
Total assets	171,501,859	159,033,820
Liabilities		
Accrued expenses	91,883	116,931
Total liabilities	91,883	116,931
Net assets available for benefits	$ 171,409,976	$ 158,916,889

The accompanying notes are an integral part of these financial statements.

Henry Crown and Company Pension Plan
Statements of Changes in Net Assets Available for Benefits
Years Ended December 31, 2025 and 2024

	2025	2024
Additions to net assets attributed to		
Interest income	$ 240,319	$ 539,746
Investment income	25,848	35,710
Dividend income	1,030,681	2,207,097
Other income	1,337	169,229
Net appreciation in fair value of investments	15,350,648	16,380,441
Total additions	16,648,833	19,332,223
Deductions from net assets attributed to		
Benefit payments to participants	3,236,580	2,997,104
Investment management fees	423,313	1,080,643
Administrative expenses	495,853	470,685
Total deductions	4,155,746	4,548,432
Net increase	12,493,087	14,783,791
Net assets available for benefits		
Beginning of year	158,916,889	144,133,098
End of year	$ 171,409,976	$ 158,916,889

The accompanying notes are an integral part of these financial statements.

Henry Crown and Company Pension Plan
Statement of Accumulated Plan Benefits
December 31, 2024

Actuarial present value of accumulated plan benefits	
Vested benefits	
Participants currently receiving benefits	$ 26,169,976
Other participants	38,981,058
Total	65,151,034
Nonvested benefits	779,128
Total actuarial present value of accumulated plan benefits	$ 65,930,162

The accompanying notes are an integral part of these financial statements.

Henry Crown and Company Pension Plan
Statement of Changes in Accumulated Plan Benefits
Year Ended December 31, 2024

Actuarial present value of accumulated plan benefits	
December 31, 2023	$ 61,718,821
(Decrease) increase during the year	
Benefits paid	(2,997,104)
Increase for interest due to a decrease in the discount period	4,356,916
Benefits accumulated and losses	2,851,529
Net decrease	4,211,341
Actuarial present value of accumulated plan benefits	
December 31, 2024	$ 65,930,162

The accompanying notes are an integral part of these financial statements.

1. Description of the Plan

The following description provides general information on the provisions of the Henry Crown and Company Pension Plan (the "Plan"), a multiple-employer plan, sponsored by Henry Crown and Company S LLC, d/b/a CC Industries (the "Company"). Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General

The Plan was adopted effective January 1, 1985, and was last amended and restated effective January 1, 2022, to comply with law changes.

The Plan is a noncontributory, defined benefit plan currently covering salaried employees of the Company and Longview Asset Management, LLC (each as "Employer").

The Plan also provides benefits to participants of the Company's discontinued or sold operations:
- Petroleum and marine operations
- CHF Industries, Inc. and its Aberdeen, Cameo and Joanna Divisions
- American Envelope Company and its various divisions
- Woodard, LLC

The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"), as amended.

The Northern Trust Company is the trustee of the Plan.

Participation

Generally, employees are eligible to participate after attaining age 21 and completing 12 consecutive months of service.

Funding Policy

The Employers make annual contributions based on the funding recommendations of the Plan's actuary to meet the minimum funding requirements under ERISA. The Plan is in compliance with applicable ERISA funding requirements for 2025 and 2024.

Principal Benefit Provisions

Salaried Employees

The monthly retirement benefit payable on a participant's normal retirement date for all eligible participants of businesses currently participating in the Plan is one-twelfth (1/12) of the sum of the following amounts determined for each year of credited service:

Description of the Plan - Continued

Plan Years 1985 Through 1988		Plan Years After 1988
(a)	(b)	(c)
1.5%	2.5%	1.5%

a. Percentage of the participant's compensation (as defined) that is not in excess of the Social Security taxable wage base for the year, plus
b. Percentage of the participant's compensation (as defined) that is in excess of the Social Security taxable wage base for the year
c. Percentage of the participant's compensation (as defined) for the year

Hourly Employees
The monthly retirement benefit payable on a participant's normal retirement date is one-twelfth (1/12) of the benefit level times the years of credited service earned in the following periods:

Period	Benefit Level
1987-1999	$ 100
2000	120
2001	140
After 2001	150

Vesting
Participants become fully vested upon the completion of five years of service.

Retirement Benefit Options
The Plan provides for normal retirement benefits to begin on the first day of the month on or after the participant's 65th birthday, with various options for early retirement or late retirement, death or long-term disability. The Plan's normal form of benefit for a single participant is a Straight Life Annuity, and for a married participant a 50% Joint and Survivor Annuity, which provides a lifetime benefit payable to the participant and, upon death, 50% of such benefit payable to the participant's surviving spouse.

Participants may also elect one of the following options:

Straight Life Annuity - Under this option, benefits are paid only during the life of the participant.

Five- or Ten-Year Certain Life Annuity - Under this option, benefits are paid in the form of a lifetime benefit; however, if the participant dies before 60 or 120 monthly payments have been made, depending on the term elected, payments will continue to a beneficiary until a total of 60 or 120 payments have been made.

Description of the Plan - Continued

Contingent Annuity - This option is similar to the Joint and Survivor Annuity described above. However, the individual named as the contingent annuitant can be an individual other than the participant's spouse. The benefits payable to the contingent annuitant can be 100%, 75% or 50% of the benefits earned by the participant, depending upon the election made by the participant.

Lump Sum - Participants who were employed by the discontinued CHF Industries, Inc. - Aberdeen Division may elect a lump-sum distribution of their accrued benefits earned prior to January 1, 1985.

Selection of one of these options by a married participant is contingent upon spousal consent.

If a participant terminates their employment with the Company before completing the required years of vesting service, they do not receive Plan benefits. Participants who terminate with vested accumulated Plan benefits that are less than $5,000 receive their accumulated benefits as a lump-sum distribution.

Administrative Expenses and Investment Management Fees
Expenses of administration such as legal, accounting, actuary, investment management fees, recordkeeping and trustee fees, are paid from the assets of the Plan.

Plan Termination
Although the Company has not expressed any intent to terminate the Plan, it may do so at any time, subject to the provisions of ERISA. In the event the Plan terminates, the assets of the Plan will be allocated as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated:

a. Benefits for all participants or beneficiaries whose retirement benefits have been or could have been payable three years prior to termination of the Plan.

b. Benefits guaranteed by and up to the insurance limitations of the Pension Benefit Guaranty Corporation ("PBGC").

c. Benefits that are vested but not guaranteed by the termination insurance provisions of ERISA.

If the Plan terminates, a portion of the benefits under the Plan is insured by the PBGC (a U.S. Government agency). Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor 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. Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide those benefits, and may also depend on the level of benefits guaranteed by the PBGC.

2. Summary of Significant Accounting Policies

Basis of Accounting
The financial statements are prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America ("GAAP").

Summary of Significant Accounting Policies – Continued

Use of Estimates
The preparation of the financial statements in conformity with GAAP 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. Actual results could differ from those estimates.

Subsequent Events
Events or transactions occurring after the period end through September 22, 2026, the date that the financial statements were available to be issued, have been evaluated in the preparation of the financial statements. There were no events identified.

Valuation of Investments and Income Recognition
Investments are stated at fair value. Fair value is the price that would be received to sell an asset in an orderly transaction between market participants at the measurement date. See Note 5 for discussion of fair value measurements. Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date.

Net Appreciation (Depreciation) in Fair Value of Investments
Net realized and unrealized appreciation (depreciation), which includes gains and losses on investments bought and sold, as well as held during the year, is recorded in the accompanying Statements of Changes in Net Assets Available for Benefits as net appreciation (depreciation) in fair value of investments.

Payment of Benefits
Benefits are recorded when paid.

3. 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 services 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 (i.e., retirement, death, disability and termination of employment) are included, to the extent they are deemed attributable to employee service rendered to the valuation date.

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

Actuarial Present Value of Accumulated Plan Benefits – Continued

Significant actuarial assumptions used in the valuations as of December 31 are as follows:

	2024	2023
Discount rate per ASC 960	7.25% per annum	7.25% per annum
Mortality	Pri-2012 generational sex-distinct, separate employee and retiree tables with contingent survivor adjustments for existing survivors and white collar adjustment and the MP-2021 projection scale	Pri-2012 generational sex-distinct, separate employee and retiree tables with contingent survivor adjustments for existing survivors and white collar adjustment and the MP-2021 projection scale
Retirement age	All participants are assumed to retire between the ages of of 55 and 70, with varying rates of retirement to reflect current practices.	All participants are assumed to retire between the ages of of 55 and 70, with varying rates of retirement to reflect current practices.

The computations of the actuarial present value of accumulated plan benefits were made as of January 1, 2025. The actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated Plan benefits.

4. Investments

The Plan's investments are managed by the Company's investment managers together with The Northern Trust Company, in its role as trustee of the Plan.

The following table presents investments for which fair value is measured using the net asset value ("NAV") per share practical expedient.

December 31, 2025		Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
Northern Trust STIF	(a)	$ 2,839,598	$ -	Daily	None
Eminence Partners Long L.P.		18,934,780	-	Monthly	30 days
Reade Street Partners L.P.		14,800,157	-	Quarterly	60 days
AKO Global	(b)	35,986,428	-	Quarterly	30 days

December 31, 2024		Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
Northern Trust STIF	(a)	$ 18,686,883	$ -	Daily	None
Eminence Partners Long L.P.		17,009,598	-	Monthly	30 days
Reade Street Partners L.P.		13,720,201	-	Quarterly	60 days
AKO Global	(b)	34,721,724	-	Quarterly	30 days

(a) Northern Trust Collective Short Term Investment Fund ("Northern Trust STIF")
(b) A penalty is incurred if any withdrawals occur within the first three years

5. Fair Value

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

Level 1 – Quoted market prices in active markets for identical assets or liabilities.

Level 2 – Observable inputs other than Level 1 prices such as quoted prices for similar assets or liabilities; quoted prices in markets that are not active; or other inputs that are observable or can be corroborated by observable market data for substantially the full term of the assets or liabilities.

Level 3 – Unobservable inputs that are supported by little or no market activity and that are significant to the fair value of the assets and liabilities.

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

The Plan's investments are valued at fair value using the following methodologies:

- **Common stocks:** valued at the closing price of individual shares at year-end as traded in an active market.

- **Exchange traded funds:** valued at the closing price of individual shares at year-end as traded in an active market.

- **Common and collective trusts:** valued at the year-end NAV of the underlying investments comprising the common and collective trusts. The Plan holds investments in the Northern Trust STIF. The Northern Trust STIF investment reflects high-grade money market instruments with short maturities.

- **Pooled investment funds:** Valued at the year-end utilizing NAV as a practical expedient as provided by the underlying fund.

- **Corporate bonds:** valued based on yields currently available on comparable securities of issuers with similar credit ratings. When quoted prices are not available, the bond is valued using matrix pricing or models from reputable pricing vendors.

- **Limited partnerships:** The limited partnership is publicly traded and the value is based on quoted market prices.

Fair Value – Continued

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

The following table presents the Plan's investment assets measured at fair value as of December 31, 2025:

	Assets at Fair Value as of December 31, 2025			
	Level 1	Level 2	Level 3	Total
Common stocks	$ 79,543,024	$ -	$ -	$ 79,543,024
Exchange traded funds	18,193,626	-	-	18,193,626
Limited partnerships	654,849	-	-	654,849
Corporate bonds	-	454,182	-	454,182
Total investment assets in fair value hierarchy	$ 98,391,499	$ 454,182	$ -	$ 98,845,681
Common and collective trusts [(a)]				2,839,598
Pooled investment funds [(a)]				69,721,365
Total investment assets	$ 98,391,499	$ 454,182	$ -	$ 171,406,644

(a) Assets measured at NAV as a practical expedient are excluded from the fair value hierarchy.

For comparative purposes, the following table presents the Plan's investment assets measured at fair value as of December 31, 2024:

	Assets at Fair Value as of December 31, 2024			
	Level 1	Level 2	Level 3	Total
Common stocks	$ 73,780,473	$ -	$ -	$ 73,780,473
Limited partnerships	281,342	-	-	281,342
Corporate bonds	-	652,090	-	652,090
Total investment assets in fair value hierarchy	$ 74,061,815	$ 652,090	$ -	$ 74,713,905
Common and collective trusts [(a)]				18,686,883
Pooled investment funds [(a)]				65,451,523
Total investment assets	$ 74,061,815	$ 652,090	$ -	$ 158,852,311

(a) Assets measured at NAV as a practical expedient are excluded from the fair value hierarchy.

In accordance with ASC 820-10, certain investments measured at NAV per unit as a practical expedient have not been classified in the fair value hierarchy. The fair value amounts presented in these tables are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statements of net assets available for benefits.

6. Information Certified by the Trustee

The Plan administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, The Northern Trust Company has certified that the following data included in the financial statements, notes to the financial statements and ERISA-required supplemental schedules is complete and accurate:

- Investments, at fair value, as shown in the Statements of Net Assets Available for Benefits as of December 31, 2025 and 2024, excluding investments in Reade Street LP and Eminence Partners LP of $13,720,201 and $17,009,598, respectively, as of December 31, 2024.

- Due from broker for securities sold, and investment income receivable as shown in the Statements of Net Assets Available for Benefits as of December 31, 2025 and 2024, excluding investment income receivable from Reade Street LP and Eminence Partners LP of $9,194 and $12,094, respectively, as of December 31, 2024.

- Interest income, investment income, dividend income, net appreciation in fair value of investments and investment management fees as shown in the Statements of Changes in Net Assets Available for Benefits for the years ended December 31, 2025 and 2024, excluding interest income from Reade Street LP and Eminence Partners LP of $17,709 and $23,789, respectively, and net depreciation in fair value of investments of $79,799 and $840,402, respectively, for the year ended December 31, 2024.

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

- Schedule II: Schedule H, Line 4j - Schedule of Reportable Transactions.

7. Income Tax Status

The Internal Revenue Service ("IRS") has determined and informed the Company in a letter dated February 12, 2014, that the Plan is designed in accordance with the applicable sections of the Internal Revenue Code ("IRC"). Although the Plan has been amended since the determination letter was issued, the Plan's administrator and the Plan's counsel believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC and therefore believes the Plan remains qualified.

GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. There are no uncertain positions taken or expected to be taken that would require recognition of a liability or disclosure in the financial statements as of December 31, 2025 and 2024. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan is no longer subject to income tax examinations for years prior to 2022.

8. Risks and Uncertainties

The determination of contributions to the Plan and the actuarial present value of accumulated plan benefits are based on certain assumptions pertaining to interest rates, inflation rates and employee demographics. Due to the changing nature of these assumptions, it is at least reasonably possible that changes in these assumptions will occur in the near term and due to the uncertainties inherent in setting assumptions, that the effect of such changes could be material to the financial statements.

The Plan also invests in securities that, in general, are exposed to various risks, such as interest rate, credit and overall market volatility. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in 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 and the Statements of Changes in Net Assets Available for Benefits.

9. Party-in-Interest Transactions

Certain Plan investments are managed by The Northern Trust Company. The Northern Trust Company is the trustee of the Plan; therefore, these transactions qualify as party-in-interest transactions.

SUPPLEMENTAL SCHEDULES

Henry Crown and Company Pension Plan
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2025 Schedule I

(a)	Identity of issue, borrower, lessor or similar party (b)	Description of investment including maturity date, rate of interest, collateral, par or maturity value (c)	Cost (d)	Current value (e)
	Investments			
	Common stocks			
	Abbvie Inc	Common Stock	$ 212,408	$ 319,886
	Airbnb Inc	Common Stock	2,791,147	3,044,200
	Alphabet, Inc.	Common Stock	856,321	4,426,516
	Amazon.com Inc.	Common Stock	813,416	1,459,937
	American International Group, Inc.	Common Stock	672,996	1,625,450
	Amphenol Corp	Common Stock	281,467	635,158
	Analog Devices Inc.	Common Stock	315,859	474,600
	Apple Inc.	Common Stock	788,350	1,994,093
	Avery Dennison Corporation	Common Stock	486,435	509,264
	BlackRock, Inc.	Common Stock	315,893	353,212
	Boston Scientific Corp.	Common Stock	252,026	569,716
	Broadcom Inc.	Common Stock	527,510	809,874
	Brookfiled Asset Management Ltd.	Common Stock	464,908	664,043
	Capital One Financial Corp	Common Stock	1,762,546	3,137,350
	CBRE Group, Inc.	Common Stock	287,646	1,743,768
	Centene Corporation	Common Stock	2,499,739	1,585,715
	Centerpoint Energy Inc	Common Stock	514,940	720,792
	Charles RIV Laboratories	Common Stock	847,064	1,137,036
	CME Group Inc.	Common Stock	280,560	471,063
	Conoco Phillips	Common Stock	2,020,209	1,726,636
	Crowdstrike	Common Stock	379,742	363,289
	Deere & Company	Common Stock	1,346,032	1,664,413
	Eli Lilly & Co	Common Stock	532,188	580,327
	Equifax Inc.	Common Stock	2,312,157	2,069,989
	Equinix Inc.	Common Stock	216,827	421,388
	First Citizens	Common Stock	2,793,915	3,380,234
	First Energy Corporation	Common Stock	466,412	578,652
	Fiserv Inc.	Common Stock	690,893	507,134
	GE Aerospace	Common Stock	306,872	562,155
	Home Depot, Inc	Common Stock	830,859	750,138
	Intercontinental Exchange Inc.	Common Stock	2,212,219	2,560,588
	Iqvia Holdings Inc.	Common Stock	2,969,639	2,938,219
	Jacobs Solutions Inc.	Common Stock	164,633	215,248
	J P Morgan Chase and Company	Common Stock	192,914	480,108
	Keurig Dr. Pepper	Common Stock	3,262,542	2,931,947
	Lithia Motors Inc.	Common Stock	2,147,012	2,924,504
	McDonald's Corporation	Common Stock	398,794	588,338
	Meta Platforms Inc	Common Stock	368,906	934,687
	Microsoft Corporation	Common Stock	673,989	1,922,390
	Molina Healthcare	Common Stock	886,138	927,571
	Netflix Inc.	Common Stock	517,683	557,872
	NextEra Energy, Inc.	Common Stock	313,989	497,736
	Nvent Electric PLC	Common Stock	331,392	532,793
	NVIDIA Corp	Common Stock	595,619	620,113
	Paycom Software Inc.	Common Stock	2,287,036	1,963,315
	Phillips 66	Common Stock	2,064,493	2,042,058
	Procter and Gamble	Common Stock	405,146	415,599
	S&P Global Inc.	Common Stock	473,765	770,820
	Salesforce.com, inc.	Common Stock	3,423,131	3,553,768
	ServiceNow Inc.	Common Stock	149,481	394,464
	Synopsys Inc.	Common Stock	752,027	669,351
	Targa Res Corp	Common Stock	1,226,712	1,390,208
	Thermo Fisher Scientific Inc	Common Stock	448,647	567,861

Information included in this schedule is certified as complete and accurate by The Northern Trust Company.

Henry Crown and Company Pension Plan
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2025 — Schedule I

(a)	Identity of issue, borrower, lessor or similar party (b)	Description of investment including maturity date, rate of interest, collateral, par or maturity value (c)	Cost (d)	Current value (e)
	Common stocks - continued			
	TJX Cos Inc	Common Stock	$ 374,240	$ 728,111
	Union Pac Corp	Common Stock	315,190	445,290
	UnitedHealth Group Inc	Common Stock	180,805	262,437
	Visa Inc	Common Stock	471,519	885,543
	Walmart Inc	Common Stock	244,047	593,258
	Warner Bros Discovery Inc	Common Stock	1,126,219	3,246,573
	Waste Management Inc	Common Stock	299,407	571,246
	Waystar Holding Corp	Common Stock	604,690	520,725
	Wells Fargo & Co	Common Stock	383,649	486,970
	Williams Co Inc	Common Stock	471,888	500,416
	Willis Towers	Common Stock	1,770,461	2,101,397
	Workday Inc	Common Stock	463,174	515,472
		Total common stocks	59,838,533	79,543,024
	Exchange traded funds			
	S&P 500 ETF Trust	Exchange traded fund	15,423,931	18,193,626
		Total exchange traded funds	15,423,931	18,193,626
	Common and collective trusts			
*	Northern Trust STIF	Common and Collective Trust	2,839,598	2,839,598
		Total common and collective trusts	2,839,598	2,839,598
	Corporate bonds			
	Live Nation Entertainment 4.75% Due 10-15-2027	Corporate Bond	245,413	265,525
	Microsoft Corporation 144A 2.5% Due 09-15-2050	Corporate Bond	196,317	188,657
		Total corporate bonds	441,730	454,182
	Pooled investment funds			
	Eminence Partners Long L.P.	Pooled investment funds	17,850,000	18,934,780
	Reade Street Partners L.P.	Pooled investment funds	13,800,000	14,800,157
	AKO Global	Pooled investment funds	35,100,000	35,986,428
		Total pooled investment funds	66,750,000	69,721,365
	Limited Partnerships			
	Brookfield Infrastructure Partners L.P.	Limited Partership	474,715	654,849
		Total limited Partnership	474,715	654,849
		Total investments	$ 145,768,507	$ 171,406,644

* Represents a party-in-interest to the Plan.

Information included in this schedule is certified as complete and accurate by The Northern Trust Company.

Henry Crown and Company Pension Plan
Schedule H, Line 4j - Schedule of Reportable Transactions
Year Ended December 31, 2025 Schedule II

Series of transactions by issue

Identity of party involved (a)	Description of investment (b)	Purchase price (c)	Selling price (d)	Lease rental (e)	Expense incurred with transaction (f)	Cost of asset (g)	Current value of asset on transaction date (h)	Net gain/ (loss) (i)
Northern Trust	Collective Short Term	$ 39,957,327	$ -	$ -	$ -	$ 39,957,327	$ 39,957,327	$ -
Northern Trust	Collective Short Term	-	55,805,728	-	-	55,805,728	55,805,728	-
MFC State Street	S&P 500 ETF Trust	15,423,931	-	-	-	15,423,931	15,423,931	-

Information included in this schedule is agreed to or derived from information certified as complete and accurate by The Northern Trust Company.

Henry Crown and Company Pension Plan
Schedule H, Line 4j - Schedule of Reportable Transactions
Year Ended December 31, 2025 Schedule II

Single transaction

Identity of party involved (a)	Description of investment (b)	Purchase price (c)	Selling price (d)	Lease rental (e)	Expense incurred with transaction (f)	Cost of asset (g)	Current value of asset on transaction date (h)	Net gain/ (loss) (i)
Northern Trust	Collective Short Term	$ 13,363,200	$ -	$ -	$ -	$ 13,363,200	$ 13,363,200	$ -
Northern Trust	Collective Short Term	15,442,790	-	-	-	15,442,790	15,442,790	-
Northern Trust	Collective Short Term	-	8,648,440	-	-	8,648,440	8,648,440	-
Northern Trust	Collective Short Term	-	15,432,629	-	-	15,432,629	15,432,629	-
AKO Global	Long-Only Fund LTD	23,100,000	-	-	-	23,100,000	23,100,000	-

Information included in this schedule is agreed to or derived from information certified as complete and accurate by The Northern Trust Company.

Schedule SB, line 26a — Schedule of Active Participant Data

Attained age	Years of credited service										
	Under 1	1–4	5–9	10–14	15–19	20–24	25–29	30–34	35–39	40 & up	Total
Under 25	2	1									3
25–29	4	21	1								26
30–34	1	24	13	4							42
35–39	4	21	12	8	1						46
40–44	2	10	9	1	6	2					30
45–49		9	11	10	4	5	1				40
50–54	1	8	7	4	3	9	7	1			40
55–59	1	9	7	3	3	5	5	4			37
60–64		7	6	2	3	3	3	5	3		32
65–69		1	3		2	1		2	1	1	11
70 & up			2	1	3	2	1			1	10
Total	15	111	71	33	25	27	17	12	4	2	317

In each cell, the number shown is the count of active participants for each age/service combination.

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

Actuarial assumptions for January 1, 2025 funding valuation

Discount rate sponsor elections

• Segment rates or full yield curve	Segment		
• Look-back months	0		
	Stabilized	**Nonstabilized**	**PBGC**
• First 5 years	5.00%	5.00%	5.00%
• Next 15 years	5.27%	5.27%	5.27%
• Over 20 years	5.50%	5.40%	5.40%

Mortality sponsor elections

• Healthy participants	Section 430(h)(3) prescribed generational annuitant and nonannuitant mortality tables for 2025 plan year funding valuations. These tables are based on the Pri-2012 mortality tables projected with the IRS-modified MP-2021 mortality improvement scale, in accordance with IRS regulation 1.430(h)(3)-1.
• Disabled participants	Same as healthy participants.

Other economic assumptions

• Salary increases

Attained age	Salary increases
<30	7.00%
30-34	6.50%
35-44	5.50%
45-49	4.50%
50-59	4.00%
60+	3.00%

• Inflation	2.20% per year
• Expenses	$475,000 added to current year normal cost

Rationale for economic assumptions

- Discount rate sponsor elections – Assumption prescribed by the IRS for stabilized and nonstabilized rates and based on CC Industries, Inc.’s election to use the Alternative method for PBGC rates.
- Salary increases – The salary scale assumption is based on an experience study covering the period from January 1, 2018 to January 1, 2023, adjusted to reflect management’s expectations for wage changes in the future.
- Expenses – Assumed plan-paid expenses for the upcoming year are based on prior year experience, adjusted (if material for the purpose) for expected changes in the upcoming year, rounded to the nearest $1,000.

Demographic assumptions

• Withdrawal	• For participants under age 30: 70% of the Mercer Modified 2003 SOA turnover age-based rates • For participants age 30 and above: 55% of the Mercer Modified 2003 SOA turnover age-based rates

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

• Retirement age	**Attained age**	**Percentage**
	Under 55	0%
	55-60	5%
	61-64	10%
	65	15%
	66-69	12%
	70 and above	100%
• Benefit commencement age for		
– Future vested deferred	65	
– Current vested deferred	65	
• Spouse assumptions	**Male participants**	**Female participants**
– Percentage married	100%	100%
– Spouse age difference	3 years younger	3 years older
• Form of payment	**Single life**	**50% J&S**
– Active retirements	0%	100%
– Future vested deferred	0%	100%
– Future deaths	0%	100%
– Current vested deferred	0%	100%
Unpredictable contingent event assumptions	Not applicable	
Valuation Pay	Valuation pay for 2025 is equal to [(a) + (b) + (c)] multiplied by the salary scale: (a) 2024 base compensation; (b) actual merit and holiday bonuses paid during 2024; and (c) an assumed incentive bonus equal to an individual's target incentive percentage multiplied by their base compensation for 2024.	

Rationale for demographic assumptions

- Mortality – Prescribed assumption and based on plan sponsor's PPA election.
- Withdrawal – The withdrawal rates are based on an experience study covering the period from January 1, 2018 to January 1, 2023.
- Retirement age – The retirement rates are based on an experience study covering the period from January 1, 2018 to January 1, 2023.
- The benefit commencement age, percent married, spouse age difference, and form payment assumptions were also reviewed during the experience study in 2023 and it was found that experience was in line with expectations so the assumptions were not changed.

Actuarial methods for funding

Asset methods

The asset valuation method is the fair market value.

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

Participant methods

Participants or former participants are included or excluded from the valuation as described below:

- **Participants included:** The plan sponsor provides us with data on all employees as of the valuation date, but only those employees who have completed the plan's eligibility requirements are included in the valuation of liabilities.
- **Participants excluded:** No actuarial liability is included for nonvested participants who terminated prior to the valuation date. For this purpose, participants with a break in service on the valuation date are treated as terminated participants.
- **Insurance contracts**: The plan does not have any insurance contracts.

Minimum funding methods

The funding target for minimum funding calculations is computed using the traditional unit credit method of funding. The objective under this method is to fund each participant's benefits under the plan as they accrue. Thus, the total pension to which each participant is expected to become entitled at retirement is broken down into units, each associated with a year of past or future credited service.

A detailed description of the calculation follows:

- The plan's valuation date is the beginning of the plan year.
- An individual's **funding target** is the present value of future benefits based on credited service and average pay as of the beginning of the plan year, and an individual's target normal cost is the present value of the benefit expected to accrue in the plan year. If multiple decrements are used, the funding target and the target normal cost for an individual are the sum of the component funding targets and target normal costs associated with the various anticipated separation dates.
- The plan's **target normal cost** is the sum of the individual target normal costs, and the plan's **funding target** is the sum of the individual funding targets for all participants under the plan.

Henry Crown and Company Pension Plan
Schedule H, Line 4j - Schedule of Reportable Transactions
Year Ended December 31, 2025 Schedule II

Series of transactions by issue

Identity of party involved (a)	Description of investment (b)	Purchase price (c)	Selling price (d)	Lease rental (e)	Expense incurred with transaction (f)	Cost of asset (g)	Current value of asset on transaction date (h)	Net gain/ (loss) (i)
Northern Trust	Collective Short Term	$ 39,957,327	$ -	$ -	$ -	$ 39,957,327	$ 39,957,327	$ -
Northern Trust	Collective Short Term	-	55,805,728	-	-	55,805,728	55,805,728	-
MFC State Street	S&P 500 ETF Trust	15,423,931	-	-	-	15,423,931	15,423,931	-

Information included in this schedule is agreed to or derived from information certified as complete and accurate by The Northern Trust Company.

Henry Crown and Company Pension Plan
Schedule H, Line 4j - Schedule of Reportable Transactions
Year Ended December 31, 2025 Schedule II

Single transaction

Identity of party involved (a)	Description of investment (b)	Purchase price (c)	Selling price (d)	Lease rental (e)	Expense incurred with transaction (f)	Cost of asset (g)	Current value of asset on transaction date (h)	Net gain/ (loss) (i)
Northern Trust	Collective Short Term	$ 13,363,200	$ -	$ -	$ -	$ 13,363,200	$ 13,363,200	$ -
Northern Trust	Collective Short Term	15,442,790	-	-	-	15,442,790	15,442,790	-
Northern Trust	Collective Short Term	-	8,648,440	-	-	8,648,440	8,648,440	-
Northern Trust	Collective Short Term	-	15,432,629	-	-	15,432,629	15,432,629	-
AKO Global	Long-Only Fund LTD	23,100,000	-	-	-	23,100,000	23,100,000	-

Information included in this schedule is agreed to or derived from information certified as complete and accurate by The Northern Trust Company.

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
HENRY CROWN AND COMPANY PENSION PLAN

B Three-digit plan number (PN) ▶ 101

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
HENRY CROWN & COMPANY S LLC

D Employer Identification Number (EIN)
36-2123962

E Type of plan: ☐ Single ☐ Multiple-A ☒ Multiple-B

F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I Basic Information

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

2 Assets:

a Market value	**2a**	158,916,889
b Actuarial value	**2b**	158,916,889

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	188	28,951,650	28,951,650
b For terminated vested participants	285	14,089,658	14,089,658
c For active participants	317	36,112,396	37,012,418
d Total	790	79,153,704	80,053,726

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**	5.38%
6 Target normal cost		
a Present value of current plan year accruals	**6a**	3,944,595
b Expected plan-related expenses	**6b**	475,000
c Target normal cost	**6c**	4,419,595

Statement by Enrolled Actuary

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

SIGN HERE

Signature of actuary

8/20/26
Date

BARON JAMES
Type or print name of actuary

2608664
Most recent enrollment number

MERCER (US) LLC
Firm name

214-220-3563
Telephone number (including area code)

4400 COMERICA BANK TOWER
1717 MAIN STREET
DALLAS TX 75201
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 12.82%	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)		0
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.28%		0
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c Total available at beginning of current plan year to add to prefunding balance		0
d Portion of (c) to be added to prefunding balance		
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	0

Part III Funding Percentages

14 Funding target attainment percentage	14	198.51%
15 Adjusted funding target attainment percentage	15	191.87%
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	190.01%
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
			Totals ► 18(b)	0	18(c) 0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
a Contributions allocated toward unpaid minimum required contributions from prior years.	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	0

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? ☐ Yes ☒ No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☐ No

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

Liquidity shortfall as of end of quarter of this plan year

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

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

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	
5.00 %	5.27 %	5.50%	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	0
22 Weighted average retirement age	**22**	64

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**	4,419,595
b Excess assets, if applicable, but not greater than line 31a	**31b**	4,419,595

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	0

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

36 Additional cash requirement (line 34 minus line 35)	**36**	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	0
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	**38a**	0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

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

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

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

Each employee is assumed to retire in accordance with the table of retirement rates. The proportion of employees expected to retire at each potential retirement age is shown below. The average retirement age is 64.

(A) Retirement age	(B) Retirement percent	(C) Lx	(D) Number of employees expected to retire (B) x (C)	(E) (A) x (D)
55	5.00%	10,000	500	27,500
56	5.00%	9,500	475	26,600
57	5.00%	9,025	451	25,707
58	5.00%	8,574	429	24,882
59	5.00%	8,145	407	24,013
60	5.00%	7,738	387	23,220
61	10.00%	7,351	735	44,835
62	10.00%	6,616	662	41,044
63	10.00%	5,954	595	37,485
64	10.00%	5,359	536	34,304
65	15.00%	4,823	723	46,995
66	12.00%	4,100	492	32,472
67	12.00%	3,608	433	29,011
68	12.00%	3,175	381	25,908
69	12.00%	2,794	335	23,115
70	100.00%	2,459	2,459	172,130
Total			10,000	639,221
Average				63.92

Schedule SB, Part V — Summary of Plan Provisions

Summary of major plan provisions

A. Salaried employees – see section B for plan provisions for hourly employees

Effective date and plan year	Original plan: January 1, 1985 Plan year: The calendar year The Plan was amended and restated effective January 1, 2022 with the most recent plan amendment dated August 3, 2023.
Status of the plan	The plan has ongoing benefit accruals and new employees are eligible to participate in the plan once they satisfy the participation requirements.
Significant events that occurred during the year	None.
Definitions	
• Covered employees	The plan covers the salaried employees of the participating Employing Units.
• Participation	Employees begin participation on the January 1 or July 1 coincident with or next following the completion of one year of service and the attainment of age 21. Employees who satisfied these requirements on January 1, 1985 participated as of that date. Employees eligible to participate on January 1, 1985 who had at least 25 years of service as of that date could irrevocably elect not to participate by filing such an election with the Plan Administrator on or before March 1, 1985. Aurora Venture became an Employing Unit of the plan during 1988, and employees satisfying the eligibility requirements on January 1, 1986 receive benefit accruals starting on that date. The Salisbury North Carolina plant of Woodard became an Employing Unit of the plan during 1997.
• Year of participation with an employing unit	A year of participation with an Employing Unit is a plan year during which the employee has at least 1,000 hours of service (870 hours of service for the Joanna division). Appropriate adjustments are made if a Company becomes an Employing Unit during the plan year. The current Employing Units and the date they became Employing Units for benefit accrual purposes, are as follows:

Employing units	Effective date
CC Industries, Inc.	1/1/85
Henry Crown and Company	1/1/85
Woodard	1/1/85
Aurora Venture	1/1/85
Woodard Salisbury	1/1/99

• Pensionable earnings	Earnings for actual hours worked while an active participant (including bonuses) plus elective, pre tax contributions to a 401(k) plan and short term disability payments.

Schedule SB, Part V — Summary of Plan Provisions

• Hours of service	An employee who renders 500 or fewer hours of service with a member of the Affiliated Group in a calendar year will have a "break in service." If he renders more than 500 but less than 1,000 hours of service in a year, he will not have a break in service, but the year will not count for eligibility or vesting purposes. If he renders 1,000 or more hours of service in a year, such year will be credited for eligibility and vesting purposes. Service while receiving long term disability payments will be considered as service for vesting purposes.
• Employee contributions	None.
Normal retirement	
• Eligibility	The first day of the month coincident with or next following the employee's 65th birthday.
• Benefit	**Amount of monthly life only pension** ***For service prior to January 1, 1989*** For each year of participation with an Employing Unit an employee is credited with one twelfth of the sum of (i) 1.50% of earnings not in excess of the taxable wage base for such year and (ii) 2.50% of any excess of such earnings over the taxable wage base for such year. ***For service after December 31, 1988*** For each year of participation with an Employing Unit an employee will be credited with one twelfth of 1.50% of his earnings during such year.
Early retirement	
• Eligibility	Completion of 5 years of service and attainment of age 55.
• Benefit	Total accrued benefit, reduced by 1/2% for each month that payment commencement date precedes Normal Retirement Date.
Late retirement	
• Eligibility	First of month coinciding with or next following separation from service after the Normal Retirement Date.
• Benefit	Benefits continue to accrue until the date of actual retirement.
Deferred vested	
• Eligibility	Completion of 5 years of service or attainment of age 65.
• Benefit	A participant with a right to a deferred vested pension commencing on his Normal Retirement Date may elect early commencement of a pension on the first day of any month following attainment of age 55. The pension will be equal to his vested benefit, reduced by 1/2% for each month that his payment commencement date precedes his Normal Retirement Date.

Schedule SB, Part V — Summary of Plan Provisions

Disability	
• Eligibility	Termination of active employment on or after January 1, 2003 by a Salaried Employee who is eligible for benefits under a long term disability program established by the employer.
• Benefit	The period of time that an eligible disabled participant is receiving long term disability benefits is included in determining vesting service and, for a participant who becomes disabled after January 1, 2003, in credited service.
Death	
• Pre-retirement surviving spouse’s benefit	**Eligibility** Vested and married on the date of death. This provision is applicable to vested active, transferred, and terminated participants. **Amount** The benefit payable to the spouse at the death of the participant is a lifetime annuity commencing at the time the participant would have attained age 55 had he survived (or immediately, if he is at least age 55 at the time of his death). The monthly amount so payable is equal to 50% of the monthly retirement income which the participant would have received had he separated from service on the date of his death, survived to age 55 (if then under age 55), and commenced receiving benefits under the 50% Contingent Annuity Option. The spouse may elect immediate commencement of the benefit, if deferred, or elect deferral of its commencement, if the benefit is payable immediately and has a lump sum value of $5,000 or more. In such event the benefit payable will be the actuarial equivalent of the benefit otherwise payable. If the spouse of a participant receiving or entitled to a benefit under this provision dies, and there are children of the participant under the age of 18, the benefit shall continue (or commence, if the spouse was not receiving a benefit on the date of her death) to each such child for a period of 5 years or, if the child was under the age of 16 on the spouse's date of death, until the attainment of age 21. Each child shall receive an equal share of the actuarial value of the benefit the spouse was receiving or entitled to receive. The benefit payable to each child shall be the actuarial equivalent of his share.

Schedule SB, Part V — Summary of Plan Provisions

• Death benefits for unmarried participants with dependents	**Eligibility** Vested, unmarried at the date of death, and having children under age 18 or other dependents so designated by the participant to receive this benefit on a form provided by the Plan Administrator. **Amount** Each dependent shall receive an equal share, or share designated by the participant, of the actuarial value of the benefit that would have been payable to the spouse, if there was such a spouse. For the purposes of determining the actuarial value of this benefit the spouse's age is assumed to be the same as the participant's. The benefit shall be payable to each child for a period of 5 years or, if the dependent was under the age of 16 on the participant's date of death, until the attainment of age 21. The benefit payable shall be the actuarial equivalent of each dependent's share.
• Death benefits for unmarried participants without dependents	**Eligibility** Vested, attainment of age 55 but not age 65, unmarried at the date of death and having no dependents on the date of death. **Amount** Each parent or lineal descendent so designated by the participant on a form provided by the Plan Administrator shall receive an equal share, or share designated by the participant, of the actuarial value of the benefit that would have been payable to the spouse, if there was such a spouse. For purposes of determining the actuarial value of this benefit the spouse's age is assumed to be the same as the participant's. The benefit shall be payable to each designated beneficiary for a period of 5 years or, if the designated beneficiary was under the age of 16 on the participant's date of death, until the attainment of age 21. The benefit payable shall be the actuarial equivalent of each designated beneficiary's share.
Form of benefits	
• Automatic form for unmarried participants	Life Only Annuity
• Automatic form for married participants	50% Contingent Annuity, actuarially equivalent to the Life Only Annuity which would have been payable had the participant been unmarried.
• Optional forms	100%, 75% or 50% Contingent Annuity. Life Only Annuity (optional for married participants). 5 or 10 years Certain and Life Annuity.

Schedule SB, Part V — Summary of Plan Provisions

• Optional form conversion factors	**Lump-Sum Payouts for Small Benefits** Lump-sum payout for small benefits consist of lump-sum payout amounts under $5,000 ***Interest:*** Applicable interest rate as published by the IRS for the fourth calendar month preceding the plan year. ***Mortality:*** Applicable mortality table as published by the IRS for the plan year. **All Other Benefit Forms** ***Interest:*** 7% ***Mortality:*** RP 2000 (unisex) projected to 2015 with white collar adjustment Mortality Table with no age adjustment for employees and a three year age reduction for spouses.
Miscellaneous	
• Maximum compensation	Compensation for any 12-month period used to determine accrued benefits may not exceed the limits in IRC Section 401(a)(17) for the calendar year in which the 12-month period begins. This limit is indexed annually. For 2025, the limit is $350,000.
• Maximum benefits	Annual benefits may not exceed the limits in IRC Section 415. This limit is indexed annually. For 2025, the limit is $280,000.

B. Hourly employees – see section A for plan provisions for salaried employees

Effective date and plan year	Original plan: January 1, 1976 Plan year: The calendar year The Plan was amended and restated effective January 1, 2022 with the most recent plan amendment dated August 3, 2023
Status of the plan	The plan has ongoing benefit accruals and new employees are eligible to participate in the plan once they satisfy the participation requirements.
Significant events that occurred during the year	None.
Definitions	
• Covered employees	The plan covers the hourly employees of the participating Employing Units.
• Participation	Employees begin participation on the first day of the calendar month following the completion of one year of service and the attainment of age 21. Each participant in the Joanna Plan on March 26, 1987 became participants in this plan on March 27, 1987. Employees of Woodard Maxton and Salisbury became participants in this plan effective January 1, 2000.

Schedule SB, Part V — Summary of Plan Provisions

<table>
<tr><td>• Year of participation with an employing unit</td><td>A year of participation with an Employing Unit is a plan year during which the employee has at least 1,000 hours of service (870 hours of service for the Joanna division). Appropriate adjustments are made if a Company becomes an Employing Unit during the plan year. The current Employing Units and the date they became Employing Units for benefit accrual purposes, are as follows:
<table>
<tr><th>Employing units</th><th>Effective date</th></tr>
<tr><td>Aberdeen Manufacturing Corporation
Kaufman, Texas Plant
Conway, South Carolina Plant
Tabor City, North Carolina Plant</td><td>1/1/1987</td></tr>
<tr><td>Woodard
Lee L. Woodard Division
Owosso, Michigan Plant</td><td>1/1/1987</td></tr>
<tr><td>CHF Industries, Inc. - Joanna Division
Clinton, South Carolina Plant
Joanna, South Carolina Plant</td><td>3/27/1987</td></tr>
<tr><td>Woodard
Maxton, North Carolina Plant
Salisbury, North Carolina Plant</td><td>1/1/2000</td></tr>
</table></td></tr>
<tr><td>• Hours of service</td><td>An employee who renders 500 or fewer hours of service in a calendar year will have a "break in service." If he renders more than 500 but less than 1,000 hours of service in a year, he will not have a break in service, but the year will not count for eligibility or vesting purposes. If he renders 1,000 or more hours of service in a year, such year will be credited for eligibility and vesting purposes. Service while receiving long term disability payments will be considered as service for vesting purposes. A participant will be credited for credited service if he renders 1,000 or more hours of service in a year.</td></tr>
<tr><td>• Employee contributions</td><td>None.</td></tr>
<tr><td colspan="2">Normal retirement</td></tr>
<tr><td>• Eligibility</td><td>The attainment of age 65.</td></tr>
<tr><td>• Benefit</td><td>1. $10.00 times Years of Credited Service prior to January 1, 2000.
2. $12.00 times Years of Credited Service after January 1, 2000 and prior to January 1, 2001.
3. $14.00 times Years of Credited Service after January 1, 2001 and prior to January 1, 2002.
4. $15.00 times Years of Credited Service after January 1, 2002.</td></tr>
<tr><td colspan="2">Early retirement</td></tr>
<tr><td>• Eligibility</td><td>Completion of 5 years of service and attainment of age 55.</td></tr>
<tr><td>• Benefit</td><td>Total accrued benefit, reduced by 1/2% for each month that payment commencement date precedes Normal Retirement Date.</td></tr>
</table>

Schedule SB, Part V — Summary of Plan Provisions

Late retirement	
• Eligibility	First of month coinciding with or next following separation from service after the Normal Retirement Date.
• Benefit	Benefits continue to accrue until the date of actual retirement.
Deferred vested	
• Eligibility	Completion of 5 Years of Service or attainment of age 65.
• Benefit	A participant with a right to a deferred vested pension commencing on his Normal Retirement Date may elect early commencement of a pension on the first day of any month following attainment of age 55. The pension will be equal to his vested benefit, reduced by 1/2% for each month that his payment commencement date precedes his Normal Retirement Date.
Death	
• Pre-retirement Surviving Spouse's Benefit	**Eligibility** Vested and married on the date of death. This provision is applicable to vested active, transferred, and terminated participants. **Amount** The benefit payable to the spouse at the death of the participant is a lifetime annuity commencing at the time the participant would have attained age 55 had he survived (or immediately, if he is at least age 55 at the time of his death). The monthly amount so payable is equal to 50% of the monthly retirement income which the participant would have received had he separated from service on the date of his death, survived to age 55 (if then under age 55), and commenced receiving benefits under the 50% Contingent Annuity Option. The spouse may elect immediate commencement of the benefit, if deferred, or elect deferral of its commencement, if the benefit is payable immediately and has a lump sum value of $5,000 or more. In such event the benefit payable will be the actuarial equivalent of the benefit otherwise payable.
Form of benefits	
• Automatic form for unmarried participants	Life Only Annuity.
• Automatic form for married participants	50% Contingent Annuity, actuarially equivalent to the Life Only annuity which would have been payable and the participant been unmarried.
• Optional forms	100%, 75% or 50% Contingent Annuity. Life Only annuity (optional for married participants). 5 or 10 years Certain and Life Annuity.

Schedule SB, Part V — Summary of Plan Provisions

• Optional form conversion factors	**Lump-Sum Payouts for Small Benefits** Lump-sum payouts for small benefits consist of lump-sum payout amounts under $5,000. ***Interest:*** Applicable interest rate as published by the IRS for the fourth calendar month preceding the plan year. ***Mortality:*** Applicable mortality table as published by the IRS for the plan year. **All Other Benefit Forms** ***Interest:*** 7% ***Mortality:*** RP 2000 (unisex) projected to 2015 with white collar adjustment Mortality Table with no age adjustment for employees and a three year age reduction for spouses.
Miscellaneous	
• Sale of Division	CHF Industries was sold February 25, 1995. All CHF employees were vested in their accrued benefits at that time. Service after the sale date does not count as plan participation for benefit accrual purposes.
• Maximum benefits	Annual benefits may not exceed the limits in IRC Section 415. This limit is indexed annually. For 2025, the limit is $280,000.

Benefits included or excluded

Unless noted below, all benefits provided by the plan, as restated effective January 1, 2022 and most recently amended August 3, 2023, are included in this valuation:

- **Most recent plan amendments included:** Third amendment dated August 3, 2023.
- **Plan amendments excluded:** None.
- **Late retirement increases:**
  - *Active participants:* Current active participants over normal retirement age are valued using their accrued benefit at the valuation date. The plan sponsor issues suspension of benefit notices to participants who work beyond normal retirement date, so actuarial increases do not apply until active participants reach their required start date.
  - *Deferred vested participants:* Current deferred vested participants over normal retirement age are valued including a late retirement actuarial increase using the plan's definition of actuarial equivalence. The age 75 late retirement actuarial increase factor is applied to deferred vested participants who are over age 75 as of the valuation date.
- **Internal Revenue Code limitations:** The limitations of Internal Revenue Code Section 415(b) and 401(a)(17) have been incorporated into our calculations.
- **IRC Section 416 rules for top-heavy plans:** The plan was most recently tested and confirmed to not be top-heavy for the 2024 plan year. Based on the passing margin for the 2024 plan year, the plan is not expected to be top-heavy for the 2025 plan year. Therefore, the funding target and target normal cost do not reflect any liability for top-heavy benefit accruals.

Schedule SB, Part V — Summary of Plan Provisions

Additional Benefits Included or Excluded

IRC Section 436 benefit restrictions:

- **Plan amendments:** See above.
- **Prohibited payments:** Limitations on prohibited benefits (if any) are reflected for annuity starting dates before the valuation date but are ignored for annuity starting dates on or after the valuation date.
- **Benefit accruals:** The plan's funding target does not reflect any limitation on benefit accruals. The target normal cost does not reflect any limitation on benefit accruals.
- **Unpredictable contingent event benefits:** The plan does not have any unpredictable contingent event benefits.

Plan provision changes since prior valuation

Maximum compensation amounts and maximum benefit amounts under IRS rules were updated from 2024 to 2025.

Henry Crown and Company Pension Plan
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2025 Schedule I

(a)	Identity of issue, borrower, lessor or similar party (b)	Description of investment including maturity date, rate of interest, collateral, par or maturity value (c)	Cost (d)	Current value (e)
	Investments			
	Common stocks			
	Abbvie Inc	Common Stock	$ 212,408	$ 319,886
	Airbnb Inc	Common Stock	2,791,147	3,044,200
	Alphabet, Inc.	Common Stock	856,321	4,426,516
	Amazon.com Inc.	Common Stock	813,416	1,459,937
	American International Group, Inc.	Common Stock	672,996	1,625,450
	Amphenol Corp	Common Stock	281,467	635,158
	Analog Devices Inc.	Common Stock	315,859	474,600
	Apple Inc.	Common Stock	788,350	1,994,093
	Avery Dennison Corporation	Common Stock	486,435	509,264
	BlackRock, Inc.	Common Stock	315,893	353,212
	Boston Scientific Corp.	Common Stock	252,026	569,716
	Broadcom Inc.	Common Stock	527,510	809,874
	Brookfiled Asset Management Ltd.	Common Stock	464,908	664,043
	Capital One Financial Corp	Common Stock	1,762,546	3,137,350
	CBRE Group, Inc.	Common Stock	287,646	1,743,768
	Centene Corporation	Common Stock	2,499,739	1,585,715
	Centerpoint Energy Inc	Common Stock	514,940	720,792
	Charles RIV Laboratories	Common Stock	847,064	1,137,036
	CME Group Inc.	Common Stock	280,560	471,063
	Conoco Phillips	Common Stock	2,020,209	1,726,636
	Crowdstrike	Common Stock	379,742	363,289
	Deere & Company	Common Stock	1,346,032	1,664,413
	Eli Lilly & Co	Common Stock	532,188	580,327
	Equifax Inc.	Common Stock	2,312,157	2,069,989
	Equinix Inc.	Common Stock	216,827	421,388
	First Citizens	Common Stock	2,793,915	3,380,234
	First Energy Corporation	Common Stock	466,412	578,652
	Fiserv Inc.	Common Stock	690,893	507,134
	GE Aerospace	Common Stock	306,872	562,155
	Home Depot, Inc	Common Stock	830,859	750,138
	Intercontinental Exchange Inc.	Common Stock	2,212,219	2,560,588
	Iqvia Holdings Inc.	Common Stock	2,969,639	2,938,219
	Jacobs Solutions Inc.	Common Stock	164,633	215,248
	J P Morgan Chase and Company	Common Stock	192,914	480,108
	Keurig Dr. Pepper	Common Stock	3,262,542	2,931,947
	Lithia Motors Inc.	Common Stock	2,147,012	2,924,504
	McDonald's Corporation	Common Stock	398,794	588,338
	Meta Platforms Inc	Common Stock	368,906	934,687
	Microsoft Corporation	Common Stock	673,989	1,922,390
	Molina Healthcare	Common Stock	886,138	927,571
	Netflix Inc.	Common Stock	517,683	557,872
	NextEra Energy, Inc.	Common Stock	313,989	497,736
	Nvent Electric PLC	Common Stock	331,392	532,793
	NVIDIA Corp	Common Stock	595,619	620,113
	Paycom Software Inc.	Common Stock	2,287,036	1,963,315
	Phillips 66	Common Stock	2,064,493	2,042,058
	Procter and Gamble	Common Stock	405,146	415,599
	S&P Global Inc.	Common Stock	473,765	770,820
	Salesforce.com, inc.	Common Stock	3,423,131	3,553,768
	ServiceNow Inc.	Common Stock	149,481	394,464
	Synopsys Inc.	Common Stock	752,027	669,351
	Targa Res Corp	Common Stock	1,226,712	1,390,208
	Thermo Fisher Scientific Inc	Common Stock	448,647	567,861

Information included in this schedule is certified as complete and accurate by The Northern Trust Company.

Henry Crown and Company Pension Plan
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2025 Schedule I

(a)	Identity of issue, borrower, lessor or similar party (b)	Description of investment including maturity date, rate of interest, collateral, par or maturity value (c)	Cost (d)	Current value (e)
	Common stocks - continued			
	TJX Cos Inc	Common Stock	$ 374,240	$ 728,111
	Union Pac Corp	Common Stock	315,190	445,290
	UnitedHealth Group Inc	Common Stock	180,805	262,437
	Visa Inc	Common Stock	471,519	885,543
	Walmart Inc	Common Stock	244,047	593,258
	Warner Bros Discovery Inc	Common Stock	1,126,219	3,246,573
	Waste Management Inc	Common Stock	299,407	571,246
	Waystar Holding Corp	Common Stock	604,690	520,725
	Wells Fargo & Co	Common Stock	383,649	486,970
	Williams Co Inc	Common Stock	471,888	500,416
	Willis Towers	Common Stock	1,770,461	2,101,397
	Workday Inc	Common Stock	463,174	515,472
		Total common stocks	59,838,533	79,543,024
	Exchange traded funds			
	S&P 500 ETF Trust	Exchange traded fund	15,423,931	18,193,626
		Total exchange traded funds	15,423,931	18,193,626
	Common and collective trusts			
*	Northern Trust STIF	Common and Collective Trust	2,839,598	2,839,598
		Total common and collective trusts	2,839,598	2,839,598
	Corporate bonds			
	Live Nation Entertainment 4.75% Due 10-15-2027	Corporate Bond	245,413	265,525
	Microsoft Corporation 144A 2.5% Due 09-15-2050	Corporate Bond	196,317	188,657
		Total corporate bonds	441,730	454,182
	Pooled investment funds			
	Eminence Partners Long L.P.	Pooled investment funds	17,850,000	18,934,780
	Reade Street Partners L.P.	Pooled investment funds	13,800,000	14,800,157
	AKO Global	Pooled investment funds	35,100,000	35,986,428
		Total pooled investment funds	66,750,000	69,721,365
	Limited Partnerships			
	Brookfield Infrastructure Partners L.P.	Limited Partership	474,715	654,849
		Total limited Partnership	474,715	654,849
		Total investments	$ 145,768,507	$ 171,406,644

* Represents a party-in-interest to the Plan.

Information included in this schedule is certified as complete and accurate by The Northern Trust Company.

Schedule SB, line 24 — Change in Actuarial Assumptions

Actuarial assumption changes since prior valuation

- The expense assumption decreased from $530,000 to $475,000.