# Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

# Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

**2025**

**This Form is Open to Public Inspection**

## Part I Annual Report Identification Information

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

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

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

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

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

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

## Part II Basic Plan Information—enter all requested information

**1a** Name of plan
THE RETIREMENT INCOME PLAN FOR EMPLOYEES OF UL LLC

**1b** Three-digit plan number (PN) ▶ 001

**1c** Effective date of plan 01/01/1936

**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)
UL LLC

333 PFINGSTEN RD
NORTHBROOK, IL 60062-2002

**2b** Employer Identification Number (EIN)
94-3282454

**2c** Plan Sponsor's telephone number
847-272-8800

**2d** Business code (see instructions)
541380

**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. | 10/06/2026 | MICHAEL WESCLITZ |
| | **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: | **4b** | EIN |
| **a** | Sponsor's name | **4d** | PN |
| **c** | Plan Name | | |

| | | | |
|---|---|---|---|
| **5** | Total number of participants at the beginning of the plan year | **5** | 1978 |
| **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)** | 679 |
| **a(2)** | Total number of active participants at the end of the plan year | **6a(2)** | 600 |
| **b** | Retired or separated participants receiving benefits | **6b** | 699 |
| **c** | Other retired or separated participants entitled to future benefits | **6c** | 543 |
| **d** | Subtotal. Add lines **6a(2)**, **6b**, and **6c**. | **6d** | 1842 |
| **e** | Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. | **6e** | 108 |
| **f** | Total. Add lines **6d** and **6e**. | **6f** | 1950 |
| **g(1)** | Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) | **6g(1)** | |
| **g(2)** | Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) | **6g(2)** | |
| **h** | Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested. | **6h** | 0 |
| **7** | Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) | **7** | |

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

1A

**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) | | **9b** Plan benefit arrangement (check all that apply) | |
|---|---|---|---|
| **(1)** [ ] | Insurance | **(1)** [ ] | Insurance |
| **(2)** [ ] | Code section 412(e)(3) insurance contracts | **(2)** [ ] | Code section 412(e)(3) insurance contracts |
| **(3)** [X] | Trust | **(3)** [X] | Trust |
| **(4)** [ ] | General assets of the sponsor | **(4)** [ ] | General assets of the sponsor |

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

**a Pension Schedules**

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

**b General Schedules**

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [ ] **A** (Insurance Information) – Number Attached 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
THE RETIREMENT INCOME PLAN FOR EMPLOYEES OF UL LLC

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
UL LLC

**D** Employer Identification Number (EIN)
94-3282454

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

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

## Part I Basic Information

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

**2** Assets:

| | | |
|---|---|---|
| **a** Market value | **2a** | 260861473 |
| **b** Actuarial value | **2b** | 249183723 |

**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 | 723 | 133574068 | 133574068 |
| **b** For terminated vested participants | 576 | 48384644 | 48384644 |
| **c** For active participants | 679 | 128005446 | 129056249 |
| **d** Total | 1978 | 309964158 | 311014961 |

**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** | 5.36 % |
| **6** Target normal cost | | |
| **a** Present value of current plan year accruals | **6a** | 5452559 |
| **b** Expected plan-related expenses | **6b** | 2200000 |
| **c** Target normal cost | **6c** | 7652559 |

**Statement by Enrolled Actuary**

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

**SIGN HERE**

Signature of actuary

09/25/2026
Date

ERIN R SABO
Type or print name of actuary

26-06742
Most recent enrollment number

AON CONSULTING, INC.
Firm name

847-295-5000
Telephone number (including area code)

MSC# 17510
AON, PO BOX 551343
ATLANTA, GA 30355
Address of the firm

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

## 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 10.35 % | 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) | | 21648278 |
| 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 5.12 % | | 1108392 |
| 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 | | 22756670 |
| d | Portion of (c) to be added to prefunding balance | | 0 |
| 12 | Other reductions in balances due to elections or deemed elections | 0 | 0 |
| 13 | Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) | 0 | 0 |

## Part III Funding Percentages

| | | | |
|---|---|---|---|
| 14 | Funding target attainment percentage | 14 | 80.11 % |
| 15 | Adjusted funding target attainment percentage | 15 | 80.11 % |
| 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 | 72.06 % |
| 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 |
|---|---|---|---|---|---|
| 01/02/2025 | 200000 | 0 | 07/09/2026 | 1900000 | 0 |
| 04/14/2025 | 4380000 | 0 | 09/09/2026 | 1900000 | 0 |
| 07/14/2025 | 4380000 | 0 | | | |
| 10/15/2025 | 4380000 | 0 | | | |
| 01/14/2026 | 500000 | 0 | | | |
| 04/10/2026 | 4100000 | 0 | | | |
| | | | Totals ► 18(b) | 21740000 | 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 | 199971 |
| c | Contributions allocated toward minimum required contribution for current year adjusted to valuation date | 19c | 20585238 |

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year

| (1) 1st | (2) 2nd | (3) 3rd | (4) 4th |
|---|---|---|---|
| 0 | 0 | 0 | 0 |

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

**21** Discount rate:

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

| | | |
|---|---|---|
| **b** Applicable month (enter code) | **21b** | 4 |
| **22** Weighted average retirement age | **22** | 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** | 7652559 |
| **b** Excess assets, if applicable, but not greater than line 31a | **31b** | 0 |

| **32** Amortization installments: | Outstanding Balance | Installment |
|---|---|---|
| **a** Net shortfall amortization installment | 61831238 | 7504199 |
| **b** Waiver amortization installment | | 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** | 15156758 |

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

| | | |
|---|---|---|
| **36** Additional cash requirement (line 34 minus line 35) | **36** | 15156758 |
| **37** Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) | **37** | 20585238 |

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

| | | |
|---|---|---|
| **a** Total (excess, if any, of line 37 over line 36) | **38a** | 5428480 |
| **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<br>Internal Revenue Service<br>Department of Labor<br>Employee Benefits Security Administration<br>Pension Benefit Guaranty Corporation | This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br>▶ **File as an attachment to Form 5500.** | **2025**<br>**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
THE RETIREMENT INCOME PLAN FOR EMPLOYEES OF UL LLC

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500
UL LLC

**D** Employer Identification Number (EIN)
94-3282454

## Part I Service Provider Information (see instructions)

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

### 1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

AON CONSULTING INC

36-2235791

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|---|---|---|---|---|---|---|
| 11 14 50 | NONE | 712000 | Yes [ ] No [X] | Yes [ ] No [ ] | | Yes [ ] No [ ] |

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

INCOME RESEARCH AND MANAGMENT INC

04-2955404

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|---|---|---|---|---|---|---|
| 28 51 | NONE | 106816 | Yes [ ] No [X] | Yes [ ] No [ ] | | Yes [ ] No [ ] |

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

FIDUCIENT ADVISORS LLC

36-4001764

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|---|---|---|---|---|---|---|
| 27 51 | NONE | 91529 | 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)

SEYFARTH SHAW LLP

36-2152202

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|---|---|---|---|---|---|---|
| 16 29 50 | NONE | 49124 | Yes ☐ No ☒ | Yes ☐ No ☐ | | Yes ☐ No ☐ |

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

U.S. BANK NATIONAL ASSOCIATION

31-0841368

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|---|---|---|---|---|---|---|
| 15 50 | NONE | 41434 | Yes ☐ No ☒ | Yes ☐ No ☐ | | Yes ☐ No ☐ |

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

PRINCIPAL CUSTODY SOLUTIONS

42-1520346

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|---|---|---|---|---|---|---|
| 15 50 | NONE | 18583 | Yes ☐ No ☒ | 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)

OASIS MANAGEMENT COMPANY LTD.

100 CONGRESS AVE
SUITE 780
AUSTIN, TX 78701

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|---|---|---|---|---|---|---|
| 28 51 | NONE | 8534 | Yes [ ] No [X] | Yes [ ] No [ ] | | Yes [ ] No [ ] |

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

STATE STREET GLOBAL ADVISORS

ONE LINCOLN STREET
BOSTON, MA 02111

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|---|---|---|---|---|---|---|
| 28 51 | NONE | 7491 | 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
THE RETIREMENT INCOME PLAN FOR EMPLOYEES OF UL LLC

**B** Three-digit plan number (PN) ▶ 001

**C** Plan or DFE sponsor's name as shown on line 2a of Form 5500
UL LLC

**D** Employer Identification Number (EIN)
94-3282454

**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: SSGA S&P 500 FLAGSHIP SECURITIES FD

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

| **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) |
|---|---|---|
| 04-0025081-002 | C | 57242000 |

**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
THE RETIREMENT INCOME PLAN FOR EMPLOYEES OF UL LLC

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500
UL LLC

**D** Employer Identification Number (EIN)
94-3282454

## 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) | 29860000 | 2700000 |
| **(2)** Participant contributions | 1b(2) | | |
| **(3)** Other | 1b(3) | 3000 | 1000 |
| **c** General investments: | | | |
| **(1)** Interest-bearing cash (include money market accounts & certificates of deposit) | 1c(1) | 1342000 | 1829000 |
| **(2)** U.S. Government securities | 1c(2) | | |
| **(3)** Corporate debt instruments (other than employer securities): | | | |
| **(A)** Preferred | 1c(3)(A) | | |
| **(B)** All other | 1c(3)(B) | | |
| **(4)** Corporate stocks (other than employer securities): | | | |
| **(A)** Preferred | 1c(4)(A) | | |
| **(B)** Common | 1c(4)(B) | | |
| **(5)** Partnership/joint venture interests | 1c(5) | 72383000 | 81495000 |
| **(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) | 47646000 | 57242000 |
| **(10)** Value of interest in pooled separate accounts | 1c(10) | | |
| **(11)** Value of interest in master trust investment accounts | 1c(11) | | |
| **(12)** Value of interest in 103-12 investment entities | 1c(12) | | |
| **(13)** Value of interest in registered investment companies (e.g., mutual funds) | 1c(13) | 100350000 | 128213000 |
| **(14)** Value of funds held in insurance company general account (unallocated contracts) | 1c(14) | | |
| **(15)** Other | 1c(15) | 10138000 | 17931000 |

| | | (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 | 261722000 | 289411000 |
| **Liabilities** | | | |
| **1g** Benefit claims payable | 1g | | |
| **1h** Operating payables | 1h | | |
| **1i** Acquisition indebtedness | 1i | | |
| **1j** Other liabilities | 1j | | |
| **1k** Total liabilities (add all amounts in lines 1g through1j) | 1k | 0 | 0 |
| **Net Assets** | | | |
| **1l** Net assets (subtract line 1k from line 1f) | 1l | 261722000 | 289411000 |

## 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) | 17451000 | |
| **(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) | | 17451000 |
| **b Earnings on investments:** | | | |
| **(1)** Interest: | | | |
| **(A)** Interest-bearing cash (including money market accounts and certificates of deposit) | 2b(1)(A) | 84000 | |
| **(B)** U.S. Government securities | 2b(1)(B) | | |
| **(C)** Corporate debt instruments | 2b(1)(C) | | |
| **(D)** Loans (other than to participants) | 2b(1)(D) | | |
| **(E)** Participant loans | 2b(1)(E) | | |
| **(F)** Other | 2b(1)(F) | | |
| **(G)** Total interest. Add lines **2b(1)(A)** through **(F)** | 2b(1)(G) | | 84000 |
| **(2)** Dividends: **(A)** Preferred stock | 2b(2)(A) | | |
| **(B)** Common stock | 2b(2)(B) | | |
| **(C)** Registered investment company shares (e.g. mutual funds) | 2b(2)(C) | 3524000 | |
| **(D)** Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)** | 2b(2)(D) | | 3524000 |
| **(3)** Rents | 2b(3) | | |
| **(4)** Net gain (loss) on sale of assets: **(A)** Aggregate proceeds | 2b(4)(A) | 139819000 | |
| **(B)** Aggregate carrying amount (see instructions) | 2b(4)(B) | 133692000 | |
| **(C)** Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result | 2b(4)(C) | | 6127000 |
| **(5)** Unrealized appreciation (depreciation) of assets: **(A)** Real estate | 2b(5)(A) | | |
| **(B)** Other | 2b(5)(B) | 109000 | |
| **(C)** Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)** | 2b(5)(C) | | 109000 |

| | | (a) Amount | (b) Total |
|---|---|---|---|
| (6) Net investment gain (loss) from common/collective trusts | 2b(6) | | 9326000 |
| (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) | | 16288000 |
| c Other income | 2c | | 140000 |
| d Total income. Add all **income** amounts in column (b) and enter total | 2d | | 53049000 |
| **Expenses** | | | |
| e Benefit payment and payments to provide benefits: | | | |
| (1) Directly to participants or beneficiaries, including direct rollovers | 2e(1) | 22560000 | |
| (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) | | 22560000 |
| 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) | 60000 | |
| (4) IQPA audit fees | 2i(4) | | |
| (5) Investment advisory and investment management fees | 2i(5) | 214000 | |
| (6) Bank or trust company trustee/custodial fees | 2i(6) | | |
| (7) Actuarial fees | 2i(7) | 712000 | |
| (8) Legal fees | 2i(8) | 49000 | |
| (9) Valuation/appraisal fees | 2i(9) | | |
| (10) Other trustee fees and expenses | 2i(10) | | |
| (11) Other expenses | 2i(11) | 1765000 | |
| (12) Total administrative expenses. Add lines **2i(1)** through **(11)** | 2i(12) | | 2800000 |
| j Total expenses. Add all **expense** amounts in column (b) and enter total | 2j | | 25360000 |
| **Net Income and Reconciliation** | | | |
| k Net income (loss). Subtract line **2j** from line **2d** | 2k | | 27689000 |
| 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: GRANT THORNTON LLP **(2)** EIN: 36-6055558

**d** The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

**(1)** [ ] This form is filed for a CCT, PSA, DCG or MTIA. **(2)** [ ] It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

## Part IV Compliance Questions

**4** CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

| | | Yes | No | Amount |
|---|---|---|---|---|
| **a** Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.) | **4a** | | X | |
| **b** Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.) | **4b** | | X | |
| **c** Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.) | **4c** | | X | |
| **d** Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.) | **4d** | | X | |
| **e** Was this plan covered by a fidelity bond? | **4e** | X | | 1000000 |
| **f** Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? | **4f** | | X | |
| **g** Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser? | **4g** | | X | |
| **h** Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser? | **4h** | | X | |
| **i** Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) | **4i** | X | | |
| **j** Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.) | **4j** | X | | |
| **k** Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? | **4k** | | X | |
| **l** Has the plan failed to provide any benefit when due under the plan? | **4l** | | X | |
| **m** If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) | **4m** | | | |
| **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 596198.

# 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
THE RETIREMENT INCOME PLAN FOR EMPLOYEES OF UL LLC

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500
UL LLC

**D** Employer Identification Number (EIN)
94-3282454

## 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): 94-1347393 31-0841368

**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 | 15

## 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: 58.0 % Private Equity: 24.0 % Investment-Grade Debt and Interest Rate Hedging Assets: 13.0 %
High-Yield Debt: 5.0 % Real Assets: 0.0 % Cash or Cash Equivalents: 0.0 % Other: 0.0 %

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation._____

## Part VII IRS Compliance Questions

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

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

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☐ N/A

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

# Financial Statements and Report of Independent Certified Public Accountants

## The Retirement Income Plan for Employees of UL LLC

December 31, 2025 and 2024

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## REPORT OF INDEPENDENT CERTIFIED PUBLIC ACCOUNTANTS

Plan administrator and Plan Participants
The Retirement Income Plan for Employees of UL LLC

**Scope and nature of the ERISA Section 103(a)(3)(C) audit**
We have performed audits of the financial statements of The Retirement Income Plan for Employees of UL LLC (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 related notes to the financial statements.

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

Management has obtained 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 E to the financial statements, is complete and accurate.

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

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



Grant Thornton LLP is a U.S. member firm of Grant Thornton International Ltd (GTIL). GTIL and each of its member firms are separate legal entities and are not a worldwide partnership.

**Basis for opinion**
We conducted our audits 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 Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

**Responsibilities of management for the financial statements**
Management is responsible for the preparation and fair presentation of the financial statements in accordance with 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.

**Auditor’s responsibilities for the audit of the financial statements**
Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with 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 audits did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

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

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

**Other matter - supplemental schedules required by ERISA**
The supplemental schedule of assets (held at end of year) as of December 31, 2025 and schedule of reportable transactions for the year ended December 31, 2025 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor’s Rules and Regulations for Reporting and Disclosure under ERISA. Such supplementary 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 audits of the financial statements and certain additional procedures. These additional procedures included 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.

Grant Thornton

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, is presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- The information in the supplemental 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).

Grant Thornton LLP

Chicago, Illinois
October 2, 2026

**The Retirement Income Plan for Employees of UL LLC**

**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS**

**December 31,**
**(Dollars in thousands)**

| | 2025 | 2024 |
|---|---|---|
| **ASSETS** | | |
| Investments, at fair value | $ 286,710 | $ 231,859 |
| Receivables | | |
| Employer contributions | 2,700 | 6,360 |
| Other receivables | 1 | 3 |
| Total receivables | 2,701 | 6,363 |
| Total assets | 289,411 | 238,222 |
| **NET ASSETS AVAILABLE FOR BENEFITS** | $ 289,411 | $ 238,222 |

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

**The Retirement Income Plan for Employees of UL LLC**

**STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS**

**Years ended December 31,**
**(Dollars in thousands)**

| | 2025 | 2024 |
|---|---|---|
| **Additions** | | |
| Investment income | | |
| Interest and dividends | $ 3,748 | $ 2,770 |
| Net appreciation in fair value of investments | 31,850 | 19,066 |
| Net investment income | 35,598 | 21,836 |
| Employer contributions | 40,951 | 18,190 |
| Total additions | 76,549 | 40,026 |
| **Deductions** | | |
| Benefits paid to participants | (22,560) | (15,350) |
| Administrative expenses | (2,800) | (2,179) |
| Total deductions | (25,360) | (17,529) |
| **NET INCREASE** | 51,189 | 22,497 |
| **Net assets available for benefits at beginning of year** | 238,222 | 215,725 |
| **Net assets available for benefits at end of year** | $ 289,411 | $ 238,222 |

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

## NOTE A - PLAN DESCRIPTION

The following description of The Retirement Income Plan for Employees of UL (the Plan) is provided for general information purposes only. Participants should refer to the Plan document for more complete information.

### *General*

The Plan is a defined benefit pension plan that is frozen to new entrants and covers a fixed group of employees of UL LLC (the Company). The Company oversees and manages the Plan's operation and administration. In January 2025, the Plan changed Trustee from Principal Bank to U.S. Bank. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA).

Effective December 31, 2001, the Plan was amended so that any individual hired on or after January 1, 2002 will not be allowed to participate in the Plan. In addition, existing participants were given the option of remaining in the Plan or transferring into the Company's defined contribution plan beginning January 1, 2002, and having their current benefits in the Plan frozen for accumulated service as of December 31, 2001.

Effective October 1, 2022, employees of ULSE Inc. or Underwriters Laboratories Inc. were no longer eligible employees under the Plan, and accrued benefits of participants were frozen as of this date.

During the third quarter of 2025, the Company adopted an amendment to freeze the Plan effective December 31, 2025. Following this date, participants will no longer accrue additional benefit service, and compensation earned thereafter will not be included in the calculation of pension benefits.

### *Pension Benefits*

Participants with five years of continuous service, as defined by the Plan, are entitled to pension benefits upon retirement. Benefit service starts accumulating once a Plan participant becomes eligible. Participants will accumulate one year of benefit service for each calendar year in which they receive credit for at least 2,080 hours of service (2,002 hours of service per year for years before 2007).

The benefit calculation uses average monthly compensation and the number of years of benefit service. Average monthly compensation, up to the covered compensation level determined by the Internal Revenue Service (IRS), is multiplied by 1.4% and the number of years of benefit service, up to a maximum of 35 years. In addition, eligible participants will receive a benefit calculated as the average monthly compensation in excess of the covered compensation multiplied by 1.9% and the number of years of benefit service, up to a maximum of 35 years.

Pension benefits are provided to participants under several types of retirement options based on years of continuous service and age. Retirement benefits are paid to pensioners or beneficiaries in various forms of joint and survivor annuities, as well as in a lump-sum payment option.

### *Expenses*

Administrative expenses of the Plan are paid by either the Plan or the Plan's sponsor, as provided in the Plan document. Administrative expenses include administration and trustee fees. Expenses relating to purchases, sales or transfers of the Plan's investments are charged to the particular investment fund to which the expenses relate.

## NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

### *Basis of Accounting*

The Plan's financial statements have been prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America (U.S. GAAP).

### *Use of Estimates*

The preparation of financial statements in conformity with U.S. GAAP requires the Plan's management to make estimates and assumptions that affect the reported amounts of assets and liabilities, and changes therein, disclosure of contingent assets and liabilities, and the actuarial present value of accumulated plan benefits at the date of the financial statements. Actual results could differ from those estimates.

### *Investment Valuation and Income Recognition*

The Plan's investments are stated at fair value, which is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date (exit price). See Note D for further discussion and disclosures 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) includes the Plan's gains and losses on investments bought, sold and held during the year.

The net appreciation (depreciation) in the fair value of investments consists of the realized gains or losses and the unrealized appreciation on those investments. The net realized gain or loss on investments is the difference between the proceeds received and the costs of investments sold determined on an average cost basis. Unrealized appreciation (depreciation) on the fair value of investments is the difference between the fair value at year-end and the fair value at the beginning of the year.

### *Payment of Benefits*

Benefit payments to participants are recorded upon distribution.

## NOTE C - FUNDING POLICY

Contributions to provide benefits under the Plan are made solely by the Company. The Company's funding policy is to make cash contributions to the Plan in amounts as determined by the Plan's independent actuary. The Company met the minimum funding requirements of ERISA for the years ended December 31, 2025 and 2024.

## NOTE D - FAIR VALUE MEASUREMENTS

The fair value 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 under Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 820 are as follows:

Level 1 - Unadjusted quoted prices in active markets for identical assets or liabilities that the Plan has the ability to access at the measurement date.

Level 2 - Inputs other than quoted prices in active markets for identical assets and liabilities that are observable, either directly or indirectly, for substantially the full term of the asset or liability. Level 2 inputs include the following:

- Quoted prices for similar assets or liabilities in active markets.
- Quoted prices for identical or similar assets or liabilities in markets that are not active.
- Observable inputs other than quoted prices that are used in the valuation of the assets or liabilities.
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

Level 3 - Unobservable inputs for the asset or liability. Level 3 inputs include management's own assumptions that market participants would use in pricing the asset or liability (including assumptions about risk).

Inputs are used in applying various valuation techniques and broadly refer to the assumptions that market participants use to make valuation decisions, including assumptions about risk. Inputs may include price information, volatility statistics, specific and broad credit data, liquidity statistics and other factors. A financial instrument's level within the fair value hierarchy is based on the lowest level of any input significant to the fair value measurement.

The following leveling tables provide information on the fair value of the Plan's investments as defined by FASB ASC 820 as of December 31, 2025 and 2024, as defined above (dollars in thousands):

| | 2025 | | | |
|---|---|---|---|---|
| | Level 1 | Level 2 | Level 3 | Total |
| Interest-bearing cash | $ 1,829 | $ - | $ - | $ 1,829 |
| Mutual funds | 128,212 | - | - | 128,212 |
| Total assets in fair value hierarchy | $ 130,041 | $ - | $ - | |
| Investments measured at NAV as a practical expedient | | | | 156,669 |
| Total investments, at fair value | | | | $ 286,710 |

| | 2024 | | | |
|---|---|---|---|---|
| | Level 1 | Level 2 | Level 3 | Total |
| Interest-bearing cash | $ 1,342 | $ - | $ - | $ 1,342 |
| Mutual funds | 100,350 | - | - | 100,350 |
| Total assets in fair value hierarchy | $ 101,692 | $ - | $ - | 101,692 |
| Investments measured at NAV as a practical expedient | | | | 130,167 |
| Total investments, at fair value | | | | $ 231,859 |

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

*Interest-bearing Cash* - Interest bearing cash represents cash deposits held at financial institutions. Cash equivalents include short-term highly liquid investments of sufficient credit quality that are readily convertible to known amounts of cash and have original maturities of three months or less. Cash equivalents are carried at cost, plus accrued interest, which approximates fair value. Cash and cash equivalents are held at major financial institutions and are subject to credit risk to the extent those balances exceed applicable Federal Deposit Insurance Corporation (FDIC) or Security Investor Protection Corporation (SIPC) limitations.

*Common Stock and Mutual Funds* - Valued at the Net asset value (NAV) of the shares held by the Plan at year-end, which is obtained from an active market.

*Collective Trust* - Valued at NAV, is used as a practical expedient to estimate fair value, as determined by the investment manager. The collective investment funds invest in short-term U.S. government securities, corporate debt securities and certain alternative investments such as hedge funds. The NAV is based on the fair value of the underlying investments held by the private investment less its liabilities. There are no redemption restrictions.

*Partnerships and Joint Venture/Hedge Funds* - This category includes hedge funds and certain real estate funds where the fair value is estimated, based on NAV, as practical expedient, based on the underlying investments in the funds or by appraisal. The hedge funds are invested in equities with various strategies. Hedge funds and real estate funds may be redeemed quarterly. The hedge funds may be subject to a six-month lockup period. There are no unfunded commitments. The valuation methods described above may produce a fair value calculation that may not indicate net realizable value or reflect future fair values. Furthermore, although 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.

## NOTE E - INFORMATION CERTIFIED BY TRUSTEE

The Plan administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Principal Bank and U.S. Bank certified that the following investment information maintained and included in the accompanying financial statements and supplemental schedules was complete and accurate:

- Investments, at fair value and other receivables, as shown in the statements of net assets available for benefits as of December 31, 2025 and 2024.
- Investment income, as shown in the statements of changes in net assets available for benefits for the years ended December 31, 2025 and 2024.
- Schedule H, line 4i - schedule of assets (held at end of year) as of December 31, 2025.
- Schedule H, line 4j - schedule of reportable transactions for the year ended December 31, 2025.

## NOTE F - ACCUMULATED PLAN BENEFITS

Accumulated plan benefits are those future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions to the service rendered by employees as of the valuation date. Accumulated plan benefits include benefits expected to be paid to (1) retired or terminated employees or their beneficiaries, (2) beneficiaries of employees who have died and (3) present employees or their beneficiaries. The actuarial present value of accumulated plan benefits is determined by an independent actuary and is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements, such as for death, disability, withdrawal or retirement) between the valuation date and the expected payment date. The effect of the Plan's amendments on accumulated plan benefits is recognized during the year in which such amendments become effective.

The actuarial present value of the Plan's accumulated plan benefits as of December 31, 2024 is as follows (dollars in thousands):

| | | |
|---|---|---|
| Vested benefits | | |
| Participants and/or beneficiaries currently receiving benefits | $ | 123,072 |
| Other participants | | 161,288 |
| Total vested benefits | | 284,360 |
| Non-vested benefits | | 1,255 |
| Total actuarial present value of accumulated Plan benefits | $ | 285,615 |

The changes in the actuarial present value of the Plan's accumulated plan benefits for the year ended December 31, 2024 are as follows (dollars in thousands):

| | | |
|---|---|---|
| Actuarial present value of accumulated plan benefits, January 1, 2024 | $ | 273,475 |
| Increase (decrease) during the year attributable to: | | |
| Interest accumulated | | 18,349 |
| Benefits paid | | (15,350) |
| Assumption changes | | 4,160 |
| Other changes | | 4,981 |
| Actuarial present value of accumulated plan benefits, December 31, 2024 | $ | 285,615 |

The significant actuarial assumptions used in the December 31, 2024 and 2023 valuations were as follows:

| | |
|---|---|
| 2024 mortality | Healthy - Base table: Amounts weighted rates from the Pri-2012 mortality study with white collar adjustments<br>Projection: Mortality rates are projected generationally from 2012 using Scale MP-2021<br><br>Disabled - Base table: Amounts-weighted disabled retiree rates from Pri-2012 mortality study<br>Projection: Mortality rates are projected generationally from 2012 using Scale MP-2021 |
| 2023 mortality | Healthy - Base table: Amounts weighted rates from the Pri-2012 mortality study with white collar adjustments<br>Projection: Mortality rates are projected generationally from 2012 using Scale MP-2021<br><br>Disabled - Base table: Amounts-weighted disabled retiree rates from Pri-2012 mortality study<br>Projection: Mortality rates are projected generationally from 2012 using Scale MP-2021 |

Probabilities of retirement by age as of December 31, 2024 and 2023:

| Age (Years) | Percentage | Age (Years) | Percentage |
|---|---|---|---|
| 55 | 3% | 63 | 10% |
| 56 | 3% | 64 | 20% |
| 57 | 3% | 65 | 30% |
| 58 | 3% | 66 | 40% |
| 59 | 3% | 67 | 25% |
| 60 | 3% | 68 | 25% |
| 61 | 10% | 69 | 25% |
| 62 | 10% | 70+ | 100% |

Investment return - 6.9% as of December 31, 2024 and 2023, respectively.

Participants are 100% vested in accrued benefit after completion of five years of service.

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

## NOTE G - INCOME TAX STATUS

The IRS has determined and informed the Company by a letter dated December 8, 2015, that the Plan and its related trust were designed in accordance with the applicable regulations of the Internal Revenue Code (IRC). The Plan has been amended since receiving the determination letter; however, the Plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC and, therefore, believe that the Plan is qualified and the related trust is tax-exempt.

U.S. GAAP requires the Plan's management to evaluate uncertain tax positions taken by the Plan. The financial statement effects of a tax position are recognized when the position is more likely than not, based on the technical merits, to be sustained upon examination by the IRS. The Plan administrator analyzed the tax positions taken by the Plan and has concluded that, as of December 31, 2025 and 2024, there are no uncertain positions taken or expected to be taken. Therefore, the Plan has not recognized a liability or disclosure related to uncertain tax positions. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

## NOTE H - PLAN TERMINATION

Although it has not expressed any such intent, the Company has the right under the Plan, in certain circumstances, to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA. In the event that the Plan terminates, the Plan's net assets will be allocated for payment of the Plan benefits to the participants in an order of priority determined in accordance with ERISA, applicable regulations thereunder, and the Plan document.

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

Should the Plan terminate, all participants will receive their benefits depending on the sufficiency, at that time, of the Plan's net assets to provide those benefits, the priority of those benefits to be paid, and the level and type of benefits guaranteed by the PBGC at that time. Some benefits may be fully or partially provided for by the then-existing assets and the PBGC guaranty, while other benefits may not be provided for at all.

## NOTE I - RELATED-PARTY AND PARTY-IN-INTEREST TRANSACTIONS

Certain Plan investments are managed by U.S. Bank which were previously managed by Principal Bank, Trustee of the Plan; therefore, these transactions qualify as party-in-interest.

## NOTE J - RISKS AND UNCERTAINTIES

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

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

## NOTE K - RECONCILIATION TO FORM 5500

A reconciliation of net assets available for benefits per the financial statements to the Form 5500 as of December 31, 2024 is as follows:

| | | |
|---|---|---|
| Net assets available for benefits per the financial statements | $ | 238,222 |
| Add: Discretionary Employer contributions made after December 31, 2024 | | 23,500 |
| Net assets per Form 5500 | $ | 261,722 |

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

| | | |
|---|---|---|
| Employer contributions per the financial statements | $ | 40,951 |
| Less: Discretionary Employer contributions recorded in the Form 5500 in 2024 | | (23,500) |
| Net assets per Form 5500 | $ | 17,451 |

## NOTE L - SUBSEQUENT EVENTS

Plan management has evaluated the Plan's December 31, 2025 financial statements for subsequent events through October 2, 2026, the date the financial statements were available to be issued.

No material events were identified requiring disclosure.

SUPPLEMENTAL SCHEDULES

**The Retirement Income Plan for Employees of UL LLC**

**SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)**

**December 31, 2025**

**EMPLOYER ID NO: 94-3282454, PLAN #: 001**

| (a) | (b) Identity of Issue | (c) Description of Investment | (d) Cost | (e) Current Value |
|---|---|---|---|---|
| | Gqg Partners Emerging Markets Equity | MUTUAL FUNDS | $ 8,054 | $ 8,631 |
| | Arga Emerging Markets Value Instl | MUTUAL FUNDS | 6,335 | 8,861 |
| | Cohen Steers Collective Invt Tr | MUTUAL FUNDS | 1,943 | 2,059 |
| | Dodge Cox International Stock Fd I | MUTUAL FUNDS | 13,105 | 19,328 |
| | American Eupac Fund Class R6 | MUTUAL FUNDS | 17,442 | 19,329 |
| | Fidelity Mid Cap Index Fund | MUTUAL FUNDS | 14,607 | 17,153 |
| | Hotchkis Wiley Sm Cp Divers Val Z | MUTUAL FUNDS | 5,304 | 5,622 |
| | Hood River Small Cap Growth | MUTUAL FUNDS | 4,895 | 5,800 |
| | Blackrock Strategic Income | MUTUAL FUNDS | 19,412 | 19,457 |
| | Federated Hermes Instl Hi Yld Bd Is | MUTUAL FUNDS | 6,049 | 5,975 |
| | Fidelity Inflation Protected Bond | MUTUAL FUNDS | 4,416 | 4,397 |
| | Dws Rreef Real Assets R6 | MUTUAL FUNDS | 11,246 | 11,600 |
| | | Total Mutual Funds | 112,808 | 128,212 |
| | First Am US Treas Mm Cl Z | Interest-bearing cash | 1,829 | 1,829 |
| | Atlas Enhanced Fund Ltd | HEDGE FUNDS | 2,900 | 3,926 |
| | Laurion Capital Ltd | HEDGE FUNDS | 2,600 | 2,842 |
| | Oasis Investments II | HEDGE FUNDS | 2,608 | 5,152 |
| | Converium Capital Offshore Fund Ltd | HEDGE FUNDS | 2,000 | 2,006 |
| | Brevan Howard Alpha Strat Cay No 2 | HEDGE FUNDS | 2,250 | 2,237 |
| | Readystate Offshore Fund, Ltd. | HEDGE FUNDS | 1,750 | 1,768 |
| | | Total Hedge Funds | 14,108 | 17,931 |
| | Ir&m Intermediate Fund LLC | PARTNERSHIPS AND JOINT VENTURES | 15,567 | 16,989 |
| | Ir&m Long Government Credit Fund LLC | PARTNERSHIPS AND JOINT VENTURES | 39,500 | 41,208 |
| | Anchorage Capital Partners LP | PARTNERSHIPS AND JOINT VENTURES | 556 | 836 |
| | Bil Ltd | PARTNERSHIPS AND JOINT VENTURES | 3,157 | 3,351 |
| | Davidson Kempner Intl (Bvi) Ltd | PARTNERSHIPS AND JOINT VENTURES | 1,742 | 2,842 |
| | Marshall Wace Eureka Fund | PARTNERSHIPS AND JOINT VENTURES | 1,958 | 3,172 |
| | Midocean Credit Opp Offshore Fd Ltd | PARTNERSHIPS AND JOINT VENTURES | 70 | 26 |
| | Southpoint Qualified Offshore Fd Ltd | PARTNERSHIPS AND JOINT VENTURES | 1,626 | 3,320 |
| | Ta Realty Core Property Fund LP | PARTNERSHIPS AND JOINT VENTURES | 4,665 | 3,613 |
| | Tcim Offshore Fund Ltd | PARTNERSHIPS AND JOINT VENTURES | 2,000 | 2,725 |
| | Whitebox Multi-Strategy Fund Ltd | PARTNERSHIPS AND JOINT VENTURES | 1,539 | 3,413 |
| | | Total Partnerships and Joint Ventures | 72,380 | 81,495 |
| | SSGA S&P 500 Flagship Securities | COLLECTIVE TRUST | 22,951 | 57,243 |
| | | Total Investments | $ 224,076 | $ 286,710 |

**The Retirement Income Plan for Employees of UL LLC**

**SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS**

**December 31, 2025**

**EMPLOYER ID NO: 94-3282454, PLAN #: 001**

| Identity of Party Involved/ Description of Asset | Purchases | | Sales | | | |
|---|---|---|---|---|---|---|
| | No. of Transactions | Purchase Price | No. of Transactions | Selling Price | Cost of Asset | Net Gain |
| Series transactions | | | | | | |
| First Am US Treas Mm Cl Z | | | | | | |
| MONEY MARKET INSTITUTIONAL | 83 | $ 72,315,902 | 75 | $ 70,486,582 | $ 70,486,582 | $ - |

# Schedule SB Attachment (Form 5500) —2025 Plan Year
# Retirement Income Plan for Employees of UL LLC
# EIN: 943282454  PN: 001

## Schedule SB, line 26a — Schedule of Active Participant Data as of January 1, 2025

**Number of Participants and Average Compensation**

| Attained Age | Years of Credited Service | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | <1 | 1-4 | 5-9 | 10-14 | 15-19 | 20-24 | 25-29 | 30-34 | 35-39 | 40+ |
| <25 | | | | | | | | | | |
| 25-29 | | | | | | | | | | |
| 30-34 | | | | | | | | | | |
| 35-39 | | | | | | | | | | |
| 40-44 | | | | | | 4 | | | | |
| 45-49 | | | | | | 60<br>$140,351 | 25<br>$142,447 | | | |
| 50-54 | | | | | | 42<br>$134,740 | 102<br>$140,997 | 22<br>$114,248 | | |
| 55-59 | | | | | | 31<br>$124,806 | 53<br>$134,025 | 86<br>$147,433 | 28<br>$136,293 | |
| 60-64 | | | | | | 13 | 22<br>$129,670 | 52<br>$136,604 | 73<br>$153,708 | 10 |
| 65-69 | | | | | | 4 | 12 | 4 | 11 | 20<br>$152,414 |
| 70+ | | | | | | 1 | 1 | 2 | | 1 |

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# Schedule SB Attachment (Form 5500) —2025 Plan Year
# Retirement Income Plan for Employees of UL LLC
# EIN: 943282454 PN: 001

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

## Actuarial Assumptions and Methods

### For ERISA Requirements

| | |
|---|---|
| **Interest Rates for Minimum Funding Purposes** | Based on segment rates with a four-month lookback (as of September 2024), each adjusted as needed to fall within the 25-year average interest rate stabilization corridor under ARPA |
| 1st Segment Rate | 5.07% |
| 2nd Segment Rate | 5.31% |
| 3rd Segment Rate | 5.50% |
| **Interest Rates for Maximum Tax Purposes** | Based on segment rates with a four-month lookback (as of September 2024), without regard to interest rate stabilization |
| 1st Segment Rate | 5.07% |
| 2nd Segment Rate | 5.33% |
| 3rd Segment Rate | 5.36% |
| **Salary Increases** | |
| Minimum Funding Target Normal Cost | 4.00% for 2025, 3.00% for 2026+ |
| Maximum Tax Expected Benefit Increase | 4.00% for 2025, 3.00% for 2026+ |
| **Social Security Wage Base Increases** | Future wage indices are based on a national wage increase of 3.00% per year |
| **Optional Payment Form Election Percentage** | 25% life annuity<br>75% lump sum |
| **Optional Payment Form Conversion Interest Rate** | Same as funding interest rates above for lump sums |
| **Optional Payment Form Conversion Mortality** | Current 417(e) table for lump sums |
| **Retirement Age** | |
| Active Participants | See Table 1 |
| Terminated Vested Participants | Age 64 |
| **Mortality Rates** | |
| Healthy and Disabled | 2024 generational mortality tables for annuitants and non-annuitants per section 1.430(h)(3)-1(b) |

# Schedule SB Attachment (Form 5500) —2025 Plan Year
# Retirement Income Plan for Employees of UL LLC
# EIN: 943282454 PN: 001

| | |
|---|---|
| **Withdrawal Rates** | See Table 2 |
| **Disability Rates** | See Table 3 |
| **Decrement Timing** | Middle of year decrements (except that retirement is assumed to occur at the beginning of the year for ages where the assumed retirement rate is 100%) |
| **Surviving Spouse Benefit** | It is assumed that 70% of males and 55% of females have an eligible spouse, and that males participants are two years older than their spouses and female participants are 3 years younger than their spouses |
| **Valuation Compensation** | Annualized pay rate rolled forward one year with the salary increase assumption |
| **Benefit and Compensation Limits** | Projected benefits and compensation are limited by the current IRC section 415 maximum benefit of $280,000 and the IRC section 401(a)(17) compensation limit of $350,000. |
| **Valuation of Plan Assets** | Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value.<br><br>A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii). |
| **Expected Return on Assets** | |
| 2023 Plan Year | 7.80%, limited to 5.74% |
| 2024 Plan Year | 6.90%, limited to 5.59% |
| 2025 Plan Year | 6.90%, limited to 5.50% |
| **Trust Expenses Included in Target Normal Cost** | $2,200,000. Based on the prior year's administrative expenses (including current year PBGC premiums) rounded to the nearest $100,000. |
| **Actuarial Method** | Standard unit credit cost method |
| **Valuation Date** | January 1, 2025 |

# Actuarial Assumptions and Methods

## Table 1

**Retirement Rates**

| Age | Rate |
|---|---|
| 55 | 4.00% |
| 56 | 4.00% |
| 57 | 4.00% |
| 58 | 4.00% |
| 59 | 7.00% |
| | |
| 60 | 7.00% |
| 61 | 7.00% |
| 62 | 12.00% |
| 63 | 12.00% |
| 64 | 20.00% |
| | |
| 65 | 35.00% |
| 66 | 35.00% |
| 67 | 35.00% |
| 68 | 25.00% |
| 69 | 50.00% |
| | |
| 70+ | 100.00% |

## Table 2

**Withdrawal Rates**

| Age | Years of Service | | | | | |
|---|---|---|---|---|---|---|
| | 0 | 1 | 2 | 3 | 4 | >=5 |
| 15 | 13.13% | 13.13% | 13.13% | 13.13% | 13.13% | 13.13% |
| 16 | 13.13% | 13.13% | 13.13% | 13.13% | 13.13% | 13.13% |
| 17 | 13.13% | 13.13% | 13.13% | 13.13% | 13.13% | 13.13% |
| 18 | 13.13% | 13.13% | 13.13% | 13.13% | 13.13% | 13.13% |
| 19 | 13.13% | 13.13% | 13.13% | 13.13% | 13.13% | 13.13% |
| 20 | 13.13% | 13.13% | 13.13% | 13.13% | 13.13% | 13.13% |
| 21 | 13.13% | 13.13% | 13.13% | 13.13% | 13.13% | 13.13% |
| 22 | 12.53% | 12.53% | 12.53% | 12.53% | 12.53% | 12.53% |
| 23 | 11.85% | 11.85% | 11.85% | 11.85% | 11.85% | 11.85% |
| 24 | 11.33% | 11.33% | 11.33% | 11.33% | 11.33% | 11.33% |
| 25 | 10.73% | 10.73% | 10.73% | 10.73% | 10.73% | 10.73% |
| 26 | 10.20% | 10.20% | 10.20% | 10.20% | 10.20% | 10.20% |
| 27 | 9.60% | 9.60% | 9.60% | 9.60% | 9.60% | 9.60% |
| 28 | 9.53% | 9.08% | 9.08% | 9.08% | 9.08% | 9.08% |
| 29 | 9.53% | 8.93% | 8.63% | 8.63% | 8.63% | 8.63% |
| 30 | 9.53% | 8.93% | 8.25% | 8.10% | 8.10% | 8.10% |
| 31 | 9.53% | 8.93% | 8.25% | 7.65% | 7.65% | 7.65% |
| 32 | 9.53% | 8.93% | 8.25% | 7.65% | 7.20% | 7.20% |
| 33 | 9.53% | 8.93% | 8.25% | 7.65% | 7.13% | 6.75% |
| 34 | 9.53% | 8.93% | 8.25% | 7.65% | 7.13% | 6.38% |
| 35 | 9.53% | 8.93% | 8.25% | 7.65% | 7.13% | 5.93% |
| 36 | 9.53% | 8.93% | 8.25% | 7.65% | 7.13% | 5.55% |
| 37 | 9.53% | 8.93% | 8.25% | 7.65% | 7.13% | 5.18% |
| 38 | 9.53% | 8.93% | 8.25% | 7.65% | 7.13% | 4.88% |
| 39 | 9.53% | 8.93% | 8.25% | 7.65% | 7.13% | 4.50% |

## Table 2 (continued)

**Withdrawal Rates**

| Age | Years of Service | | | | | |
|---|---|---|---|---|---|---|
| | 0 | 1 | 2 | 3 | 4 | >=5 |
| 40 | 9.53% | 8.93% | 8.25% | 7.65% | 7.13% | 4.20% |
| 41 | 9.53% | 8.93% | 8.25% | 7.65% | 7.13% | 3.90% |
| 42 | 9.53% | 8.93% | 8.25% | 7.65% | 7.13% | 3.68% |
| 43 | 9.53% | 8.93% | 8.25% | 7.65% | 7.13% | 3.38% |
| 44 | 9.53% | 8.93% | 8.25% | 7.65% | 7.13% | 3.15% |
| | | | | | | |
| 45 | 9.53% | 8.93% | 8.25% | 7.65% | 7.13% | 2.93% |
| 46 | 9.53% | 8.93% | 8.25% | 7.65% | 7.13% | 2.70% |
| 47 | 9.53% | 8.93% | 8.25% | 7.65% | 7.13% | 2.55% |
| 48 | 9.53% | 8.93% | 8.25% | 7.65% | 7.13% | 2.33% |
| 49 | 9.53% | 8.93% | 8.25% | 7.65% | 7.13% | 2.18% |
| | | | | | | |
| 50 | 9.53% | 8.93% | 8.25% | 7.65% | 7.13% | 2.03% |
| 51 | 9.53% | 8.93% | 8.25% | 7.65% | 7.13% | 1.95% |
| 52 | 9.53% | 8.93% | 8.25% | 7.65% | 7.13% | 1.80% |
| 53 | 9.53% | 8.93% | 8.25% | 7.65% | 7.13% | 1.73% |
| 54 | 9.53% | 8.93% | 8.25% | 7.65% | 7.13% | 1.65% |
| | | | | | | |
| >=55 | 9.53% | 8.93% | 8.25% | 7.65% | 7.13% | 1.65% |

# Table 3

**Disability Rates**

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

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# Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

**2025**

**This Form is Open to Public Inspection**

## Part I Annual Report Identification Information

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

**A** This return/report is for:
- ☐ a multiemployer plan
- ☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
- ☒ 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:
- ☒ 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
THE RETIREMENT INCOME PLAN FOR EMPLOYEES OF UL LLC

**1b** Three-digit plan number (PN) ▶ 001

**1c** Effective date of plan 01/01/1936

**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)

UL LLC

333 PFINGSTEN RD

NORTHBROOK IL 60062-2002

**2b** Employer Identification Number (EIN)
94-3282454

**2c** Plan Sponsor's telephone number
847-272-8800

**2d** Business code (see instructions)
541380

**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** | Michael Wesclitz | 10/6/2026 | MICHAEL WESCLITZ |
| | **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 |

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| | | | |
|---|---|---|---|
| **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: | **4b** | EIN |
| **a** | Sponsor's name | **4d** | PN |
| **c** | Plan Name | | |

| | | | |
|---|---|---|---|
| **5** | Total number of participants at the beginning of the plan year | **5** | 1,978 |
| **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)** | 679 |
| **a(2)** | Total number of active participants at the end of the plan year | **6a(2)** | 600 |
| **b** | Retired or separated participants receiving benefits | **6b** | 699 |
| **c** | Other retired or separated participants entitled to future benefits | **6c** | 543 |
| **d** | Subtotal. Add lines **6a(2)**, **6b**, and **6c**. | **6d** | 1,842 |
| **e** | Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. | **6e** | 108 |
| **f** | Total. Add lines **6d** and **6e**. | **6f** | 1,950 |
| **g(1)** | Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) | **6g(1)** | |
| **g(2)** | Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) | **6g(2)** | |
| **h** | Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested | **6h** | 0 |
| **7** | Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) | **7** | |

**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
1A

**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) | | **9b** Plan benefit arrangement (check all that apply) | |
|---|---|---|---|
| **(1)** [ ] | Insurance | **(1)** [ ] | Insurance |
| **(2)** [ ] | Code section 412(e)(3) insurance contracts | **(2)** [ ] | Code section 412(e)(3) insurance contracts |
| **(3)** [X] | Trust | **(3)** [X] | Trust |
| **(4)** [ ] | General assets of the sponsor | **(4)** [ ] | General assets of the sponsor |

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

**a Pension Schedules**

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

**b General Schedules**

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

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## 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_____

**The Retirement Income Plan for Employees of UL LLC**

**SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS**

**December 31, 2025**

**EMPLOYER ID NO: 94-3282454, PLAN #: 001**

| Identity of Party Involved/ Description of Asset | Purchases | | Sales | | | |
|---|---|---|---|---|---|---|
| | No. of Transactions | Purchase Price | No. of Transactions | Selling Price | Cost of Asset | Net Gain |
| Series transactions | | | | | | |
| First Am US Treas Mm Cl Z | | | | | | |
| MONEY MARKET INSTITUTIONAL | 83 | $ 72,315,902 | 75 | $ 70,486,582 | $ 70,486,582 | $ - |

# 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
RETIREMENT INCOME PLAN FOR EMPLOYEES OF UL

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
UL LLC

**D** Employer Identification Number (EIN)
94-3282454

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

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

## Part I Basic Information

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

**2** Assets:

| | | |
|---|---|---|
| **a** Market value | **2a** | 260,861,473 |
| **b** Actuarial value | **2b** | 249,183,723 |

**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 | 723 | 133,574,068 | 133,574,068 |
| **b** For terminated vested participants | 576 | 48,384,644 | 48,384,644 |
| **c** For active participants | 679 | 128,005,446 | 129,056,249 |
| **d** Total | 1,978 | 309,964,158 | 311,014,961 |

**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** | 5.36% |
| **6** Target normal cost | | |
| **a** Present value of current plan year accruals | **6a** | 5,452,559 |
| **b** Expected plan-related expenses | **6b** | 2,200,000 |
| **c** Target normal cost | **6c** | 7,652,559 |

**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**

ERIN R SABO

Signature of actuary

September 25, 2026
Date

ERIN R SABO
Type or print name of actuary

2606742
Most recent enrollment number

Aon Consulting, Inc.
Firm name

847-295-5000
Telephone number (including area code)

MSC# 17510
Aon, PO Box 551343
Atlanta GA 30355
Address of the firm

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

## 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 10.35 % | 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) | | 21,648,278 |
| | **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 5.12 % | | 1,108,392 |
| | **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 | | 22,756,670 |
| | **d** Portion of (c) to be added to prefunding balance | | 0 |
| 12 | Other reductions in balances due to elections or deemed elections | 0 | 0 |
| 13 | Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) | 0 | 0 |

## Part III Funding Percentages

| | | | |
|---|---|---|---|
| 14 | Funding target attainment percentage | 14 | 80.11 % |
| 15 | Adjusted funding target attainment percentage | 15 | 80.11 % |
| 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 | 72.06 % |
| 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 |
|---|---|---|---|---|---|
| 01/02/2025 | 200,000 | 0 | | | |
| 04/14/2025 | 4,380,000 | 0 | | | |
| 07/14/2025 | 4,380,000 | 0 | | | |
| 10/15/2025 | 4,380,000 | 0 | | | |
| 01/14/2026 | 500,000 | 0 | | | |
| 04/10/2026 | 4,100,000 | 0 | | | |
| 07/09/2026 | 1,900,000 | 0 | | | |
| 09/09/2026 | 1,900,000 | 0 | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | Totals ► 18(b) | 21,740,000 | 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 | 199,971 |
| | **c** Contributions allocated toward minimum required contribution for current year adjusted to valuation date. | 19c | 20,585,238 |

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year

| (1) 1st | (2) 2nd | (3) 3rd | (4) 4th |
|---|---|---|---|
| 0 | 0 | 0 | 0 |

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

**21** Discount rate:

**a** Segment rates:

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

| | | |
|---|---|---|
| **b** Applicable month (enter code) | **21b** | 4 |
| **22** Weighted average retirement age | **22** | 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** | 7,652,559 |
| **b** Excess assets, if applicable, but not greater than line 31a | **31b** | 0 |

**32** Amortization installments:

| | Outstanding Balance | Installment |
|---|---|---|
| **a** Net shortfall amortization installment | 61,831,238 | 7,504,199 |
| **b** Waiver amortization installment | | 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** | 15,156,758 |

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

| | | |
|---|---|---|
| **36** Additional cash requirement (line 34 minus line 35) | **36** | 15,156,758 |
| **37** Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) | **37** | 20,585,238 |
| **38** Present value of excess contributions for current year (see instructions) | | |
| **a** Total (excess, if any, of line 37 over line 36) | **38a** | 5,428,480 |
| **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 Attachment (Form 5500) —2025 Plan Year
# Retirement Income Plan for Employees of UL LLC
# EIN: 943282454  PN: 001

## Schedule SB, line 15 — Reconciliation of Differences Between Valuation Results and Amounts Used to Calculate AFTAP

The 2025 AFTAP for the UL LLC Retirement Income Plan was first issued on September 12, 2025 and then issued a second time also on September 12, 2025. The inputs used in each certification are outlined below:

| | Certification Date | |
|---|---|---|
| | 9/12/2025 (first) | 9/12/2025 (second) |
| Funding Target | $311,014,961 | $311,014,961 |
| Value of Plan Assets | 249,383,696 | 249,183,723 |
| Funding Standard Carryover Balance | 0 | 0 |
| Prefunding Balance | 0 | 0 |
| Annuities Purchased for NHCE's | 0 | 0 |
| Securities Posted | 0 | 0 |
| Certified AFTAP | 80.18% | 80.11% |

# Schedule SB Attachment (Form 5500) —2025 Plan Year
# Retirement Income Plan for Employees of UL LLC
# EIN: 943282454 PN: 001

## Schedule SB, line 19 — Discounted Employer Contributions

Year applied for contributions: 2025

| Date | Amount | Days to Discount to 1/1/2025 at 5.36% | Interest Adjusted Contribution |
|---|---|---|---|
| January 2, 2025 | $ 200,000 | 1 | $ 199,971 |
| April 14, 2025 | 4,380,000 | 103 | 4,315,938 |
| July 14, 2025 | 4,380,000 | 194 | 4,260,120 |
| October 15, 2025 | 4,380,000 | 287 | 4,203,820 |
| January 14, 2026 | 500,000 | 378 | 473,682 |
| April 10, 2026 | 4,100,000 | 464 | 3,836,699 |
| July 9, 2026 | 1,900,000 | 554 | 1,755,239 |
| September 9, 2026 | 1,900,000 | 616 | 1,739,740 |
| Total Contribution | $ 21,740,000 | | $ 20,785,209 |

# Schedule SB Attachment (Form 5500) —2025 Plan Year
# Retirement Income Plan for Employees of UL LLC
# EIN: 943282454 PN: 001

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

The average retirement age shown in line 22 has been calculated by assuming the following retirement rates and no decrements other than retirement for this calculation. All retirements are assumed to occur at mid-year, except for the 100% retirement age.

| (a) Age | (b) Rate | (c) Weight | (d) Product (a) × (b) × (c) |
|---|---|---|---|
| 55.5 | 4.00% | 1.0000 | 2.22 |
| 56.5 | 4.00% | 0.9600 | 2.17 |
| 57.5 | 4.00% | 0.9216 | 2.12 |
| 58.5 | 4.00% | 0.8847 | 2.07 |
| 59.5 | 7.00% | 0.8493 | 3.54 |
| 60.5 | 7.00% | 0.7899 | 3.35 |
| 61.5 | 7.00% | 0.7346 | 3.16 |
| 62.5 | 12.00% | 0.6832 | 5.12 |
| 63.5 | 12.00% | 0.6012 | 4.58 |
| 64.5 | 20.00% | 0.5291 | 6.82 |
| 65.5 | 35.00% | 0.4232 | 9.70 |
| 66.5 | 35.00% | 0.2751 | 6.40 |
| 67.5 | 35.00% | 0.1788 | 4.22 |
| 68.5 | 25.00% | 0.1162 | 1.99 |
| 69.5 | 50.00% | 0.0872 | 3.03 |
| 70 | 100.00% | 0.0436 | 3.05 |
| | | Weighted Average | 63.54 |

# Schedule SB Attachment (Form 5500) —2025 Plan Year
# Retirement Income Plan for Employees of UL LLC
# EIN: 943282454 PN: 001

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

## Actuarial Assumptions and Methods

### For ERISA Requirements

| | |
|---|---|
| **Interest Rates for Minimum Funding Purposes** | Based on segment rates with a four-month lookback (as of September 2024), each adjusted as needed to fall within the 25-year average interest rate stabilization corridor under ARPA |
| 1st Segment Rate | 5.07% |
| 2nd Segment Rate | 5.31% |
| 3rd Segment Rate | 5.50% |
| **Interest Rates for Maximum Tax Purposes** | Based on segment rates with a four-month lookback (as of September 2024), without regard to interest rate stabilization |
| 1st Segment Rate | 5.07% |
| 2nd Segment Rate | 5.33% |
| 3rd Segment Rate | 5.36% |
| **Salary Increases** | |
| Minimum Funding Target Normal Cost | 4.00% for 2025, 3.00% for 2026+ |
| Maximum Tax Expected Benefit Increase | 4.00% for 2025, 3.00% for 2026+ |
| **Social Security Wage Base Increases** | Future wage indices are based on a national wage increase of 3.00% per year |
| **Optional Payment Form Election Percentage** | 25% life annuity<br>75% lump sum |
| **Optional Payment Form Conversion Interest Rate** | Same as funding interest rates above for lump sums |
| **Optional Payment Form Conversion Mortality** | Current 417(e) table for lump sums |
| **Retirement Age** | |
| Active Participants | See Table 1 |
| Terminated Vested Participants | Age 64 |
| **Mortality Rates** | |
| Healthy and Disabled | 2024 generational mortality tables for annuitants and non-annuitants per section 1.430(h)(3)-1(b) |

# Schedule SB Attachment (Form 5500) —2025 Plan Year
# Retirement Income Plan for Employees of UL LLC
# EIN: 943282454 PN: 001

| | |
|---|---|
| **Withdrawal Rates** | See Table 2 |
| **Disability Rates** | See Table 3 |
| **Decrement Timing** | Middle of year decrements (except that retirement is assumed to occur at the beginning of the year for ages where the assumed retirement rate is 100%) |
| **Surviving Spouse Benefit** | It is assumed that 70% of males and 55% of females have an eligible spouse, and that males participants are two years older than their spouses and female participants are 3 years younger than their spouses |
| **Valuation Compensation** | Annualized pay rate rolled forward one year with the salary increase assumption |
| **Benefit and Compensation Limits** | Projected benefits and compensation are limited by the current IRC section 415 maximum benefit of $280,000 and the IRC section 401(a)(17) compensation limit of $350,000. |
| **Valuation of Plan Assets** | Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value.<br><br>A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii). |
| **Expected Return on Assets** | |
| 2023 Plan Year | 7.80%, limited to 5.74% |
| 2024 Plan Year | 6.90%, limited to 5.59% |
| 2025 Plan Year | 6.90%, limited to 5.50% |
| **Trust Expenses Included in Target Normal Cost** | $2,200,000. Based on the prior year's administrative expenses (including current year PBGC premiums) rounded to the nearest $100,000. |
| **Actuarial Method** | Standard unit credit cost method |
| **Valuation Date** | January 1, 2025 |

# Actuarial Assumptions and Methods

## Table 1

**Retirement Rates**

| Age | Rate |
|---|---|
| 55 | 4.00% |
| 56 | 4.00% |
| 57 | 4.00% |
| 58 | 4.00% |
| 59 | 7.00% |
| | |
| 60 | 7.00% |
| 61 | 7.00% |
| 62 | 12.00% |
| 63 | 12.00% |
| 64 | 20.00% |
| | |
| 65 | 35.00% |
| 66 | 35.00% |
| 67 | 35.00% |
| 68 | 25.00% |
| 69 | 50.00% |
| | |
| 70+ | 100.00% |

## Table 2

**Withdrawal Rates**

| Age | Years of Service | | | | | |
|---|---|---|---|---|---|---|
| | 0 | 1 | 2 | 3 | 4 | >=5 |
| 15 | 13.13% | 13.13% | 13.13% | 13.13% | 13.13% | 13.13% |
| 16 | 13.13% | 13.13% | 13.13% | 13.13% | 13.13% | 13.13% |
| 17 | 13.13% | 13.13% | 13.13% | 13.13% | 13.13% | 13.13% |
| 18 | 13.13% | 13.13% | 13.13% | 13.13% | 13.13% | 13.13% |
| 19 | 13.13% | 13.13% | 13.13% | 13.13% | 13.13% | 13.13% |
| 20 | 13.13% | 13.13% | 13.13% | 13.13% | 13.13% | 13.13% |
| 21 | 13.13% | 13.13% | 13.13% | 13.13% | 13.13% | 13.13% |
| 22 | 12.53% | 12.53% | 12.53% | 12.53% | 12.53% | 12.53% |
| 23 | 11.85% | 11.85% | 11.85% | 11.85% | 11.85% | 11.85% |
| 24 | 11.33% | 11.33% | 11.33% | 11.33% | 11.33% | 11.33% |
| 25 | 10.73% | 10.73% | 10.73% | 10.73% | 10.73% | 10.73% |
| 26 | 10.20% | 10.20% | 10.20% | 10.20% | 10.20% | 10.20% |
| 27 | 9.60% | 9.60% | 9.60% | 9.60% | 9.60% | 9.60% |
| 28 | 9.53% | 9.08% | 9.08% | 9.08% | 9.08% | 9.08% |
| 29 | 9.53% | 8.93% | 8.63% | 8.63% | 8.63% | 8.63% |
| 30 | 9.53% | 8.93% | 8.25% | 8.10% | 8.10% | 8.10% |
| 31 | 9.53% | 8.93% | 8.25% | 7.65% | 7.65% | 7.65% |
| 32 | 9.53% | 8.93% | 8.25% | 7.65% | 7.20% | 7.20% |
| 33 | 9.53% | 8.93% | 8.25% | 7.65% | 7.13% | 6.75% |
| 34 | 9.53% | 8.93% | 8.25% | 7.65% | 7.13% | 6.38% |
| 35 | 9.53% | 8.93% | 8.25% | 7.65% | 7.13% | 5.93% |
| 36 | 9.53% | 8.93% | 8.25% | 7.65% | 7.13% | 5.55% |
| 37 | 9.53% | 8.93% | 8.25% | 7.65% | 7.13% | 5.18% |
| 38 | 9.53% | 8.93% | 8.25% | 7.65% | 7.13% | 4.88% |
| 39 | 9.53% | 8.93% | 8.25% | 7.65% | 7.13% | 4.50% |

## Table 2 (continued)

**Withdrawal Rates**

| Age | Years of Service | | | | | |
|---|---|---|---|---|---|---|
| | 0 | 1 | 2 | 3 | 4 | >=5 |
| 40 | 9.53% | 8.93% | 8.25% | 7.65% | 7.13% | 4.20% |
| 41 | 9.53% | 8.93% | 8.25% | 7.65% | 7.13% | 3.90% |
| 42 | 9.53% | 8.93% | 8.25% | 7.65% | 7.13% | 3.68% |
| 43 | 9.53% | 8.93% | 8.25% | 7.65% | 7.13% | 3.38% |
| 44 | 9.53% | 8.93% | 8.25% | 7.65% | 7.13% | 3.15% |
| | | | | | | |
| 45 | 9.53% | 8.93% | 8.25% | 7.65% | 7.13% | 2.93% |
| 46 | 9.53% | 8.93% | 8.25% | 7.65% | 7.13% | 2.70% |
| 47 | 9.53% | 8.93% | 8.25% | 7.65% | 7.13% | 2.55% |
| 48 | 9.53% | 8.93% | 8.25% | 7.65% | 7.13% | 2.33% |
| 49 | 9.53% | 8.93% | 8.25% | 7.65% | 7.13% | 2.18% |
| | | | | | | |
| 50 | 9.53% | 8.93% | 8.25% | 7.65% | 7.13% | 2.03% |
| 51 | 9.53% | 8.93% | 8.25% | 7.65% | 7.13% | 1.95% |
| 52 | 9.53% | 8.93% | 8.25% | 7.65% | 7.13% | 1.80% |
| 53 | 9.53% | 8.93% | 8.25% | 7.65% | 7.13% | 1.73% |
| 54 | 9.53% | 8.93% | 8.25% | 7.65% | 7.13% | 1.65% |
| | | | | | | |
| >=55 | 9.53% | 8.93% | 8.25% | 7.65% | 7.13% | 1.65% |

# Table 3

**Disability Rates**

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

# Schedule SB Attachment (Form 5500) —2025 Plan Year
# Retirement Income Plan for Employees of UL LLC
# EIN: 943282454 PN: 001

# Schedule SB, Part V — Summary of Plan Provisions

## History of Plan

The original plan, effective January 1, 1936, was embodied in Group Annuity Contract No. AC204, issued by Equitable Life Assurance Society of the United States. Effective November 1, 1972, the plan was amended and restated. The following amendments were incorporated into the restated plan: (1) To provide for transfer of certain employer and employee contributions made under the prior plan to the employer's Thrift Plan Trust; (2) To transfer the remaining funds from a combination deferred annuity and deposit administration type of funding to an Immediate Participation Guarantee contract; (3) To revise eligibility requirements for participation in the plan; (4) To increase basic retirement benefits for members having more than 15 but fewer than 20 years of credited service; (5) To amend the plan's Social Security offset for members who were not members in the prior plan; (6) To liberalize eligibility for spouse's benefits and to add a surviving dependent's benefit where there was no surviving spouse; (7) To add other optional forms of payment of retirement benefits; and (8) To make administrative, technical, and conforming changes to give effect to the foregoing changes.

Effective January 1, 1976, the plan was amended in compliance with the Employee Retirement Income Security Act of 1974 (ERISA). The major changes were as follows: (1) Employees hired after age 60 were excluded from the plan; (2) Vesting became 100% after 10 years of service; (3) Early retirement eligibility was reduced to age 55 with 10 years of service; (4) Eligibility to participate in the plan was reduced to age 25 with one year of service; (5) An alternative benefit formula was added; (6) Eligibility for the spouse's or dependent's benefit was reduced to age 55 with 10 years of service; (7) Certain other changes were made to conform with ERISA.

Effective December 31, 1976, the plan was amended to increase benefits for previously retired employees.

Effective January 1, 1978, the early retirement reduction in the spouse's and dependent's benefit calculation was removed.

Effective December 1, 1979, retirees and beneficiaries who were receiving a benefit prior to January 1, 1979, were granted a benefit increase.

Effective December 1, 1981, retirees and beneficiaries who had a calculated retirement benefit (including those who were still active but no longer accruing service) were granted a benefit increase.

Effective January 1, 1984, the plan was amended to provide for a subsidized post-retirement 50% joint and survivor annuity, and the definition of average monthly earnings was changed from a five-year average to a three-year average.

Effective January 1, 1985, the plan was amended to comply with the requirements of the Retirement Equity Act. This included liberalizing the eligibility requirements for participation to age 21 with one year of service and extending death benefit coverage to all vested participants. An additional normal retirement benefit formula was introduced to reflect the longer accrual period from age 21 to normal retirement. The cost of providing the death benefit coverage is subsidized by the plan. Also effective January 1, 1985, retirees and beneficiaries who were receiving a benefit prior to January 1, 1984, were granted a benefit increase.

Effective January 1, 1988, the plan was amended to comply with the requirements of the Omnibus Budget Reconciliation Act (OBRA). This provided that active participants currently age 65 or older must continue to accrue pension credits until they retire. In addition, participants hired on or after age 60 became eligible to participate in the retirement plan. Also, effective January 1, 1988, retirees and beneficiaries who were receiving a benefit prior to January 1, 1987 were granted a benefit increase.

Effective January 1, 1990, the plan was amended to comply with the Tax Reform Act of 1986. This provided 100% vesting of a participant's retirement benefit after attaining five years of vesting service. In addition, the $200,000 compensation limit was adopted such that any amount of average monthly pay in excess of this amount is not considered in determining a participant's retirement benefit. The plan formula was changed to comply with the Tax Reform Act of 1986 to be:

1.4% of average monthly earning up to the participant's covered compensation level

plus

1.9% of average monthly earning in excess of the participant's covered compensation level for each year of service up to 35 years.

In addition, the early retirement benefit was modified such that the retirement benefit will be reduced by 7/12% for each month the benefit is payable prior to the participant's Social Security normal retirement age for 60 months and then 4/12% for each month thereafter.

Effective January 1, 1993, retirees and beneficiaries who were receiving a benefit prior to January 1, 1992 were granted a benefit increase.

Effective December 31, 1999, retirees and beneficiaries who were receiving a benefit prior to January 1, 1999 were granted a benefit increase.

Effective January 1, 2002, newly hired employees will be covered by UL's Financial Security plan instead of the Retirement Income plan. Employees hired prior to January 1, 2002 were given a choice between (Choice 1) continuing to earn benefit service and credit for future pay increases under this plan or (Choice 2) stopping benefit service accruals under this plan (but continuing to receive credit for future pay increases for up to 35 years of benefit service) and entering the Financial Security plan.

Effective October 1, 2022 benefits in this plan were frozen for a group on Not For Profit employees.

# Plan Provisions

| | |
|---|---|
| **Effective Date** | Original plan, January 1, 1936. |
| **Plan Year** | Calendar year. |
| **Coverage** | All employees who have attained age 21 and completed one year of service, who were hired prior to January 1, 2002. |
| **Normal Retirement** | |
| Eligibility | Age 65 and five years of vesting service. |
| Benefit | The normal retirement benefit is 1.4% of average monthly earnings up to the participant's covered compensation plus 1.9% of average monthly earnings in excess of the participant's covered compensation for each year of benefit service to a maximum of 35 years.<br><br>Effective December 31, 2025, plan is frozen for future accruals. |
| **Early Retirement** | |
| Eligibility | Age 55 with five years of vesting service. |
| Benefit | A monthly benefit computed in the same way as the normal retirement benefit, based on benefit service to the date of early retirement, and reduced for early payment.<br><br>The reduction is 7/12% for each month prior to the participant's Social Security normal retirement age for the first 60 months and then 4/12% for each month thereafter. |
| **Disability** | |
| Eligibility | Five years of vesting service. |
| Benefit | A monthly benefit computed in the same way as the early retirement benefit based on benefit service to date of termination and payable at any time after the date on which the member would have been eligible for early retirement. |
| **Vested Termination** | |
| Eligibility | Five years of vesting service. |
| Benefit | A monthly benefit, computed in the same way as the early retirement benefit, based on benefit service to date of termination and payable at any time after the date on which the member would have been eligible for early |

| | |
|---|---|
| | retirement. Choice 2 participants may commence a benefit at any date after termination. |
| **Preretirement Death** | |
| Eligibility | Five years of vesting service. |
| Benefit | |
| Actives | A monthly benefit is payable for the life of the spouse in the event of a participant's death, with the benefit commencing at the later of age 55 or date of death. The benefit is 50% of the member's accrued benefit unreduced for early commencement between normal retirement age and age 55 and reduced for commencement earlier than when the participant would have reached age 55. If no spouse survives the member, the benefit is payable to his dependents as long as they are eligible for a child's insurance benefit under the Social Security Act on the basis of the earnings of the deceased member. |
| Terminated Vesteds | 50% of the member's accrued benefit is payable to the member's spouse for life. The benefit commences when the member would have reached age 55 or date of death if later. The benefit is reduced for early commencement and form of payment. |
| **Normal Form of Payment** | Life annuity with subsidized 50% joint and survivor annuity for married participants. |
| **Optional Form of Payment** | Lump sum, 75% joint and survivor annuity, 100% joint and survivor annuity, 10-year or 15-year certain and life annuity.<br><br>Effective March 2009, lump sums have been restricted due to the plan being below 80% funded. The lump sum restrictions were lifted as of July 25, 2013 based on the 2013 AFTAP certification.<br><br>Effective April 1, 2014, lump sum restrictions began again due to the presumed AFTAP being below 80%. As of September 30, 2014, the AFTAP was over 80%, and lump sums were no longer restricted.<br><br>Effective April 1, 2016, lump sum restrictions began again due to the presumed AFTAP being below 80%. As of September 28, 2018, the AFTAP was over 80%, and lump sums were no longer restricted.<br><br>As of March 1, 2023, lump sum restrictions began again due to the AFTAP being below 80%. |

# Schedule SB Attachment (Form 5500) —2025 Plan Year
# Retirement Income Plan for Employees of UL LLC
# EIN: 943282454 PN: 001

**Definitions**

| | |
|---|---|
| Actuarial Equivalence | A benefit of value equivalent to the value of the benefit being replaced, computed on the basis of the UP-1984 Group Annuity Mortality Table, adjusted by assuming such table is applied to a population consisting of 90% males and 10% females, and using an interest rate of 8.0% per annum. |
| Compensation | The compensation based on an employee's regular rate of pay excluding overtime. For 2025 this amount is limited to $350,000. |
| Average Monthly Earnings | The average of the highest consecutive three years out of the six years preceding the date of retirement. For Choice 2 employees who chose to participate in the Financial Security Plan, this does not include pay after achieving 35 years of benefit service if the pay was earned after December 31, 2001. |
| Vesting Service | All years of service beginning at the latter of date of hire or age 18, where a year of service is calculated as defined in the plan according to the "1000-hour" rule. |
| Benefit Service | The number of years and months of a member's service after the latter of his attainment of age 21 or his completion of one year of service. For Choice 2 employees who chose to participate in the Financial Security plan, this service is frozen as of December 31, 2001. |
| Covered Compensation | The 35-year average of the Social Security wage bases ending in the year a participant attains Social Security normal retirement age as defined in the regulations. |
| Social Security Normal Retirement Age | Retirement age as described in section 216(l) of the Social Security Act, which ranges from age 65 to age 67. |
| Maximum Annual Benefit | $280,000 for a participant retiring at age 65 or older in 2025. |

## Plan Changes Since the Prior Year

The funding valuation does not reflect any plan changes.

# Schedule SB Attachment (Form 5500) —2025 Plan Year
# Retirement Income Plan for Employees of UL LLC
# EIN: 943282454  PN: 001

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

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

# Schedule SB Attachment (Form 5500) —2025 Plan Year
# Retirement Income Plan for Employees of UL LLC
# EIN: 943282454  PN: 001

## Schedule SB, line 24 — Change in Actuarial Assumptions

The funding valuation reflects the following assumption changes:

- A change in the percent married assumption for male participants from 75 percent to 70 percent.
- A change in the assumed spousal age difference for female participants from being 2 years younger to being 3 years younger than their spouses.
- A change in the retirement age assumption for terminated vested participants from age 63 to age 64.
- A change in the termination rates to better reflect anticipated future experience as the result of an assumption study
- A change in the retirement rates for active employees to better reflect anticipated future experience as the result of an assumption study
- A change in the salary scale from 4.00 percent for 2024 and 3.00 percent for 2025+ to 4.00 percent for 2025 and 3.00 percent for 2026+.

# Schedule SB Attachment (Form 5500) —2025 Plan Year
# Retirement Income Plan for Employees of UL LLC
# EIN: 943282454  PN: 001

## Schedule SB, line 26a — Schedule of Active Participant Data as of January 1, 2025

**Number of Participants and Average Compensation**

| Attained Age | Years of Credited Service | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | <1 | 1-4 | 5-9 | 10-14 | 15-19 | 20-24 | 25-29 | 30-34 | 35-39 | 40+ |
| <25 | | | | | | | | | | |
| 25-29 | | | | | | | | | | |
| 30-34 | | | | | | | | | | |
| 35-39 | | | | | | | | | | |
| 40-44 | | | | | | 4 | | | | |
| 45-49 | | | | | | 60<br>$140,351 | 25<br>$142,447 | | | |
| 50-54 | | | | | | 42<br>$134,740 | 102<br>$140,997 | 22<br>$114,248 | | |
| 55-59 | | | | | | 31<br>$124,806 | 53<br>$134,025 | 86<br>$147,433 | 28<br>$136,293 | |
| 60-64 | | | | | | 13 | 22<br>$129,670 | 52<br>$136,604 | 73<br>$153,708 | 10 |
| 65-69 | | | | | | 4 | 12 | 4 | 11 | 20<br>$152,414 |
| 70+ | | | | | | 1 | 1 | 2 | | 1 |

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Schedule SB Attachment (Form 5500) —2025 Plan Year
Retirement Income Plan for Employees of UL LLC
EIN: 943282454 PN: 001

# Schedule SB, line 26b — Schedule of Projection of Expected Benefit Payments

| Plan Year | Active Participants | Terminated Vested Participants | Retired Participants and Beneficiaries Receiving Payments | Total |
|---|---|---|---|---|
| 2025 | 1,256,255 | 1,480,068 | 12,891,859 | 15,628,182 |
| 2026 | 2,903,654 | 1,963,983 | 12,621,707 | 17,489,344 |
| 2027 | 4,292,090 | 2,438,308 | 12,335,385 | 19,065,783 |
| 2028 | 5,643,222 | 2,749,257 | 12,057,096 | 20,449,575 |
| 2029 | 6,796,791 | 3,062,334 | 11,738,156 | 21,597,281 |
| 2030 | 7,786,097 | 3,348,570 | 11,396,434 | 22,531,101 |
| 2031 | 8,632,383 | 3,476,123 | 11,036,234 | 23,144,740 |
| 2032 | 9,364,652 | 3,658,858 | 10,667,749 | 23,691,259 |
| 2033 | 9,916,415 | 3,735,803 | 10,263,514 | 23,915,732 |
| 2034 | 10,360,781 | 3,787,426 | 9,837,594 | 23,985,801 |
| 2035 | 10,723,324 | 3,813,392 | 9,400,768 | 23,937,484 |
| 2036 | 10,982,000 | 3,850,055 | 8,935,304 | 23,767,359 |
| 2037 | 11,155,013 | 3,836,427 | 8,451,031 | 23,442,471 |
| 2038 | 11,271,815 | 3,810,380 | 7,951,804 | 23,033,999 |
| 2039 | 11,291,764 | 3,770,124 | 7,437,861 | 22,499,749 |
| 2040 | 11,262,069 | 3,702,388 | 6,914,606 | 21,879,063 |
| 2041 | 11,170,939 | 3,644,482 | 6,386,585 | 21,202,006 |
| 2042 | 11,015,057 | 3,588,083 | 5,858,780 | 20,461,920 |
| 2043 | 10,810,567 | 3,494,114 | 5,336,331 | 19,641,012 |
| 2044 | 10,546,921 | 3,400,199 | 4,824,426 | 18,771,546 |
| 2045 | 10,242,164 | 3,277,747 | 4,328,046 | 17,847,957 |
| 2046 | 9,889,896 | 3,133,317 | 3,851,752 | 16,874,965 |
| 2047 | 9,493,566 | 2,979,972 | 3,399,567 | 15,873,105 |
| 2048 | 9,060,909 | 2,818,137 | 2,974,873 | 14,853,919 |
| 2049 | 8,592,572 | 2,648,530 | 2,580,338 | 13,821,440 |
| 2050 | 8,097,853 | 2,472,241 | 2,217,887 | 12,787,981 |
| 2051 | 7,577,892 | 2,290,762 | 1,888,685 | 11,757,339 |
| 2052 | 7,040,017 | 2,105,984 | 1,593,140 | 10,739,141 |
| 2053 | 6,491,968 | 1,920,149 | 1,330,926 | 9,743,043 |
| 2054 | 5,939,078 | 1,735,737 | 1,101,067 | 8,775,882 |
| 2055 | 5,389,511 | 1,555,288 | 902,001 | 7,846,800 |
| 2056 | 4,850,385 | 1,381,236 | 731,710 | 6,963,331 |
| 2057 | 4,328,398 | 1,215,774 | 587,809 | 6,131,981 |
| 2058 | 3,829,506 | 1,060,736 | 467,674 | 5,357,916 |
| 2059 | 3,358,755 | 917,506 | 368,580 | 4,644,841 |

Schedule SB Attachment (Form 5500) —2025 Plan Year
Retirement Income Plan for Employees of UL LLC
EIN: 943282454 PN: 001

# Schedule SB, line 32 — Schedule of Amortization Bases

| Type of Base | Present Value of Installment | Date Established | Years Remaining | Amortization Installment |
|---|---|---|---|---|
| Shortfall | $ 39,436,098 | January 1, 2020 | 10 | $ 4,910,884 |
| Shortfall | $ 8,599,468 | January 1, 2021 | 11 | $ 996,875 |
| Shortfall | $ 380,016 | January 1, 2022 | 12 | $ 41,340 |
| Shortfall | $ 32,192,023 | January 1, 2023 | 13 | $ 3,308,556 |
| Shortfall | $ (620,758) | January 1, 2024 | 14 | $ (60,619) |
| Shortfall | $ (18,155,609) | January 1, 2025 | 15 | $ (1,692,837) |

# Schedule SB Attachment (Form 5500) —2025 Plan Year
# Retirement Income Plan for Employees of UL LLC
# EIN: 943282454 PN: 001

| Plan Year | Active Participants | Terminated Vested Participants | Retired Participants and Beneficiaries Receiving Payments | Total |
|---|---|---|---|---|
| 2060 | 2,920,131 | 787,001 | 287,796 | 3,994,928 |
| 2061 | 2,516,484 | 669,665 | 222,703 | 3,408,852 |
| 2062 | 2,149,538 | 565,494 | 170,852 | 2,885,884 |
| 2063 | 1,819,890 | 474,115 | 130,003 | 2,424,008 |
| 2064 | 1,527,133 | 394,848 | 98,159 | 2,020,140 |
| 2065 | 1,270,008 | 326,782 | 73,585 | 1,670,375 |
| 2066 | 1,046,591 | 268,853 | 54,796 | 1,370,240 |
| 2067 | 854,495 | 219,928 | 40,556 | 1,114,979 |
| 2068 | 691,027 | 178,875 | 29,846 | 899,748 |
| 2069 | 553,352 | 144,622 | 21,842 | 719,816 |
| 2070 | 438,606 | 116,185 | 15,893 | 570,684 |
| 2071 | 343,982 | 92,690 | 11,493 | 448,165 |
| 2072 | 266,803 | 73,373 | 8,256 | 348,432 |
| 2073 | 204,559 | 57,574 | 5,887 | 268,020 |
| 2074 | 154,947 | 44,733 | 4,164 | 203,844 |

# Schedule SB Attachment (Form 5500) —2025 Plan Year
# Retirement Income Plan for Employees of UL LLC
# EIN: 943282454  PN: 001

## Schedule SB, line 15 — Reconciliation of Differences Between Valuation Results and Amounts Used to Calculate AFTAP

The 2025 AFTAP for the UL LLC Retirement Income Plan was first issued on September 12, 2025 and then issued a second time also on September 12, 2025. The inputs used in each certification are outlined below:

| | Certification Date | |
|---|---|---|
| | 9/12/2025 (first) | 9/12/2025 (second) |
| Funding Target | $311,014,961 | $311,014,961 |
| Value of Plan Assets | 249,383,696 | 249,183,723 |
| Funding Standard Carryover Balance | 0 | 0 |
| Prefunding Balance | 0 | 0 |
| Annuities Purchased for NHCE's | 0 | 0 |
| Securities Posted | 0 | 0 |
| Certified AFTAP | 80.18% | 80.11% |

# Schedule SB Attachment (Form 5500) —2025 Plan Year
# Retirement Income Plan for Employees of UL LLC
# EIN: 943282454 PN: 001

## Schedule SB, line 19 — Discounted Employer Contributions

Year applied for contributions: 2025

| Date | Amount | Days to Discount to 1/1/2025 at 5.36% | Interest Adjusted Contribution |
|---|---|---|---|
| January 2, 2025 | $ 200,000 | 1 | $ 199,971 |
| April 14, 2025 | 4,380,000 | 103 | 4,315,938 |
| July 14, 2025 | 4,380,000 | 194 | 4,260,120 |
| October 15, 2025 | 4,380,000 | 287 | 4,203,820 |
| January 14, 2026 | 500,000 | 378 | 473,682 |
| April 10, 2026 | 4,100,000 | 464 | 3,836,699 |
| July 9, 2026 | 1,900,000 | 554 | 1,755,239 |
| September 9, 2026 | 1,900,000 | 616 | 1,739,740 |
| Total Contribution | $ 21,740,000 | | $ 20,785,209 |

# Schedule SB Attachment (Form 5500) —2025 Plan Year
# Retirement Income Plan for Employees of UL LLC
# EIN: 943282454 PN: 001

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

The average retirement age shown in line 22 has been calculated by assuming the following retirement rates and no decrements other than retirement for this calculation. All retirements are assumed to occur at mid-year, except for the 100% retirement age.

| (a) Age | (b) Rate | (c) Weight | (d) Product (a) × (b) × (c) |
|---|---|---|---|
| 55.5 | 4.00% | 1.0000 | 2.22 |
| 56.5 | 4.00% | 0.9600 | 2.17 |
| 57.5 | 4.00% | 0.9216 | 2.12 |
| 58.5 | 4.00% | 0.8847 | 2.07 |
| 59.5 | 7.00% | 0.8493 | 3.54 |
| 60.5 | 7.00% | 0.7899 | 3.35 |
| 61.5 | 7.00% | 0.7346 | 3.16 |
| 62.5 | 12.00% | 0.6832 | 5.12 |
| 63.5 | 12.00% | 0.6012 | 4.58 |
| 64.5 | 20.00% | 0.5291 | 6.82 |
| 65.5 | 35.00% | 0.4232 | 9.70 |
| 66.5 | 35.00% | 0.2751 | 6.40 |
| 67.5 | 35.00% | 0.1788 | 4.22 |
| 68.5 | 25.00% | 0.1162 | 1.99 |
| 69.5 | 50.00% | 0.0872 | 3.03 |
| 70 | 100.00% | 0.0436 | 3.05 |
| | | Weighted Average | 63.54 |

Schedule SB Attachment (Form 5500) —2025 Plan Year
Retirement Income Plan for Employees of UL LLC
EIN: 943282454 PN: 001

# Schedule SB, line 26b — Schedule of Projection of Expected Benefit Payments

| Plan Year | Active Participants | Terminated Vested Participants | Retired Participants and Beneficiaries Receiving Payments | Total |
|---|---|---|---|---|
| 2025 | 1,256,255 | 1,480,068 | 12,891,859 | 15,628,182 |
| 2026 | 2,903,654 | 1,963,983 | 12,621,707 | 17,489,344 |
| 2027 | 4,292,090 | 2,438,308 | 12,335,385 | 19,065,783 |
| 2028 | 5,643,222 | 2,749,257 | 12,057,096 | 20,449,575 |
| 2029 | 6,796,791 | 3,062,334 | 11,738,156 | 21,597,281 |
| 2030 | 7,786,097 | 3,348,570 | 11,396,434 | 22,531,101 |
| 2031 | 8,632,383 | 3,476,123 | 11,036,234 | 23,144,740 |
| 2032 | 9,364,652 | 3,658,858 | 10,667,749 | 23,691,259 |
| 2033 | 9,916,415 | 3,735,803 | 10,263,514 | 23,915,732 |
| 2034 | 10,360,781 | 3,787,426 | 9,837,594 | 23,985,801 |
| 2035 | 10,723,324 | 3,813,392 | 9,400,768 | 23,937,484 |
| 2036 | 10,982,000 | 3,850,055 | 8,935,304 | 23,767,359 |
| 2037 | 11,155,013 | 3,836,427 | 8,451,031 | 23,442,471 |
| 2038 | 11,271,815 | 3,810,380 | 7,951,804 | 23,033,999 |
| 2039 | 11,291,764 | 3,770,124 | 7,437,861 | 22,499,749 |
| 2040 | 11,262,069 | 3,702,388 | 6,914,606 | 21,879,063 |
| 2041 | 11,170,939 | 3,644,482 | 6,386,585 | 21,202,006 |
| 2042 | 11,015,057 | 3,588,083 | 5,858,780 | 20,461,920 |
| 2043 | 10,810,567 | 3,494,114 | 5,336,331 | 19,641,012 |
| 2044 | 10,546,921 | 3,400,199 | 4,824,426 | 18,771,546 |
| 2045 | 10,242,164 | 3,277,747 | 4,328,046 | 17,847,957 |
| 2046 | 9,889,896 | 3,133,317 | 3,851,752 | 16,874,965 |
| 2047 | 9,493,566 | 2,979,972 | 3,399,567 | 15,873,105 |
| 2048 | 9,060,909 | 2,818,137 | 2,974,873 | 14,853,919 |
| 2049 | 8,592,572 | 2,648,530 | 2,580,338 | 13,821,440 |
| 2050 | 8,097,853 | 2,472,241 | 2,217,887 | 12,787,981 |
| 2051 | 7,577,892 | 2,290,762 | 1,888,685 | 11,757,339 |
| 2052 | 7,040,017 | 2,105,984 | 1,593,140 | 10,739,141 |
| 2053 | 6,491,968 | 1,920,149 | 1,330,926 | 9,743,043 |
| 2054 | 5,939,078 | 1,735,737 | 1,101,067 | 8,775,882 |
| 2055 | 5,389,511 | 1,555,288 | 902,001 | 7,846,800 |
| 2056 | 4,850,385 | 1,381,236 | 731,710 | 6,963,331 |
| 2057 | 4,328,398 | 1,215,774 | 587,809 | 6,131,981 |
| 2058 | 3,829,506 | 1,060,736 | 467,674 | 5,357,916 |
| 2059 | 3,358,755 | 917,506 | 368,580 | 4,644,841 |

# Schedule SB Attachment (Form 5500) —2025 Plan Year
# Retirement Income Plan for Employees of UL LLC
# EIN: 943282454 PN: 001

| Plan Year | Active Participants | Terminated Vested Participants | Retired Participants and Beneficiaries Receiving Payments | Total |
|---|---|---|---|---|
| 2060 | 2,920,131 | 787,001 | 287,796 | 3,994,928 |
| 2061 | 2,516,484 | 669,665 | 222,703 | 3,408,852 |
| 2062 | 2,149,538 | 565,494 | 170,852 | 2,885,884 |
| 2063 | 1,819,890 | 474,115 | 130,003 | 2,424,008 |
| 2064 | 1,527,133 | 394,848 | 98,159 | 2,020,140 |
| 2065 | 1,270,008 | 326,782 | 73,585 | 1,670,375 |
| 2066 | 1,046,591 | 268,853 | 54,796 | 1,370,240 |
| 2067 | 854,495 | 219,928 | 40,556 | 1,114,979 |
| 2068 | 691,027 | 178,875 | 29,846 | 899,748 |
| 2069 | 553,352 | 144,622 | 21,842 | 719,816 |
| 2070 | 438,606 | 116,185 | 15,893 | 570,684 |
| 2071 | 343,982 | 92,690 | 11,493 | 448,165 |
| 2072 | 266,803 | 73,373 | 8,256 | 348,432 |
| 2073 | 204,559 | 57,574 | 5,887 | 268,020 |
| 2074 | 154,947 | 44,733 | 4,164 | 203,844 |

# Schedule SB Attachment (Form 5500) —2025 Plan Year
# Retirement Income Plan for Employees of UL LLC
# EIN: 943282454 PN: 001

# Schedule SB, Part V — Summary of Plan Provisions

## History of Plan

The original plan, effective January 1, 1936, was embodied in Group Annuity Contract No. AC204, issued by Equitable Life Assurance Society of the United States. Effective November 1, 1972, the plan was amended and restated. The following amendments were incorporated into the restated plan: (1) To provide for transfer of certain employer and employee contributions made under the prior plan to the employer's Thrift Plan Trust; (2) To transfer the remaining funds from a combination deferred annuity and deposit administration type of funding to an Immediate Participation Guarantee contract; (3) To revise eligibility requirements for participation in the plan; (4) To increase basic retirement benefits for members having more than 15 but fewer than 20 years of credited service; (5) To amend the plan's Social Security offset for members who were not members in the prior plan; (6) To liberalize eligibility for spouse's benefits and to add a surviving dependent's benefit where there was no surviving spouse; (7) To add other optional forms of payment of retirement benefits; and (8) To make administrative, technical, and conforming changes to give effect to the foregoing changes.

Effective January 1, 1976, the plan was amended in compliance with the Employee Retirement Income Security Act of 1974 (ERISA). The major changes were as follows: (1) Employees hired after age 60 were excluded from the plan; (2) Vesting became 100% after 10 years of service; (3) Early retirement eligibility was reduced to age 55 with 10 years of service; (4) Eligibility to participate in the plan was reduced to age 25 with one year of service; (5) An alternative benefit formula was added; (6) Eligibility for the spouse's or dependent's benefit was reduced to age 55 with 10 years of service; (7) Certain other changes were made to conform with ERISA.

Effective December 31, 1976, the plan was amended to increase benefits for previously retired employees.

Effective January 1, 1978, the early retirement reduction in the spouse's and dependent's benefit calculation was removed.

Effective December 1, 1979, retirees and beneficiaries who were receiving a benefit prior to January 1, 1979, were granted a benefit increase.

Effective December 1, 1981, retirees and beneficiaries who had a calculated retirement benefit (including those who were still active but no longer accruing service) were granted a benefit increase.

Effective January 1, 1984, the plan was amended to provide for a subsidized post-retirement 50% joint and survivor annuity, and the definition of average monthly earnings was changed from a five-year average to a three-year average.

Effective January 1, 1985, the plan was amended to comply with the requirements of the Retirement Equity Act. This included liberalizing the eligibility requirements for participation to age 21 with one year of service and extending death benefit coverage to all vested participants. An additional normal retirement benefit formula was introduced to reflect the longer accrual period from age 21 to normal retirement. The cost of providing the death benefit coverage is subsidized by the plan. Also effective January 1, 1985, retirees and beneficiaries who were receiving a benefit prior to January 1, 1984, were granted a benefit increase.

Effective January 1, 1988, the plan was amended to comply with the requirements of the Omnibus Budget Reconciliation Act (OBRA). This provided that active participants currently age 65 or older must continue to accrue pension credits until they retire. In addition, participants hired on or after age 60 became eligible to participate in the retirement plan. Also, effective January 1, 1988, retirees and beneficiaries who were receiving a benefit prior to January 1, 1987 were granted a benefit increase.

Effective January 1, 1990, the plan was amended to comply with the Tax Reform Act of 1986. This provided 100% vesting of a participant's retirement benefit after attaining five years of vesting service. In addition, the $200,000 compensation limit was adopted such that any amount of average monthly pay in excess of this amount is not considered in determining a participant's retirement benefit. The plan formula was changed to comply with the Tax Reform Act of 1986 to be:

1.4% of average monthly earning up to the participant's covered compensation level

plus

1.9% of average monthly earning in excess of the participant's covered compensation level for each year of service up to 35 years.

In addition, the early retirement benefit was modified such that the retirement benefit will be reduced by 7/12% for each month the benefit is payable prior to the participant's Social Security normal retirement age for 60 months and then 4/12% for each month thereafter.

Effective January 1, 1993, retirees and beneficiaries who were receiving a benefit prior to January 1, 1992 were granted a benefit increase.

Effective December 31, 1999, retirees and beneficiaries who were receiving a benefit prior to January 1, 1999 were granted a benefit increase.

Effective January 1, 2002, newly hired employees will be covered by UL's Financial Security plan instead of the Retirement Income plan. Employees hired prior to January 1, 2002 were given a choice between (Choice 1) continuing to earn benefit service and credit for future pay increases under this plan or (Choice 2) stopping benefit service accruals under this plan (but continuing to receive credit for future pay increases for up to 35 years of benefit service) and entering the Financial Security plan.

Effective October 1, 2022 benefits in this plan were frozen for a group on Not For Profit employees.

# Plan Provisions

| | |
|---|---|
| **Effective Date** | Original plan, January 1, 1936. |
| **Plan Year** | Calendar year. |
| **Coverage** | All employees who have attained age 21 and completed one year of service, who were hired prior to January 1, 2002. |
| **Normal Retirement** | |
| Eligibility | Age 65 and five years of vesting service. |
| Benefit | The normal retirement benefit is 1.4% of average monthly earnings up to the participant's covered compensation plus 1.9% of average monthly earnings in excess of the participant's covered compensation for each year of benefit service to a maximum of 35 years.<br><br>Effective December 31, 2025, plan is frozen for future accruals. |
| **Early Retirement** | |
| Eligibility | Age 55 with five years of vesting service. |
| Benefit | A monthly benefit computed in the same way as the normal retirement benefit, based on benefit service to the date of early retirement, and reduced for early payment.<br><br>The reduction is 7/12% for each month prior to the participant's Social Security normal retirement age for the first 60 months and then 4/12% for each month thereafter. |
| **Disability** | |
| Eligibility | Five years of vesting service. |
| Benefit | A monthly benefit computed in the same way as the early retirement benefit based on benefit service to date of termination and payable at any time after the date on which the member would have been eligible for early retirement. |
| **Vested Termination** | |
| Eligibility | Five years of vesting service. |
| Benefit | A monthly benefit, computed in the same way as the early retirement benefit, based on benefit service to date of termination and payable at any time after the date on which the member would have been eligible for early |

| | |
|---|---|
| | retirement. Choice 2 participants may commence a benefit at any date after termination. |
| **Preretirement Death** | |
| Eligibility | Five years of vesting service. |
| Benefit | |
| Actives | A monthly benefit is payable for the life of the spouse in the event of a participant's death, with the benefit commencing at the later of age 55 or date of death. The benefit is 50% of the member's accrued benefit unreduced for early commencement between normal retirement age and age 55 and reduced for commencement earlier than when the participant would have reached age 55. If no spouse survives the member, the benefit is payable to his dependents as long as they are eligible for a child's insurance benefit under the Social Security Act on the basis of the earnings of the deceased member. |
| Terminated Vesteds | 50% of the member's accrued benefit is payable to the member's spouse for life. The benefit commences when the member would have reached age 55 or date of death if later. The benefit is reduced for early commencement and form of payment. |
| **Normal Form of Payment** | Life annuity with subsidized 50% joint and survivor annuity for married participants. |
| **Optional Form of Payment** | Lump sum, 75% joint and survivor annuity, 100% joint and survivor annuity, 10-year or 15-year certain and life annuity.<br><br>Effective March 2009, lump sums have been restricted due to the plan being below 80% funded. The lump sum restrictions were lifted as of July 25, 2013 based on the 2013 AFTAP certification.<br><br>Effective April 1, 2014, lump sum restrictions began again due to the presumed AFTAP being below 80%. As of September 30, 2014, the AFTAP was over 80%, and lump sums were no longer restricted.<br><br>Effective April 1, 2016, lump sum restrictions began again due to the presumed AFTAP being below 80%. As of September 28, 2018, the AFTAP was over 80%, and lump sums were no longer restricted.<br><br>As of March 1, 2023, lump sum restrictions began again due to the AFTAP being below 80%. |

# Schedule SB Attachment (Form 5500) —2025 Plan Year
# Retirement Income Plan for Employees of UL LLC
# EIN: 943282454 PN: 001

**Definitions**

| | |
|---|---|
| Actuarial Equivalence | A benefit of value equivalent to the value of the benefit being replaced, computed on the basis of the UP-1984 Group Annuity Mortality Table, adjusted by assuming such table is applied to a population consisting of 90% males and 10% females, and using an interest rate of 8.0% per annum. |
| Compensation | The compensation based on an employee's regular rate of pay excluding overtime. For 2025 this amount is limited to $350,000. |
| Average Monthly Earnings | The average of the highest consecutive three years out of the six years preceding the date of retirement. For Choice 2 employees who chose to participate in the Financial Security Plan, this does not include pay after achieving 35 years of benefit service if the pay was earned after December 31, 2001. |
| Vesting Service | All years of service beginning at the latter of date of hire or age 18, where a year of service is calculated as defined in the plan according to the "1000-hour" rule. |
| Benefit Service | The number of years and months of a member's service after the latter of his attainment of age 21 or his completion of one year of service. For Choice 2 employees who chose to participate in the Financial Security plan, this service is frozen as of December 31, 2001. |
| Covered Compensation | The 35-year average of the Social Security wage bases ending in the year a participant attains Social Security normal retirement age as defined in the regulations. |
| Social Security Normal Retirement Age | Retirement age as described in section 216(l) of the Social Security Act, which ranges from age 65 to age 67. |
| Maximum Annual Benefit | $280,000 for a participant retiring at age 65 or older in 2025. |

## Plan Changes Since the Prior Year

The funding valuation does not reflect any plan changes.

# Schedule SB Attachment (Form 5500) —2025 Plan Year
# Retirement Income Plan for Employees of UL LLC
# EIN: 943282454  PN: 001

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

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

**The Retirement Income Plan for Employees of UL LLC**

**SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)**

**December 31, 2025**

**EMPLOYER ID NO: 94-3282454, PLAN #: 001**

| (a) | (b) Identity of Issue | (c) Description of Investment | (d) Cost | (e) Current Value |
|---|---|---|---|---|
| | Gqg Partners Emerging Markets Equity | MUTUAL FUNDS | $ 8,054 | $ 8,631 |
| | Arga Emerging Markets Value Instl | MUTUAL FUNDS | 6,335 | 8,861 |
| | Cohen Steers Collective Invt Tr | MUTUAL FUNDS | 1,943 | 2,059 |
| | Dodge Cox International Stock Fd I | MUTUAL FUNDS | 13,105 | 19,328 |
| | American Eupac Fund Class R6 | MUTUAL FUNDS | 17,442 | 19,329 |
| | Fidelity Mid Cap Index Fund | MUTUAL FUNDS | 14,607 | 17,153 |
| | Hotchkis Wiley Sm Cp Divers Val Z | MUTUAL FUNDS | 5,304 | 5,622 |
| | Hood River Small Cap Growth | MUTUAL FUNDS | 4,895 | 5,800 |
| | Blackrock Strategic Income | MUTUAL FUNDS | 19,412 | 19,457 |
| | Federated Hermes Instl Hi Yld Bd Is | MUTUAL FUNDS | 6,049 | 5,975 |
| | Fidelity Inflation Protected Bond | MUTUAL FUNDS | 4,416 | 4,397 |
| | Dws Rreef Real Assets R6 | MUTUAL FUNDS | 11,246 | 11,600 |
| | | Total Mutual Funds | 112,808 | 128,212 |
| | First Am US Treas Mm Cl Z | Interest-bearing cash | 1,829 | 1,829 |
| | Atlas Enhanced Fund Ltd | HEDGE FUNDS | 2,900 | 3,926 |
| | Laurion Capital Ltd | HEDGE FUNDS | 2,600 | 2,842 |
| | Oasis Investments II | HEDGE FUNDS | 2,608 | 5,152 |
| | Converium Capital Offshore Fund Ltd | HEDGE FUNDS | 2,000 | 2,006 |
| | Brevan Howard Alpha Strat Cay No 2 | HEDGE FUNDS | 2,250 | 2,237 |
| | Readystate Offshore Fund, Ltd. | HEDGE FUNDS | 1,750 | 1,768 |
| | | Total Hedge Funds | 14,108 | 17,931 |
| | Ir&m Intermediate Fund LLC | PARTNERSHIPS AND JOINT VENTURES | 15,567 | 16,989 |
| | Ir&m Long Government Credit Fund LLC | PARTNERSHIPS AND JOINT VENTURES | 39,500 | 41,208 |
| | Anchorage Capital Partners LP | PARTNERSHIPS AND JOINT VENTURES | 556 | 836 |
| | Bil Ltd | PARTNERSHIPS AND JOINT VENTURES | 3,157 | 3,351 |
| | Davidson Kempner Intl (Bvi) Ltd | PARTNERSHIPS AND JOINT VENTURES | 1,742 | 2,842 |
| | Marshall Wace Eureka Fund | PARTNERSHIPS AND JOINT VENTURES | 1,958 | 3,172 |
| | Midocean Credit Opp Offshore Fd Ltd | PARTNERSHIPS AND JOINT VENTURES | 70 | 26 |
| | Southpoint Qualified Offshore Fd Ltd | PARTNERSHIPS AND JOINT VENTURES | 1,626 | 3,320 |
| | Ta Realty Core Property Fund LP | PARTNERSHIPS AND JOINT VENTURES | 4,665 | 3,613 |
| | Tcim Offshore Fund Ltd | PARTNERSHIPS AND JOINT VENTURES | 2,000 | 2,725 |
| | Whitebox Multi-Strategy Fund Ltd | PARTNERSHIPS AND JOINT VENTURES | 1,539 | 3,413 |
| | | Total Partnerships and Joint Ventures | 72,380 | 81,495 |
| | SSGA S&P 500 Flagship Securities | COLLECTIVE TRUST | 22,951 | 57,243 |
| | | Total Investments | $ 224,076 | $ 286,710 |

Schedule SB Attachment (Form 5500) —2025 Plan Year
Retirement Income Plan for Employees of UL LLC
EIN: 943282454 PN: 001

# Schedule SB, line 32 — Schedule of Amortization Bases

| Type of Base | Present Value of Installment | Date Established | Years Remaining | Amortization Installment |
|---|---|---|---|---|
| Shortfall | $ 39,436,098 | January 1, 2020 | 10 | $ 4,910,884 |
| Shortfall | $ 8,599,468 | January 1, 2021 | 11 | $ 996,875 |
| Shortfall | $ 380,016 | January 1, 2022 | 12 | $ 41,340 |
| Shortfall | $ 32,192,023 | January 1, 2023 | 13 | $ 3,308,556 |
| Shortfall | $ (620,758) | January 1, 2024 | 14 | $ (60,619) |
| Shortfall | $ (18,155,609) | January 1, 2025 | 15 | $ (1,692,837) |

# Schedule SB Attachment (Form 5500) —2025 Plan Year
# Retirement Income Plan for Employees of UL LLC
# EIN: 943282454  PN: 001

## Schedule SB, line 24 — Change in Actuarial Assumptions

The funding valuation reflects the following assumption changes:

- A change in the percent married assumption for male participants from 75 percent to 70 percent.
- A change in the assumed spousal age difference for female participants from being 2 years younger to being 3 years younger than their spouses.
- A change in the retirement age assumption for terminated vested participants from age 63 to age 64.
- A change in the termination rates to better reflect anticipated future experience as the result of an assumption study
- A change in the retirement rates for active employees to better reflect anticipated future experience as the result of an assumption study
- A change in the salary scale from 4.00 percent for 2024 and 3.00 percent for 2025+ to 4.00 percent for 2025 and 3.00 percent for 2026+.