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 TEKNOR APEX COMPANY RETIREMENT PLAN

1b Three-digit plan number (PN) ▶ 003

1c Effective date of plan 01/01/1965

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)
TEKNOR APEX COMPANY

505 CENTRAL AVENUE
PAWTUCKET, RI 02861-1900

2b Employer Identification Number (EIN)
05-0306609

2c Plan Sponsor's telephone number
401-725-8000

2d Business code (see instructions)
326100

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.	10/08/2026	LANEY BEDWELL
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with incorrect/unrecognized electronic signature.		
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address [X] Same as Plan Sponsor

3b Administrator's EIN

3c Administrator's telephone number

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:

a Sponsor's name

4b EIN

c Plan Name

4d PN

5	Total number of participants at the beginning of the plan year	**5**	1689
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)**	702
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	622
b	Retired or separated participants receiving benefits	**6b**	584
c	Other retired or separated participants entitled to future benefits	**6c**	369
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	1575
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	89
f	Total. Add lines **6d** and **6e**.	**6f**	1664
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

1A 1C 3D

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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [X] **A** (Insurance Information) – Number Attached 1
- **(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 A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance 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.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

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 TEKNOR APEX COMPANY RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500
TEKNOR APEX COMPANY

D Employer Identification Number (EIN)
05-0306609

Part I **Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
PRINCIPAL LIFE INSURANCE COMPANY

(b) EIN	**(c)** NAIC code	**(d)** Contract or identification number	**(e)** Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	**(g)** To
42-0127290	61271	7-06277		01/01/2025	12/31/2025

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	**(b)** Total amount of fees paid

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	**4**	0
5	Current value of plan's interest under this contract in separate accounts at year end	**5**	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	**6b**	
c	Premiums due but unpaid at the end of the year	**6c**	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	**6d**	

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			**7b**	
c	Additions: (1) Contributions deposited during the year	**7c(1)**			
	(2) Dividends and credits	**7c(2)**			
	(3) Interest credited during the year	**7c(3)**			
	(4) Transferred from separate account	**7c(4)**			
	(5) Other (specify below) ▶	**7c(5)**			
	(6)Total additions			**7c(6)**	
d	Total of balance and additions (add lines **7b** and **7c(6)**)			**7d**	
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	**7e(1)**			
	(2) Administration charge made by carrier	**7e(2)**			
	(3) Transferred to separate account	**7e(3)**			
	(4) Other (specify below) ▶	**7e(4)**			
	(5) Total deductions			**7e(5)**	
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			**7f**	

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- **a** ☐ Health (other than dental or vision)
- **b** ☐ Dental
- **c** ☐ Vision
- **d** ☐ Life insurance
- **e** ☐ Temporary disability (accident and sickness)
- **f** ☐ Long-term disability
- **g** ☐ Supplemental unemployment
- **h** ☐ Prescription drug
- **i** ☐ Stop loss (large deductible)
- **j** ☐ HMO contract
- **k** ☐ PPO contract
- **l** ☐ Indemnity contract
- **m** ☐ Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

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 TEKNOR APEX COMPANY RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
TEKNOR APEX COMPANY

D Employer Identification Number (EIN)
05-0306609

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**	242100047
b Actuarial value	**2b**	236799042

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	603	101137624	101137624
b For terminated vested participants	384	26394700	26394700
c For active participants	702	89365284	89386987
d Total	1689	216897608	216919311

4 If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ]

a Funding target disregarding prescribed at-risk assumptions	**4a**	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	**4b**	

5 Effective interest rate	**5**	5.38 %
6 Target normal cost		
a Present value of current plan year accruals	**6a**	6394206
b Expected plan-related expenses	**6b**	461921
c Target normal cost	**6c**	6856127

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

10/07/2026
Date

JAIME PACKER
Type or print name of actuary

26-07956
Most recent enrollment number

USI CONSULTING GROUP
Firm name

860-652-1037
Telephone number (including area code)

95 GLASTONBURY BLVD
SUITE 102
GLASTONBURY, CT 06033-1296
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	36971515
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	7604721
9	Amount remaining (line 7 minus line 8)	0	29366794
10	Interest on line 9 using prior year's actual return of 8.22 %	0	2413950
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.17 %		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		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	31780744

Part III Funding Percentages

14	Funding target attainment percentage	14	94.51 %
15	Adjusted funding target attainment percentage	15	109.16 %
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	96.04 %
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
07/29/2025	3000000				
			Totals ► 18(b)	3000000	18(c) 0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
	a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
	b Contributions made to avoid restrictions adjusted to valuation date	19b	0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	2911319

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**	62

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

Part VI Miscellaneous Items

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

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

26 Demographic and benefit information

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

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

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

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**	6856127
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	11901103	1167215
b Waiver amortization installment		

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**	8023342

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	5112023	5112023

36 Additional cash requirement (line 34 minus line 35)	**36**	2911319
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	2911319

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

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

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

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

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2025** **This Form is Open to Public Inspection.**

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

A Name of plan
THE TEKNOR APEX COMPANY RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500
TEKNOR APEX COMPANY

D Employer Identification Number (EIN)
05-0306609

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

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

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

CAMBRIDGE ASSOCIATES LLC

04-3515240

(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?
18 51	NONE	487707	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

JP MORGAN INVESTMENT MANAGEMENT INC

13-3200244

(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?
18 51	NONE	236805	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

USI CONSULTING GROUP

06-1053228

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 50	NONE	223683	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)

WELLINGTON TRUST COMPANY

04-2755549

(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?
18 51	NONE	172148	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

UBS GLOBAL ASSET MANAGEMENT

36-3718331

(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?
18 51	NONE	86727	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

INCOME RESEARCH & MANAGEMENT COLLEC

46-1964829

(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?
18 51	NONE	67694	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)

ARROW STREET CAPITAL

45-6500555

(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?
18 51	NONE	56172	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

KILTEARN PARTNERS

27-4585908

(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?
18 51	NONE	52407	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CLARION PARTNERS

20-5016401

(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?
18 51	NONE	47936	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)

CBIZ CPAS P.C.

43-1947695

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	33600	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

SLC MANAGEMENT US INTERM INV GRADE

85-4367603

(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?
18 51	NONE	31933	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

NORTHERN TRUST COMPANY

36-1561860

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
18 51	NONE	31203	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)

LEGAL & GENERAL INVESTMENT

20-8058531

(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?
18 51	NONE	22466	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

RHUMBLINE ADVISERS

04-3118582

(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?
18 51	NONE	9906	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 TEKNOR APEX COMPANY RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 003

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
TEKNOR APEX COMPANY

D Employer Identification Number (EIN)
05-0306609

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: PRINCIPAL US PROPERTY SEP ACCT

b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE 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)
42-0127290-027	P	0

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 TEKNOR APEX COMPANY RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500
TEKNOR APEX COMPANY

D Employer Identification Number (EIN)
05-0306609

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	784036	1110087
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	0
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	2158679	1594368
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	2527592	2600468
(2) U.S. Government securities	1c(2)	33062015	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	0	
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	599	599
(5) Partnership/joint venture interests	1c(5)	51035229	54031744
(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)	45259146	46049281
(10) Value of interest in pooled separate accounts	1c(10)	100577555	89435447
(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)	6567751	66450207
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	757920	0
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
1e Buildings and other property used in plan operation	1e		
1f Total assets (add all amounts in lines 1a through 1e)	1f	242730522	261272201
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h		
1i Acquisition indebtedness	1i		
1j Other liabilities	1j	620156	1160227
1k Total liabilities (add all amounts in lines 1g through1j)	1k	620156	1160227
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	242110366	260111974

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)	3000000	
(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)		3000000
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	161663	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		161663
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	2208364	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		2208364
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	23669691	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		23669691

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		1904354
d Total income. Add all **income** amounts in column (b) and enter total	2d		30944072
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	11190355	
(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)		11190355
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	33600	
(5) Investment advisory and investment management fees	2i(5)	1305937	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)	223683	
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)	9855	
(11) Other expenses	2i(11)	179034	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		1752109
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		12942464
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		18001608
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: CBIZ CPAS P.C. **(2)** EIN: 43-1947695

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		2000000
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 581419.

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 TEKNOR APEX COMPANY RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500
TEKNOR APEX COMPANY

D Employer Identification Number (EIN)
05-0306609

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): 05-0306609

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** 11

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: 45.60 % Private Equity: 3.90 % Investment-Grade Debt and Interest Rate Hedging Assets: 37.80 %
High-Yield Debt: 0.00 % Real Assets: 11.10 % Cash or Cash Equivalents: 1.60 % Other: 0.00 %

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_____.

THE TEKNOR APEX COMPANY RETIREMENT PLAN

FINANCIAL STATEMENTS AND SUPPLEMENTAL SCHEDULES

AS OF DECEMBER 31, 2025 AND 2024 AND FOR THE YEAR ENDED DECEMBER 31, 2025

THE TEKNOR APEX COMPANY RETIREMENT PLAN

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CBIZ CPAs P.C.

100 Westminster Street
Suite 500
Providence, RI 02903

P: 401.600.4500

Independent Auditors' Report

To the Trustees of
The Teknor Apex Company Retirement Plan

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

We have performed audits of the financial statements of The Teknor Apex Company Retirement Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits and of accumulated plan benefits as of December 31, 2025 and 2024, and the related statements of changes in net assets available for benefits and of changes in accumulated plan benefits for the year ended December 31, 2025, and the related notes to the financial statements.

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

Management has obtained certifications from a qualified institution as of December 31, 2025 and 2024, and for the year ended December 31, 2025, stating that the certified investment information, as described in Note 3 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 Auditors' 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).

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of these 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 Teknor Apex Company Retirement Plan's ability to continue as a going concern for within one year after the financial statements are available to be issued.

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

Auditors' Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

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

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are

appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of The Teknor Apex Company Retirement 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 Teknor Apex Company Retirement 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 audits.

Other Matter - Supplemental Schedules Required by ERISA

The supplemental schedules of Schedule H, Line 4i – Schedule of Assets (Held at End of Year) as of December 31, 2025 and Schedule H, Line 4j – Schedule of Reportable Transactions for the year ended December 31, 2025, are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion

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

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

CBIZ CPAs P.C.

CBIZ CPAs P.C.
Providence, RI
July 9, 2026

SUMMARY OF PLAN PROVISIONS
(continued)

Normal Retirement Benefit (continued)

(d) 0.85% of Average Annual Compensation up to Covered Compensation plus 1.35% of Average Annual Compensation in excess of Covered Compensation, multiplied by years of Credited Service, up to a maximum of 30 years

Retirement Asset Account Benefit:
The sum of (a), (b) and (c):
(a) Opening balance as of 1/1/2003
(b) Contributions of 1% of Compensation credited at the end of each quarter, through 3/31/2008
(c) Interest credits allocated on a quarterly basis on the average annual yield on 10-year Treasury constant maturities for the last day of the preceding quarter.

The annual benefit limit for 2025 is $280,000.

Additional Retirement Benefit:
A lump sum is payable equal to Credited Service from participation to date of termination (or 12/31/2011, if earlier) in excess of 30 years multiplied by $1,000.

Minimum benefit (effective 1/1/2002):

Years of Credited Service:	Minimum Monthly Benefit:
Less than 6	$50.00
At least 6, but less than 10	$85.00
At least 10, but less than 16	$125.00
At least 16, but less than 21	$170.00
At least 21	$250.00

Annual Compensation

All compensation for services rendered during the calendar year that is subject to Federal Income Tax withholding, IRC Section 401(k) elective deferrals under the Teknor Savings Plus Plan and a percentage of discretionary cash bonuses (25% beginning of 1984, 100% beginning in 2000). The compensation limit for 2025 is $350,000.

Average Annual Compensation

Average of Annual Compensation during the 5 consecutive full plan years out of the last 10 plan years preceding the participant's date of termination. An employee shall be deemed to have a full plan year of pay for any year he is employed for the full year.

Covered Compensation

The average of the Social Security Taxable Wage Base for the 35-year period ending with the last day of the calendar year in which the employee attains Social Security Retirement Age.

SUMMARY OF PLAN PROVISIONS
(continued)

Credited Service	One year is credited if a participant completes 1,000 hours during a plan year. During the years of participation and termination, if 1,000 hours are not worked, 0.19 years are awarded for each month in which the participant worked at least 1 hour, not to exceed 1.
Vesting Service	Prior to 1/1/1976: Continuous employment in years and fractions Beginning 1/1/1976: Plan years in which the employee completes at least 1,000 hours Service before the Effective Date (below) is applied toward participation and vesting, but not for benefit accruals:

Affiliated Employer (Acquisition)	**Effective Date**
Maclin Company (currently part of Teknor Apex Company)	May 1, 1977 for salaried employees; and March 28, 1997 for hourly employees
Customcolor, Inc. (currently part of Teknor Color Company)	February 1, 1985
Teknor Color Company (including Plasticolor Division and Plasticolors, Unlimited)	November 1, 1987
Accurate Color, Inc. (currently part of Teknor Color Company)	January 18, 1995
Accurate Compounding, Inc. (currently part of Teknor Color Company)	January 18, 1995
Progressive Polymers, Inc. (currently part of Teknor Color Company)	January 26, 1996
Teknor Apex Vermont Company (formerly QST, Inc)	January 1, 1999
Teknor Apex Elastomers, Inc	November 1, 2010

Listing of Other Affiliated Employers:

Affiliated Employer (Start-Ups)	**Date of Adoption of the Plan**
Teknor Apex Tennessee Company (formerly Haywood Company)	January 1, 1973
Teknor Apex Carolina Company (currently part of Teknor Apex Company)	January 15, 1992
Teknor Financial Corporation	April 1, 1998

SUMMARY OF PLAN PROVISIONS
(continued)

Affiliated Employer (Start-Ups)	**Date of Adoption of the Plan**
Teknor Apex Group, Inc.	January 1, 2000
Teknor Performance Elastomers, Inc.	November 1, 2000

Normal Form of Benefit	Life annuity for single participants, 50% joint and survivor for married participants
Optional Forms of Benefit	Annuity Based Formula Benefit: 100%, 75% or 50% joint and survivor annuity, life annuity, life annuity with 120 or 180 monthly payments guaranteed, small benefit lump sums Retirement Asset Account Benefit: This benefit may also be taken as a lump sum in addition to the annuity options above.
Actuarial Equivalence	1983 Group Annuity Mortality Table, blended 50%/50% for males and females, 7.5% interest For lump sum distributions: 417(e) applicable mortality, segment rates as prescribed by PPA.
Early Retirement Benefit	
Eligibility	Attainment of age 50 and the completion of 10 years of Vesting Service
Benefit	Annuity Based Formula Benefit: Normal retirement benefit, reduced by the sum of (a), (b) and (c), provided that for participants hired before 1/1/1979, "age 65" is replaced by "age 62" for the portion of benefit attributable to Credited Service prior to 12/31/1998: (a) 5/9 of 1% for each month before age 65, but on or after age 60 (b) 5/18 of 1% for each month before age 60, but on or after age 55 (c) Actuarial reduction for each month preceding age 55 Retirement Asset Account Benefit: The account balance as of the early retirement date.
Pre-Retirement Spouse's Benefit	Annuity Based Formula Benefit: Any member who is vested and married will receive a benefit equal to the vested pension benefit accrued to the date of death, payable as a 50% Joint and Survivor annuity to the employee's spouse. Payment may begin as early as the employee's Early Retirement Date (meeting eligibility requirements), in a reduced amount. Retirement Asset Account Benefit: The balance may be withdrawn immediately in full as a lump sum.

SUMMARY OF PLAN PROVISIONS
(continued)

Vested Termination Benefit

Annuity Based Formula Benefit:
Upon termination after 3 years of service, 100% of the accrued benefit deferred to the normal retirement date, or the early retirement date, if the participant is eligible.
Retirement Asset Account Benefit:
The Retirement Asset Account may be withdrawn immediately.

Late Retirement

Eligibility

An employee may elect to postpone his/her retirement to the first day of any month following his/her 65th birthday.
Suspension of Benefits Notices are issued to actively employed participants attaining age 65. For those who have received the notice, the accrued benefit is the benefit payable.

Benefit

Annuity Based Formula Benefit:
The greater of (a) and (b):
(a) The Normal Retirement Benefit actuarially increased to take into account the later date at which payments begin, and the shorter life expectancy of the employee; and
(b) The Normal Retirement Benefit calculated using the Average Annual Compensation and Credited Service at the postponed retirement date.
Retirement Asset Account Benefit:
The account balance as of the late retirement date.

Disability Benefit

Eligibility

Actively employed, attainment of age 40 and the completion of 10 years of Vesting Service

Benefit

Annuity Based Formula Benefit:
The greater of (a) and (b):
(a) 50% of the Normal Retirement Benefit; and
(b) The Early Retirement Benefit.
Retirement Asset Account Benefit:
The account balance as of the disability retirement date.
Supplemental Monthly Disability Benefit:
$100 (prior to 1/1/2002) or $250 (on or after 1/1/2002) is provided until the earliest of (a), (b) or (c):
(a) Commencement of Social Security disability benefits,
(b) Death
(c) The 12th payment

SUMMARY OF PLAN PROVISIONS
(continued)

Merger

Effective December 31, 2019, the Truex Incorporated Retirement Plan was merged into the Teknor Apex Company Retirement Plan.

The plan provisions of Truex are the same as the plan provisions of Teknor with the following exceptions: Truex does not have an RAA balance, and Truex requires 5 years of vesting service for 100% vesting.

THE TEKNOR APEX COMPANY RETIREMENT PLAN

Age and Service Distribution as of January 1, 2025

Years of Credited Service

Attained Age	Under 1		1 to 4		5 to 9		10 to 14		15 to 19		20 to 24		25 to 29		30 to 34		35 to 39		40 & up	
	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.
Under 25	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
25 to 29	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
30 to 34	0	0	0	0	8	0	10	0	0	0	0	0	0	0	0	0	0	0	0	0
35 to 39	0	0	0	0	8	0	38	101135	6	0	0	0	0	0	0	0	0	0	0	0
40 to 44	0	0	0	0	8	0	25	88011	29	100373	19	0	0	0	0	0	0	0	0	0
45 to 49	1	0	0	0	10	0	20	78942	24	127629	27	87091	17	0	0	0	0	0	0	0
50 to 54	0	0	0	0	2	0	27	92443	12	0	30	90374	35	112089	17	0	0	0	0	0
55 to 59	0	0	0	0	4	0	23	113862	20	95474	17	0	27	125167	35	102140	20	117551	0	0
60 to 64	0	0	0	0	1	0	14	0	12	0	25	129861	24	125924	35	108684	25	109673	11	0
65 to 69	0	0	0	0	2	0	6	0	3	0	4	0	5	0	3	0	2	0	1	0
70 & up	0	0	0	0	0	0	2	0	2	0	2	0	2	0	1	0	0	0	1	0

The Teknor Apex Company Retirement Plan

SUMMARY OF ACTUARIAL METHODS AND ASSUMPTIONS

COST METHOD

In accordance with PPA, the annual cost is equal to the target normal cost plus the shortfall amortization charge minus any prefunding and carryover balances.

Unit Credit method. The normal cost is the sum of the individual normal costs for active participants. The normal cost for an individual is the present value, as of the valuation date, of the participant's retirement, death, and withdrawal benefits which he is expected to accrue during the current plan year.

The actuarial accrued liability is the sum of the individual present values, for all participants, of the benefits accrued, based on service to the valuation date.

The actuarial liabilities shown in this report are determined using software purchased from an outside vendor which was developed for this purpose. Certain information is entered into this model in order to generate the liabilities specific to your pension plan. These inputs include economic and non-economic assumptions, plan provisions and census information. We rely on the coding within the software to value the liabilities using the actuarial methods and assumptions selected. Both the input to and the output from the model is checked for accuracy and reviewed for reasonableness.

ACTUARIAL ASSUMPTIONS

Interest Rates

Without Adjusted Interest Rates under Interest Rate Stabilization:

Liabilities are valued using the three segment rates based on the 24-month average of the corporate bond yield curve published by the Secretary of the Treasury for the applicable month of September.

With Adjusted Interest Rates under Interest Rate Stabilization:

The interest rates are the adjusted 24-month segment rates using 25-year average segment rate corridors of 95% to 105% per Interest Rate Stabilization.

PBGC Premiums and LDROM:

The Plan Sponsor is using the Alternative Method to determine the Variable Rate Premium.

	Without Adjusted Interest Rates	With Adjusted Interest Rates	PBGC Premiums & LDROM
Segment 1 (0 to 5 years)	5.07%	5.07%	5.07%
Segment 2 (5 to 20 years)	5.33%	5.31%	5.33%
Segment 3 (20+ years)	5.36%	5.50%	5.36%
Effective Rate	5.33%	5.38%	5.33%

SUMMARY OF ACTUARIAL METHODS AND ASSUMPTIONS
(continued)

Mortality Assumption

Pre-retirement, Post-retirement, and Disabled

Annuitant and Non-annuitant Mortality tables provided in IRC Regulation 1.430(h)(3)-1(d), fully generational with the Adjusted Scale MP-2021.

Other Assumptions

Long-Term Inflation – 2.50% per annum

This assumption is an underlying component of a number of these economic assumptions. This assumption reflects the following factors:

- Consumer price indices
- Forecasts of inflation
- Yields on government securities of various maturities
- Yields on nominal and inflation-indexed debt

Salary Projection – 4.00% per annum for hourly employees, 4.50% per annum for salaried and executive employees

The assumption selected is consistent with the plan sponsor's current compensation practice. This reflects consideration of the following factors:

- Available compensation data, including
  - Plan sponsor's current compensation practice and any anticipated changes
  - Historical compensation increases and practices of the plan sponsor

Cost of Living Increase – N/A

Expense Load – $461,921 for expected administrative expenses, including PBGC premiums

Social Security Wage Base Increases – 3.00% per annum

This assumption reflects historical national wage increases

SUMMARY OF ACTUARIAL METHODS AND ASSUMPTIONS
(continued)

Future Increases in Maximum Benefits and Plan Compensation Limitations
Accrued benefits projected to be paid in future years are limited to the maximum presently allowed under IRC §415. Plan compensation is limited to the maximum presently allowed under IRC §401(a)(17). No provision is made for future increases in the maximum annual benefit or compensation limit.

Lump Sums – 0.00% of the population are assumed to take a lump sum for the annuity formula benefit. 100% of the population is assumed to take a lump sum for the Retirement Asset Account and Extended Service Lump Sum benefits.

Withdrawal Rates –– See withdrawal rates in table below

	Withdrawal	
Age	Male	Female
20	0.000%	0.000%
25	9.400%	9.400%
30	8.250%	8.250%
35	7.000%	7.000%
40	5.600%	5.600%
45	3.950%	3.950%
50	2.050%	2.050%
55	0.000%	0.000%
60	0.000%	0.000%

Disability Rates – 50% of the 1985 Disability Mortality for Males and Females

Age	Unisex
25	0.000%
30	0.000%
35	0.000%
40	0.020%
45	0.040%
50	0.105%
55	0.225%
60	0.505%
65	0.000%

SUMMARY OF ACTUARIAL METHODS AND ASSUMPTIONS
(continued)

Retirement Rates – See retirement rates in table below for active participants. Terminated participants are assumed to retire at age 65.

Retirement Rates			
Age	Rate	Age	Rate
50	1.149%	61	16.216%
51	2.216%	62	32.377%
52	3.279%	63	13.291%
53	1.090%	64	14.789%
54	3.200%	65	23.846%
55	2.521%	66	25.510%
56	0.588%	67	27.941%
57	2.326%	68	33.333%
58	1.187%	69	33.333%
59	3.406%	70	100.000%
60	3.548%		

RATIONALE FOR ASSUMPTIONS

1. Prescribed Assumptions: The Interest Rates and Mortality Assumptions are prescribed by the IRS and/or Plan Sponsor elections.
2. The Retirement, Withdrawal, Disability, and Salary Projection assumption were analyzed in an experience study spanning the experience years from January 1, 2011 through December 31, 2020. As a result of this study, changes were made to the retirement, disability, and salary projection assumptions and adopted for the 2021 valuation report. No further updates have been made for this year's valuation report.
3. The Expected Return on Plan Assets was chosen based the plan sponsor's past and expected experience.

SUMMARY OF ACTUARIAL METHODS AND ASSUMPTIONS
(continued)

ASSET VALUATION

The actuarial value of plan assets is developed as the 3-year average of the plan assets based on the market value of assets as of the valuation date and the "adjusted value" of market assets for each of the two immediately preceding valuation dates. The adjusted value of assets at each preceding valuation date is equal to the market value of assets on such valuation date plus the net cash flow amount (including expected earnings on investments) for each following year up to the current valuation date. In this way, one third of the investment gain or loss over the preceding twelve months is recognized in plan assets immediately, and the other two thirds is deferred. Valuation assets are further limited to a 10% corridor around market value.

Expected Return on Assets for IRC 430, for FASB ASC 960 – 7.50% per annum

Valuation expected return on assets is mandated by PPA. The expected return for the actuarial value of assets, as well as the expected return on the market value of assets for ASC 960 purposes is determined based on the assumption described below.

The return reflects the anticipated gross long-term rate of return on plan assets based on the plan's current and expected future asset portfolio, as supported by the plan's investment manager.

PLAN SPONSOR ELECTIONS

The plan has a standing election to add the maximum amount of excess contributions made to the prefunding balance (when applicable).

The plan has a standing election to apply credit balance to minimum required contributions if plan contributions are insufficient (if eligible).

The Sponsors elected to use a look-back month of September for the three segment rates on July 5, 2011.

The sponsor's election for the Actuarial Asset Valuation method was executed prior to USICG performing actuarial services (prior to the January 1, 2010 valuation).

The plan sponsor elected to use the Alternative method to value liabilities for the variable premium calculation during the 2020 premium payment year. This election is able to be changed starting with the 2025 premium payment year.

The plan sponsor elected to adopt both elect interest rate relief and shortfall amortization relief under ARPA starting with the 2020 plan year in an election signed August 19, 2021.

SUMMARY OF ACTUARIAL METHODS AND ASSUMPTIONS
(continued)

PLAN SPONSOR ELECTIONS (continued)

The plan sponsor elected to use the plan's credit balance to satisfy the entire 2024 minimum required contribution with elections deemed to occur on April 15, 2024, July 15, 2024, and October 15, 2024.

ATTRIBUTION PARAMETERS

Attribution parameters determine how growth in the benefit formula is allocated to years of service.

Accrual rate proration, by component – This method attributes the benefit separately for each component of the benefit formula, based on the credited service. If there are no accrual definitions in the benefit formula, then the entire projected benefit is assigned to past service (and considered fully accrued as of the valuation date). This results in "natural" or "direct differencing" attribution.

The disability supplement is valued using linear proration to decrement – This method spreads the projected benefit as of each decrement age linearly over attribution service until the decrement age.

ACCRUED AND VESTED BENEFITS

Vested benefits are based on the plan document's vesting schedule based on years of service. Please refer to the Summary of Plan Provisions section of this report for requirements for particular benefits.

Early retirement subsidies are only valued once participants become eligible by meeting the specified requirements.

Disability is treated as vested benefits for liability calculation purposes.

Schedule SB, Line 22 – Description of Weighted Average Retirement Age EIN: 05-0306609 PN:003

The Teknor Apex Company Retirement Plan

Age:	Retirement Rate:	Remaining	% Remaining	Weighted Average
50	0.0115	0.9885	1.0000	0.5747
51	0.0222	0.9778	0.9885	1.1172
52	0.0328	0.9672	0.9666	1.6480
53	0.0109	0.9891	0.9349	0.5401
54	0.0320	0.9680	0.9247	1.5979
55	0.0252	0.9748	0.8951	1.2411
56	0.0059	0.9941	0.8726	0.2874
57	0.0233	0.9767	0.8674	1.1498
58	0.0119	0.9881	0.8473	0.5833
59	0.0341	0.9659	0.8372	1.6822
60	0.0355	0.9645	0.8087	1.7217
61	0.1622	0.8378	0.7800	7.7156
62	0.3238	0.6762	0.6535	13.1184
63	0.1329	0.8671	0.4419	3.7004
64	0.1479	0.8521	0.3832	3.6268
65	0.2385	0.7615	0.3265	5.0610
66	0.2551	0.7449	0.2487	4.1865
67	0.2794	0.7206	0.1852	3.4675
68	0.3333	0.6667	0.1335	3.0253
69	0.3333	0.6667	0.0890	2.0465
70	1.0000	0.0000	0.0593	4.1524

Assumed Retirement Age: 62.244

Rounded Nearest: 62

Schedule SB, line 26b - Schedule of Projection of Expected Benefit Payments EIN: 05-0306609 PN: 003

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2025	1,303,106.30	587,788.01	9,663,277.38	11,554,171.69
2026	1,955,257.23	691,475.59	9,147,408.06	11,794,140.88
2027	2,696,211.94	783,281.14	8,974,359.90	12,453,852.98
2028	3,467,030.12	974,621.34	8,785,394.05	13,227,045.51
2029	4,108,895.07	1,190,877.41	8,577,940.94	13,877,713.42
2030	4,709,646.66	1,354,503.12	8,354,768.46	14,418,918.24
2031	5,233,908.64	1,570,762.51	8,103,848.54	14,908,519.69
2032	5,726,633.19	1,679,004.08	7,847,289.08	15,252,926.35
2033	6,131,417.64	1,849,821.67	7,585,262.33	15,566,501.64
2034	6,449,183.66	1,891,302.16	7,310,485.71	15,650,971.53
2035	6,732,375.42	1,976,986.53	7,030,037.17	15,739,399.12
2036	6,967,771.00	2,063,919.42	6,735,804.86	15,767,495.28
2037	7,105,723.40	2,103,389.06	6,423,473.77	15,632,586.23
2038	7,240,747.00	2,157,529.22	6,091,970.19	15,490,246.41
2039	7,350,090.36	2,127,323.10	5,767,067.78	15,244,481.24
2040	7,413,203.00	2,107,237.58	5,437,131.67	14,957,572.25
2041	7,447,810.29	2,129,852.55	5,100,718.16	14,678,381.00
2042	7,443,752.85	2,165,352.60	4,758,918.12	14,368,023.57
2043	7,420,208.35	2,296,032.05	4,413,647.66	14,129,888.06
2044	7,369,119.91	2,210,043.83	4,067,163.47	13,646,327.21
2045	7,275,113.66	2,134,252.13	3,722,038.42	13,131,404.21
2046	7,157,197.18	2,109,802.07	3,381,067.90	12,648,067.15
2047	7,011,072.25	2,046,951.31	3,047,246.60	12,105,270.16
2048	6,851,561.11	1,984,346.72	2,723,678.54	11,559,586.37
2049	6,654,824.56	1,895,073.73	2,413,404.45	10,963,302.74
2050	6,447,503.91	1,848,418.30	2,119,274.89	10,415,197.10
2051	6,189,894.30	1,766,646.84	1,843,771.20	9,800,312.34
2052	5,935,851.29	1,689,326.00	1,588,928.94	9,214,106.23
2053	5,663,495.25	1,607,545.60	1,356,224.16	8,627,265.01
2054	5,363,065.11	1,530,019.42	1,146,492.76	8,039,577.29
2055	5,051,411.82	1,441,781.63	959,936.74	7,453,130.19
2056	4,733,314.99	1,350,771.36	796,145.63	6,880,231.98
2057	4,414,250.81	1,262,329.96	654,210.15	6,330,790.92
2058	4,101,000.71	1,175,578.10	532,790.32	5,809,369.13
2059	3,781,821.83	1,083,550.40	430,218.17	5,295,590.40
2060	3,474,385.88	991,502.95	344,616.74	4,810,505.57
2061	3,177,512.90	903,766.72	273,998.81	4,355,278.43
2062	2,895,743.94	820,805.53	216,383.77	3,932,933.24
2063	2,630,210.29	742,934.11	169,866.16	3,543,010.56
2064	2,381,064.52	670,306.73	132,667.63	3,184,038.88
2065	2,148,805.33	602,927.01	103,177.44	2,854,909.78
2066	1,933,073.01	540,646.01	79,977.71	2,553,696.73
2067	1,733,384.32	483,263.93	61,847.16	2,278,495.41
2068	1,549,080.52	430,569.72	47,754.64	2,027,404.88
2069	1,379,409.64	382,344.44	36,841.84	1,798,595.92
2070	1,223,620.44	338,357.52	28,408.25	1,590,386.21
2071	1,080,950.78	298,357.80	21,894.13	1,401,202.71
2072	950,627.97	262,124.64	16,860.90	1,229,613.51
2073	831,933.46	229,427.31	12,967.03	1,074,327.80
2074	724,206.80	200,028.74	9,948.76	934,184.30

The Teknor Apex Company Retirement Plan

DEVELOPMENT OF SHORTFALL AMORTIZATION CHARGE AS OF 1/1/2025

(A) 1st Segment Rate	5.07%
2nd Segment Rate	5.31%
3rd Segment Rate	5.50%
(B) Funding Target	216,919,311
(C) Adjusted Plan Assets	
(1) Actuarial Assets	236,799,042
(2) Funding Standard Carryover Balance	0
(3) Prefunding Balance (PFB)	31,780,744
(4) Adjusted Assets: (1) - (2) - (3), not less than 0	205,018,298
(D) Funding Shortfall: (B) - (C)(4), not less than 0	11,901,013

(E) Current Shortfall Amortization Installments

(1) Year Established	(2) Installment Amount	(3) Years Remaining	(4) Present Value
2023	462,038	13	4,495,598
2024	325,154	14	3,329,679
Total	787,192		7,825,277

(F) Exemption from New Shortfall Amortization Base

The Plan is exempt from a new shortfall amortization base if the assets, adjusted by the prefunding balance (if used to reduce the minimum required contribution) are greater than or equal to the funding target.

(1) Shortfall Funding Target: (B)	216,919,311
(2) The PFB, if used to reduce the minimum required contribution, otherwise 0	31,780,744

Your plan is not exempt from a new shortfall amortization base.

(G) Shortfall Amortization Base	
(1) Adjusted Funding Shortfall: (F)(1) – (C)(4), not less than 0	11,901,013
(2) New Current Year Base: (G)(1) - (E)(4)(Total), or 0 if exempt	4,075,736
(3) Fifteen-Year Installment Amount	380,023
(H) Shortfall Amortization Charge: (E)(2)(Total) + (G)(3), not less than 0	1,167,215

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 Teknor Apex Company Retirement Plan

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
Teknor Apex Company

D Employer Identification Number (EIN)
05-0306609

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 1 Day 1 Year 2025

2 Assets:

a Market value	**2a**	242,100,047
b Actuarial value	**2b**	236,799,042

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	603	101,137,624	101,137,624
b For terminated vested participants	384	26,394,700	26,394,700
c For active participants	702	89,365,284	89,386,987
d Total	1,689	216,897,608	216,919,311

4 If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ]

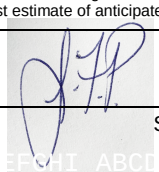
a Funding target disregarding prescribed at-risk assumptions	**4a**	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	**4b**	

5 Effective interest rate	**5**	5.38 %
6 Target normal cost		
a Present value of current plan year accruals	**6a**	6,394,206
b Expected plan-related expenses	**6b**	461,921
c Target normal cost	**6c**	6,856,127

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



Jaime F. Packer
Signature of actuary

10/07/2026
Date

Jaime Packer
Type or print name of actuary

26-07956
Most recent enrollment number

USI Consulting Group
Firm name

(860)652-1037
Telephone number (including area code)

95 Glastonbury Blvd
Suite 102
Glastonbury CT 06033-1296
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	36,971,515
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	7,604,721
9	Amount remaining (line 7 minus line 8)	0	29,366,794
10	Interest on line 9 using prior year's actual return of 8.22%	0	2,413,950
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.17%		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		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	31,780,744

Part III Funding Percentages

14	Funding target attainment percentage	**14**	94.51%
15	Adjusted funding target attainment percentage	**15**	109.16%
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**	96.04%
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
07/29/2025	3,000,000				
			Totals ► **18(b)**	3,000,000	**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**	0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	**19c**	2,911,319

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**	62

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

Part VI Miscellaneous Items

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

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

26 Demographic and benefit information

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

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

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

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**	6,856,127
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	11,901,103	1,167,215
b Waiver amortization installment		

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**	8,023,342

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	5,112,023	5,112,023

36 Additional cash requirement (line 34 minus line 35)	**36**	2,911,319
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	2,911,319

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

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

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

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

THE TEKNOR APEX COMPANY RETIREMENT PLAN

SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)
EIN #05-0306609 PLAN #003

DECEMBER 31, 2025

(a)	(b) IDENTITY OF ISSUE / BORROWER	(c) DESCRIPTION OF INVESTMENT	(d) COST	(e) CURRENT VALUE
		CASH EQUIVALENTS:		
*	Northern Trust	MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL	$ 2,600,468	$ 2,600,468
		CORPORATE STOCKS, COMMON AND PREFERRED:		
*	Northern Trust	PDL BIOPHARMA INC COM	$ 7,357	$ 599
		MUTUAL AND EXCHANGE TRADED FUNDS:		
*	Northern Trust	MFO ARTISAN FDS INC INTL VALUE FD INSTL SHS	$ 5,045,202	$ 6,778,179
*	Northern Trust	MFC DOUBLELINE ETF TR MTG ETF	5,099,992	5,083,182
*	Northern Trust	MFC VANGUARD LONG-TERM TREASURY FUND	25,888,586	25,733,007
*	Northern Trust	MFC VANGUARD INTERMEDIATE-TERM BOND INDEX FUND	22,905,066	23,197,585
*	Northern Trust	MFO PIMCO INCOME FUND	5,441,308	5,658,254
			$ 64,380,154	$ 66,450,207
		COMMINGLED AND POOLED FUNDS AND COLLECTIVE INVESTMENT TRUSTS:		
*	Northern Trust	IR&M INTERMEDIATE CREDIT FUND LLC	$ 28,804,457	$ 33,982,490
*	Northern Trust	ARTISAN GLOBAL DISCOVERY TRUST-FOUNDERS	3,400,000	5,333,664
*	Northern Trust	JPMCB US ACTIVE CORE PLUS EQUITY FUND	15,962,562	23,660,701
*	Northern Trust	RHUMBLINE S&P 500 POOLED INDEX FUND	7,863,496	11,147,307
*	Northern Trust	GQG PARTNERS US SELECT QUALITY EQUITY CIT FUND	2,650,000	6,327,314
*	Northern Trust	WELLINGTON CTF CREDIT TOTAL RETURN	11,068,593	12,066,793
*	Northern Trust	ARROWSTREET INTERNATIONAL EQUITY	6,305,764	12,162,415
*	Northern Trust	WTC CIF II GLOBAL RESEARCH EQUITY EXTENDED PORTFOLIO	10,496,199	17,561,761
*	Northern Trust	KILTEARN GLOBAL EQUITY FUND	5,649,138	5,575,005
*	Northern Trust	CITY OF LONDON EMERGING MARKETS INVESTABLE FUND	1,668,439	2,801,000
*	Northern Trust	SSGA DAILY MSCI EMERGING MARKETS NL FUND	462,435	518,945
*	Northern Trust	STATE STREET DAILY MSCI EAFE INDEX NL FUND	551,055	649,986
		TOTAL COMMINGLED AND POOLED FUNDS AND COLLECTIVE INVESTMENT TRUSTS	$ 94,882,138	$ 131,787,381

See independent auditors' report.

THE TEKNOR APEX COMPANY RETIREMENT PLAN

SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)
EIN #05-0306609 PLAN #003

DECEMBER 31, 2025

(a)	(b) IDENTITY OF ISSUE / BORROWER	(c) DESCRIPTION OF INVESTMENT	(d) COST	(e) CURRENT VALUE
		LIMITED PARTNERSHIP INTERESTS:		
*	Bridge Multi-Family Fund Manager, LLC	BRIDGE WORKFORCE AND AFFORDABLE HOUSING FUND II-R, LP	4,645,258	4,289,869
*	Clarion Partners, LLC	CLARION LION PROPERTIES FUND LP	2,534,153	4,856,366
*	UBS Realty Investors LLC	UBS (US) TRUMBULL PROPERTY FUND, LP	5,846,088	7,858,894
*	UBS Realty Investors LLC	UBS (US) TRUMBULL PROPERTY INCOME FUND, LP	1,365,643	1,854,895
*	DSF Advisors	DSF MULTI-FAMILY FUND 2019, LP	2,746,176	3,786,039
*	Point Judith Capital Partners IV, LLC	POINT JUDITH VENTURE FUND IV, LP	1,065,002	916,298
*	Point Judith Capital Partners V, LLC	POINT JUDITH VENTURE FUND V, LP	2,915,066	4,048,808
*	Point Judith Capital Partners VI, LLC	POINT JUDITH VENTURE FUND VI, LP	2,808,000	2,306,039
*	NightDragon Growth GP I, LLC	NIGHTDRAGON GROWTH I, L.P.	1,494,677	1,214,178
*	1Sharpe Income Offshore, LLC	1SHARPE INCOME OFFSHORE, L.P.	6,000,000	6,214,722
*	White Elm, LLC	P/E FX STRATEGY STANDARD - WHITE ELM FX FUND LLC	3,600,000	3,697,348
*	SLC Management U.S. Private Credit GP, LLC	SLC MANAGEMENT U.S. INVESTMENT GRADE PRIVATE CREDIT FUND, L.P	12,131,528	13,792,637
*	HPS Investment Partners, LLC	HPS SPECIALTY LOAN INSTITUTIONAL FUND VI-L, L.P.	1,054,463	1,108,252
*	Ares Management, LLC	ARES SENIOR DIRECT LENDING FUND (CAYMAN)III LP	1,711,001	1,784,745
		TOTAL LIMITED PARTNERSHIP INTERESTS	49,917,055	57,729,090
		TOTAL INVESTMENTS	$ 211,787,172	$ 258,567,745

* A party-in-interest as defined by ERISA.

See independent auditors' report.

THE TEKNOR APEX COMPANY RETIREMENT PLAN

SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)
EIN #05-0306609 PLAN #003

DECEMBER 31, 2025

(a)	(b) IDENTITY OF ISSUE / BORROWER	(c) DESCRIPTION OF INVESTMENT	(d) COST	(e) CURRENT VALUE
		CASH EQUIVALENTS:		
*	Northern Trust	MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL	$ 2,600,468	$ 2,600,468
		CORPORATE STOCKS, COMMON AND PREFERRED:		
*	Northern Trust	PDL BIOPHARMA INC COM	$ 7,357	$ 599
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See independent auditors' report.

THE TEKNOR APEX COMPANY RETIREMENT PLAN

SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)
EIN #05-0306609 PLAN #003

DECEMBER 31, 2025

(a)	(b) IDENTITY OF ISSUE / BORROWER	(c) DESCRIPTION OF INVESTMENT	(d) COST	(e) CURRENT VALUE
		LIMITED PARTNERSHIP INTERESTS:		
*	Bridge Multi-Family Fund Manager, LLC	BRIDGE WORKFORCE AND AFFORDABLE HOUSING FUND II-R, LP	4,645,258	4,289,869
*	Clarion Partners, LLC	CLARION LION PROPERTIES FUND LP	2,534,153	4,856,366
*	UBS Realty Investors LLC	UBS (US) TRUMBULL PROPERTY FUND, LP	5,846,088	7,858,894
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*	Point Judith Capital Partners VI, LLC	POINT JUDITH VENTURE FUND VI, LP	2,808,000	2,306,039
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*	1Sharpe Income Offshore, LLC	1SHARPE INCOME OFFSHORE, L.P.	6,000,000	6,214,722
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*	SLC Management U.S. Private Credit GP, LLC	SLC MANAGEMENT U.S. INVESTMENT GRADE PRIVATE CREDIT FUND, L.P	12,131,528	13,792,637
*	HPS Investment Partners, LLC	HPS SPECIALTY LOAN INSTITUTIONAL FUND VI-L, L.P.	1,054,463	1,108,252
*	Ares Management, LLC	ARES SENIOR DIRECT LENDING FUND (CAYMAN)III LP	1,711,001	1,784,745
		TOTAL LIMITED PARTNERSHIP INTERESTS	49,917,055	57,729,090
		TOTAL INVESTMENTS	$ 211,787,172	$ 258,567,745

* A party-in-interest as defined by ERISA.

See independent auditors' report.

THE TEKNOR APEX COMPANY RETIREMENT PLAN
SCHEDULE H, LINE 4j – SCHEDULE OF REPORTABLE TRANSACTIONS
EIN #05-0306609 PLAN #003

FOR THE YEAR ENDED DECEMBER 31, 2025

(a) Identity of party involved	**(b)** Description of asset (include interest rate and maturity in case of a loan)	**(c)** Purchase price	**(d)** Selling price	**(e)** Lease rental	**(f)** Expense incurred with transaction	**(g)** Cost of asset	**(h)** Current value of asset on transaction date	**(i)** Net gain or (loss)
	CF Rhumbline S&P500 Pooled Index Fund	$ 1,400,000				$ 1,400,000	$ 1,400,000	$ -
	CF Rhumbline S&P500 Pooled Index Fund		$ 18,000,000			$ 13,909,710	$ 18,000,000	$ 4,090,290
	MFB Northern Instl FDS Treas Portfolio Premier CL	$ 145,831,231				$ 145,831,231	$ 145,831,231	$ -
	MFB Northern Instl FDS Treas Portfolio Premier CL		$ 145,775,678			$ 145,775,678	$ 145,775,678	$ -
	MFC Vanguard Intermediate-TermTreasury Index Fund	$ 24,099,862				$ 24,099,862	$ 24,099,862	$ -
	MFC Vanguard Intermediate-TermTreasury Index Fund		$ 1,200,011			$ 1,194,795	$ 1,200,011	$ 5,216
	MFC Vanguard Long-TermTreasury Index Fund	$ 26,399,855				$ 26,399,855	$ 26,399,855	$ -
	MFC Vanguard Long-TermTreasury Index Fund		$ 499,980			$ 511,269	$ 499,980	$ (11,289)

See independent auditors' report.

THE TEKNOR APEX COMPANY RETIREMENT PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

DECEMBER 31, 2025 AND 2024

	2025	2024
Assets		
Cash	$ 1,110,087	$ 784,036
Investments, at Fair Value	258,567,745	239,787,807
Receivables		
Interest, dividends and other	1,594,368	2,158,061
Prepaid Expenses	--	618
Total Assets	261,272,200	242,730,522
Liabilities		
Accounts payable and accrued expenses	1,160,227	620,156
Net Assets Available for Benefits	$ 260,111,973	$ 242,110,366

See accompanying notes to the financial statements.

THE TEKNOR APEX COMPANY RETIREMENT PLAN

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

FOR THE YEAR ENDED DECEMBER 31, 2025

Additions	
Investment Income	
Net appreciation in fair value of investments	$ 23,669,691
Interest, dividend and other income	4,274,382
Less investment expenses	(1,305,937)
Total Investment Income, Net	26,638,136
Employer Contributions	3,000,000
Total Additions	29,638,136
Deductions	
Benefits paid to participants	11,190,355
Administrative expenses	446,174
Total Deductions	11,636,529
Net Increase	18,001,607
Net Assets Available for Benefits - Beginning of Year	242,110,366
Net Assets Available for Benefits - End of Year	$ 260,111,973

See accompanying notes to the financial statements.

THE TEKNOR APEX COMPANY RETIREMENT PLAN

STATEMENTS OF ACCUMULATED PLAN BENEFITS

DECEMBER 31, 2025 AND 2024

	2025	2024
Actuarial Present Value of Accumulated Plan Benefits		
Vested benefits:		
Participants currently receiving payments	$ 95,796,827	$ 86,019,718
Other participants	88,348,340	86,826,816
Total Vested Benefits	184,145,167	172,846,534
Non-Vested Benefits	323,901	346,336
Total Actuarial Present Value of Accumulated Plan Benefits	$ 184,469,068	$ 173,192,870

See accompanying notes to the financial statements.

THE TEKNOR APEX COMPANY RETIREMENT PLAN

STATEMENT OF CHANGES IN ACCUMULATED PLAN BENEFITS

FOR THE YEAR ENDED DECEMBER 31, 2025

Actuarial Present Value of Accumulated Plan Benefits - Beginning of Year	$ 173,192,870
Increase (decrease) during the year attributed to:	
Interest due to the decrease in the discount period	12,566,720
Change in actuarial assumptions	4,498,792
Benefits paid and accrued	(11,211,216)
Benefits accumulated and actuarial experience	5,421,902
Net Increase	11,276,198
Actuarial Present Value of Accumulated Plan Benefits - End of Year	$ 184,469,068

See accompanying notes to the financial statements.

NOTE 1 - DESCRIPTION OF THE PLAN

The following brief description of The Teknor Apex Company Retirement Plan (the "Plan") is provided for general information purposes only. Participants should refer to the Plan agreement or summary plan description for a more complete description of the Plan's provisions.

GENERAL

The Plan is a trusted, noncontributory, defined benefit plan established by Teknor Apex Company effective January 1, 1965, with the most recent restatement of January 1, 2015, to provide benefits to its employees. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA).

The Plan is administered by the elected trustees. The pension investment committee and trustees have overall responsibility for the operation and administration of the Plan. The Pension Investment Committee determines the appropriateness of the Plan's investment offerings and monitors investment performance.

ELIGIBILITY

Salaried and hourly employees of the Teknor Apex Company and its U.S. subsidiaries: Teknor Apex Tennessee Company; Teknor Color Company; Teknor Financial Corporation; Teknor Apex Vermont Company; Teknor Apex Group, Inc.; Teknor Performance Elastomers, Inc.; Teknor Apex Elastomers, Inc. and Truex Incorporated (collectively, the "Company"), are covered by the Plan, provided they are 21 years of age and have completed one year of participation service with the Company, as defined. Effective January 1, 2015, the Plan was amended to freeze participation with respect to employees hired on or after January 1, 2016.

CONTRIBUTIONS AND FUNDING POLICY

The Plan's funding policy is for the Company to contribute an amount which will meet or exceed the annual ERISA minimum funding requirement. The Company assumes the full cost of the Plan through annual contributions based on actuarial valuations prepared by the Plan's actuary. To the extent that these requirements are fully covered by the Plan's assets in the Trust Fund, the Company may elect not to make any contribution to fund the Plan in a particular year.

During 2025, the Company elected to make contributions of $3,000,000. The minimum funding requirements were met or exceeded in 2025.

NOTE 1 - DESCRIPTION OF THE PLAN (CONTINUED)

CONTRIBUTIONS AND FUNDING POLICY (CONTINUED)

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA.

VESTING

Plan participants are entitled to their plan benefits after terminating employment with vested rights. Participants become vested in the Plan upon completion of three years of credited service as of the date the Plan's eligibility was frozen, as defined in the Plan, or attainment of normal retirement age (65). The participant becomes eligible to receive their "annuity formula benefit" payable upon the early retirement date. The benefit is reduced in accordance with early retirement requirements. In addition, a vested participant shall be immediately entitled to receive any "extended service lump sum benefit" and retirement asset account to which the participant is otherwise entitled under the terms of the Plan.

Any participant who did not complete an hour of service after December 31, 2007, and did not meet the additional, foregoing requirements to be vested in their "annuity formula benefit", shall have a vested right to their annuity formula benefit upon the completion of three years of credited service as of the date the Plan's eligibility was frozen. If a non-vested participant attains their normal retirement age while actively employed, they shall become fully vested in their accrued benefit upon attaining normal retirement age, regardless of his prior years of service. If a participant is terminated before retirement age, non-vested benefits are forfeited.

RETIREMENT BENEFITS

Upon becoming vested, participants are entitled to benefits determined based on the participant's hypothetical account balance. The Plan provides for retirement benefits to be paid to participants who have attained their normal retirement age or later if the individual so elects. The normal retirement age, as defined in the Plan, is age 65. Participants may take early retirement with reduced benefits at age 50, provided that they have completed at least 10 years of vesting service, as defined, as a participant in the Plan. Annual benefits at retirement are based on compensation and years of credited service, as defined. Such benefits and alternative methods of payment are defined in the Plan. The normal form of benefit payment upon retirement is a qualified joint and survivor annuity for married participants. However, married members may elect either a 100%, 75% or 50% qualified joint and survivor annuity, life annuity, or life annuity with a guaranteed payment period of 10 to 15 years. An unmarried participant shall receive benefits in the form of a life annuity or a life annuity with a guaranteed payment period of 10 to 15 years.

NOTE 1 - DESCRIPTION OF THE PLAN (CONTINUED)

RETIREMENT BENEFITS (CONTINUED)

An "extended service special lump sum benefit" is payable at retirement for participants who have an hour of service on or after December 31, 2000. The benefit is equal to $1,000 multiplied by the number of the participant's whole and partial years of credited service in excess of 30 years, which were completed on or before December 31, 2011.

The Plan adjusts the annual amount of annuity formula benefit, as defined in the Plan document. In addition, the "small annuity rule" was replaced to allow lump sum distributions to participants with a vested accrued benefit less than $5,000 to be distributed without the participant's prior written consent. However, in the event of a mandatory lump sum distribution greater than $1,000 made to a terminated participant prior to the normal retirement date, the Plan administrator shall pay such distribution in a direct rollover to an eligible retirement plan designated by the participant or Plan administrator. Upon retirement, pension payments are normally paid in the form of a monthly annuity payable for their lifetime or, if married, in the form of a qualified joint or survivor annuity.

DEATH AND DISABILITY BENEFITS

If an active employee dies at age 55 or older, a death benefit equal to the value of the employee's accumulated pension benefit is paid to the employee's beneficiary. Active employees who become totally disabled receive annual disability benefits that are equal to the equivalent normal retirement benefit they have accumulated as of the time they become disabled. Disability benefits are paid until normal retirement age, at which time disabled participants will receive the normal retirement benefit computed as though they had been employed to normal retirement age, with their annual compensation remaining the same as at the time they became disabled.

NOTE 1 - DESCRIPTION OF THE PLAN (CONTINUED)

TERMINATION BENEFITS

In the event of a participant's termination of employment for any reason other than death, disability or retirement, the participant will become entitled to receive a monthly pension benefit commencing on the first day of any month following age 50 (if the employee completed 10 or more years of vesting service), but no later than age 65. A participant who has at least three years of vesting service shall be eligible for immediate payment of their Retirement Asset Account benefit.

RETIREMENT ASSET ACCOUNT BENEFIT

The Plan sponsor established a notational Retirement Asset Account (RAA) for all eligible employees designated to be a participant of the Plan. As of March 31, 2008, the Plan sponsor had elected to freeze the Retirement Asset Account benefit. As a result, no contribution credits will be allocated to existing participants with Retirement Asset Account benefits for calendar year quarters after March 31, 2008, and no other pension plan participants or employees of the Company will be entitled to accrue a benefit. Interest credits will continue to be allocated to existing account balances on a quarterly basis using the average annual yield on a 10-year Treasury constant maturities for the last day of the preceding calendar quarter. No interest credits will be allocated after Plan benefits have commenced. Upon retirement, the RAA benefit will be distributed in the form of a lump sum payment or in one of the annuity forms of payment available under the Plan. The account balance was approximately $1,901,020 and $2,006,000 as of December 31, 2025 and 2024, respectively. As of December 31, 2025 and 2024, the interest rate was 3.44% and 2.75%, respectively.

SUBSEQUENT EVENTS

The Plan has evaluated subsequent events through July 9, 2026 the date the financial statements were available to be issued.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

The following are the significant accounting policies followed by the Plan:

BASIS OF ACCOUNTING

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

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

USE OF ESTIMATES

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

INVESTMENT VALUATION AND INCOME RECOGNITION

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's Pension Investment Committee determines the Plan's valuation policies utilizing information provided by investment advisors, custodians, and insurance company (See Note 4 for discussion of fair value measurements).

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

Management considers all liquid debt instruments purchased with maturities of three months or less to be cash equivalents.

PAYMENT OF BENEFITS

Benefit payments to participants are recorded when paid.

ADMINISTRATIVE EXPENSES

The Plan's expenses may be paid either by the Plan or the Company, as provided by the plan document. Expenses that are paid directly by the Company are excluded from these financial statements. Certain expenses incurred in connection with the general administration of the Plan that are paid by the Plan are recorded as deductions in the statement of changes in net assets available for benefits.

NOTE 3 - PLAN FINANCIAL INFORMATION CERTIFIED BY TRUSTEE

The plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA for 2025 and 2024. Accordingly, Northern Trust Company, the Trustee of the Plan, has certified to the completeness and accuracy of all investments reported in the accompanying Statements of Net Assets Available for Benefits as of December 31, 2025 and 2024, and the supplemental Schedule H, Line 4(i) – Schedule of Assets (Held at End of Year) as of December 31, 2025, and the related investment activity reported in the Statement of Changes in Net Assets Available for Benefits for the year ended December 31, 2025 and the information reported in the supplemental Schedule H, Line 4(j) – Schedule of Reportable Transactions for the year ended December 31, 2025.

NOTE 4 - FAIR VALUE MEASUREMENTS

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

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

Level 2 - Inputs to the valuation technique include:

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

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

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

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

NOTE 4 - FAIR VALUE MEASUREMENTS (CONTINUED)

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

CASH EQUIVALENTS

Cash equivalents include investments in short-term domestic and foreign commercial paper with maturities of three months or less at the time of purchase.

U.S. GOVERNMENT SECURITIES

U.S. government securities are comprised of United States treasury bonds and notes, which are valued using pricing models maximizing the use of observable inputs for similar securities.

CORPORATE BONDS (DOMESTIC AND FOREIGN)

Corporate bonds are comprised of domestic and foreign corporate bonds and are valued using pricing models maximizing the use of observable inputs for similar securities. This includes basing value on yields currently available on comparable securities of issuers with similar credit ratings. When quoted prices are not available for identical or similar bonds, the bond is valued under a discounted cash flows approach that maximizes observable inputs, such as current yields of similar instruments. The value includes adjustments for certain risks that may not be observable, such as credit and liquidity risks or broker quote, if available.

CORPORATE STOCKS, COMMON AND PREFERRED

Corporate common and preferred stocks are valued at the closing price reported on the active market in which the individual securities are traded.

MUTUAL FUNDS

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

NOTE 4 - FAIR VALUE MEASUREMENTS (CONTINUED)

COMMINGLED AND POOLED FUNDS AND COLLECTIVE INVESTMENT TRUSTS

This class consists of investments in commingled funds, pooled funds and collective investment trusts. The investments are managed by professional investment advisors and invest in stocks, fixed income securities and other assets. The fair value of these investment vehicles has been determined using NAV as a practical expedient. The NAV is based on the fair value of the underlying investments held by the fund, as provided by the Trustee, less its liabilities, and then divided by the number of units outstanding. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV. Participant transactions (purchases and sales) may occur daily. Were the Plan to initiate a full redemption of the common-collective trust, the investment adviser reserves the right to temporarily delay withdrawal from the trust in order to ensure that securities liquidations will be carried out in an orderly business manner.

INVESTMENT CONTRACT WITH INSURANCE COMPANY

The investment contract with an insurance company is valued at the NAV of the units held in an open-end, commingled real estate account and separate account. The NAV, as provided and certified by the Trustee, is used as the practical expedient to estimate fair value. The practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV. The NAV is based on the fair value of the underlying investments held by the separate account less its liabilities.

ALTERNATIVE INVESTMENTS

Limited partnership interests are valued at the NAV of units held for the limited partnerships. The NAV, as provided by the fund manager or trustee, is used as a practical expedient to estimate fair value. The practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV. The NAV is based on the fair value of the underlying investments held by the limited partnerships less its liabilities.

NOTE 4 - FAIR VALUE MEASUREMENTS (CONTINUED)

The following table sets forth by level, within the fair value hierarchy, the plan's assets at fair value as of December 31, 2025.

Description	Level 1	Level 2	Level 3	Total
Cash equivalents	$ --	$ 2,600,468	$ --	$ 2,600,468
Corporate stocks, common and preferred	599	--	--	599
Mutual funds	66,450,207	--	--	66,450,207
Commingled and pooled funds and collective investment trusts (a)	--	--	--	131,787,381
Limited partnership interests (a)	--	--	--	57,729,090
Total Investment at Fair Value	$ 66,450,806	$ 2,600,468	$ --	$ 258,567,745

The following table sets forth by level, within the fair value hierarchy, the plan's assets at fair value as of December 31, 2024.

Description	Level 1	Level 2	Level 3	Total
Cash equivalents	$ --	$ 2,527,592	$ --	$ 2,527,592
U.S. government securities	--	33,062,015	--	33,062,015
Corporate stocks, common and preferred	599	--	--	599
Mutual funds	6,567,751	--	--	6,567,751
Commingled and pooled funds and collective investment trusts (a)	--	--	--	145,836,701
Limited partnership interests (a)	--	--	--	51,035,229
Investment contract with an insurance company (a)	--	--	--	757,920
Total Investments at Fair Value	$ 6,568,350	$35,589,607	$ --	$ 239,787,807

NOTE 4 - FAIR VALUE MEASUREMENTS (CONTINUED)

(a) In accordance with Subtopic 820-10, certain investments that are measured at fair value using the NAV per share (or its equivalent) practical expedient have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the amounts presented in the Statements of Net Assets Available for Benefits.

In substantiating the reasonableness of the pricing data by third parties, the Pension Investment Committee evaluates a variety of factors including review of the methods and assumptions used by external sources, recently executed transactions, existing contracts, economic conditions, industry and market developments, and overall credit ratings.

Gains and losses (realized and unrealized) included in the changes in net assets for the period above are reported in the net appreciation in the fair value of investments in the Statement of Changes in Net Assets Available For Benefits.

The following table summarizes investments measured at fair value based on NAV per share as of December 31, 2025:

	Fair Value	Unfunded Commitments	Redemption Frequency (If Currently Eligible)	Redemption Notice Period
Real estate investments (b)	$ 22,646,063	$ 323,577	Quarter-end	60 and 90 Days
Venture capital (c)	35,083,029	2,351,998		
Commingled and pooled funds (d)	125,460,065	4,384,769	Daily Semi-Monthly Monthly	1 - 2 Days 9 Days 10 Days
Collective investment trust (d)	6,327,314	--	Daily	15 Days
Total	$ 189,516,471	$ 7,060,344		

NOTE 4 - FAIR VALUE MEASUREMENTS (CONTINUED)

The following table summarizes investments measured at fair value based on NAV per share as of December 31, 2024:

	Fair Value	Unfunded Commitments	Redemption Frequency (If Currently Eligible)	Redemption Notice Period
Real estate investments (b)	$ 26,243,279	$ 481,555	Quarter-end	60 and 90 Days
Venture capital (c)	24,791,950	2,915,998		
Commingled and pooled funds (d)	138,562,755	5,858,046	Daily Semi-Monthly Monthly	1 - 2 Days 9 Days 10 Days
Collective investment trust (d)	7,273,946	--	Daily	15 Days
Investment contract with an insurance company (e)	757,920	--	Daily	1 Day
Total	$ 197,629,850	$ 9,255,599		

(b) This class includes several real estate funds that invest primarily in U.S. commercial and residential real estate. Some of the funds are closed-end funds with no redemption rights while others provide for redemptions at quarter-end with a sixty or ninety-day notice. The funds have estimated the fair value of the investments in real estate ventures in the absence of readily ascertainable market values. Estimated liquidation date for investments with no redemption rights is estimated based on the term dates of limited partnerships in accordance with the partnership agreements. In this class, there are two investments with no redemption rights and the Pension Investment Committee estimates that they will be fully liquidated by April 2, 2029 and August 21, 2030.

NOTE 4 - FAIR VALUE MEASUREMENTS (CONTINUED)

The estimated fair value of the investments reflects an estimated amount which the funds would have received if the real estate held by the respective real estate ventures was sold on December 31, 2025, and the net proceeds of the sale after the payment of estimated selling costs, mortgage indebtedness secured by the underlying real estate, and other liabilities were distributed to the investors of the respective real estate ventures in accordance with the terms of the underlying real estate venture agreements.

(c) This class consists of investments in limited partnerships formed under the laws of the State of Delaware. The investments are held in custody by the general partners. The investment's principal business activity is to make, manage, supervise and dispose of venture capital investments in businesses of every kind and character through the purchase and ownership of securities, including acting as a partner in partnerships through which such investments are made. The Partnerships expect to make investments in businesses with a focus on communications, information, internet, healthcare technology and clean technology companies. The inputs used to estimate the value of investments include the original transaction price, recent transactions in the same or similar instruments, completed or pending third-party transactions in the underlying investment or comparable issuers, subsequent rounds of financing, recapitalizations and other transactions across capital structure, offerings in equity or debt capital markets, and changes in financial ratios or cash flows. The investments may also be adjusted to reflect illiquidity and/or non-transferability, with the amount of such discount estimated by the General Partner in the absence of market information. The Partnerships are closed-end funds with no redemption rights. Estimated liquidation for three investments is based on the partnership termination dates of August 31, 2027, September 3, 2030, and November 12, 2030.

(d) This class consists of investments in commingled funds, pooled funds and collective investment trusts. The investments are managed by professional investment advisors and invest in stocks, fixed income securities and other assets. The fair value of these investment vehicles has been determined using NAV as a practical expedient. The NAV is based on the value of the underlying assets owned by the fund, minus its liabilities, and then divided by the number of units outstanding.

NOTE 4 - FAIR VALUE MEASUREMENTS (CONTINUED)

(e) This investment is an open-end, commingled real estate and separate account of an insurance company. The account is a diversified real estate equity account consisting primarily of high quality, well-leased real estate properties in the multifamily, industrial, office, retail and hotel sectors.

Real estate investments are carried at fair value based upon independent appraisals. Capital may be withdrawn by the investors in the account by request. There is a limitation that delays the payment of withdrawal requests and provides for payment of such requests on a pro-rata basis as cash becomes available for distribution, as determined by the investment.

NOTE 5 - ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS

The actuarial information included in the Statements of Accumulated Plan Benefits as of December 31, 2025 and 2024, and in the Statement of Changes in Accumulated Plan Benefits for the year ended December 31, 2025 has been prepared by the Plan's actuary, USI Consulting Group.

Accumulated plan benefits are those future benefit payments, including lump sum distributions, that are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to: (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Benefits under the Plan are accumulated based on employees' compensation during each year of credited service. The accumulated plan benefits for active employees are based on their highest average consecutive five years compensation over the last ten years on the date of which the benefit information is presented (the valuation date). Benefits payable under all circumstances such as, retirement, death, disability, and termination of employment, are included to the extent they are attributable to employee service rendered to the valuation date. Benefits to be provided through annuity contracts excluded from plan assets are excluded from accumulated plan benefits.

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

NOTE 5 - ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS (CONTINUED)

The significant actuarial assumptions used in the valuations as of December 31, 2025 and 2024 were: (a) life expectancy of participants (Pri-2012 Total Dataset Amount-Weighted Mortality with MP-2021 for salary and executive participants) and (Pri-2012 Blue Collar Dataset Amount with MP-2021 for hourly participants), (b) retirement age assumptions (a scale of ages 50 to 70); and (c) investment return. The interest rate used to discount the obligation for 2025 and 2024 was 7.25% and 7.50%, respectively.

The foregoing actuarial assumptions are based on the knowledge that the Plan will continue and on the knowledge the Plan's eligibility was frozen effective January 1, 2016. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated Plan benefits.

NOTE 6 - TAX STATUS

The IRS has determined and informed the Company, by a letter dated October 14, 2015, that the Plan is designed in accordance with applicable sections of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the determination letter, the Plan administrator believes that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the IRC.

Accounting principles generally accepted in the United States of America require Plan management to internally monitor tax positions taken by the Plan to determine whether any are uncertain. A tax position is taken if it is determined that the position will "more-likely-than-not" be sustained upon examination by a taxing authority. Plan management has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2025, there were no uncertain positions taken or expected to be taken that would require the recognition of a liability or disclosure in the financial statements. The Plan is not currently subject to audits for any tax periods.

NOTE 7 - PLAN TERMINATION

While the Company has not expressed any intent to terminate the Plan, it is free to do so at any time, subject to the requirements set forth in ERISA.

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

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

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal retirement benefits, early retirement benefits, and certain disability and survivors' benefits. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the plan level in effect on the date of the Plan termination.

Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan’s net assets to provide for accumulated plan obligations and may also depend on the financial condition of the plan sponsor and the level of benefits guaranteed by the PBGC.

NOTE 8 - PARTY-IN-INTEREST TRANSACTIONS

The Plan's investments are administered under a contract with Northern Trust Company, the Trustee of the Plan. Contributions are held and managed by Northern Trust Company, who invests cash received, and interest and dividend income. As described in Note 2, the Plan paid certain expenses related to plan operations and investment activity to various service providers.

Cambridge Associates provides investment management services to the Plan. Therefore, these services qualify as party-in-interest transactions.

The certain employees of the Company, who are also participants in the Plan, perform administrative services at no cost to the Plan. No such officer or employee received compensation from the Plan. These transactions are party in interest transactions under ERISA.

NOTE 9 - RISKS AND UNCERTAINTIES

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

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