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
S.C. JOHNSON & SON, INC. EMPLOYEES DEFERRED PROFIT SHARING AND SAVINGS PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 06/26/1953

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)
S.C. JOHNSON & SON, INC.

1525 HOWE STREET
RACINE, WI 53403

1525 HOWE STREET
RACINE, WI 53403-0000

2b Employer Identification Number (EIN)
39-0379990

2c Plan Sponsor's telephone number
262-260-2000

2d Business code (see instructions)
325600

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	09/25/2026	BRIAN GLASER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	09/02/2026	DAVID ISAACSON
	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 ☐ Same as Plan Sponsor

BENEFITS ADMINISTRATION COMMITTEE

1525 HOWE STREET
RACINE, WI 53403-0000

3b Administrator's EIN: 39-1246792

3c Administrator's telephone number: 262-260-2000

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

c Plan Name

4b EIN

4d PN

5	Total number of participants at the beginning of the plan year	**5**	4709
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)**	3242
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	3365
b	Retired or separated participants receiving benefits	**6b**	138
c	Other retired or separated participants entitled to future benefits	**6c**	1289
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	4792
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	10
f	Total. Add lines **6d** and **6e**.	**6f**	4802
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)**	4651
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)**	4737
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	115
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:

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

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

9a Plan funding arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

- (1) [X] **H** (Financial Information)
- (2) [ ] **I** (Financial Information – Small Plan)
- (3) [X] **A** (Insurance Information) – Number Attached 3
- (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
S.C. JOHNSON & SON, INC. EMPLOYEES DEFERRED PROFIT SHARING AND SAVINGS PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
S.C. JOHNSON & SON, INC.

D Employer Identification Number (EIN)
39-0379990

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
PACIFIC 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
95-1079000	00000	G-026345		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
0	0

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	

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	(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	50948188
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	54178387
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)	1369801		
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below)	7c(5)			
	▶				
	(6)Total additions			7c(6)	1369801
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	55548188
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)	4600000		
	(4) Other (specify below)	7e(4)			
	▶				
	(5) Total deductions			7e(5)	4600000
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	50948188

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 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
S.C. JOHNSON & SON, INC. EMPLOYEES DEFERRED PROFIT SHARING AND SAVINGS PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
S.C. JOHNSON & SON, INC.

D Employer Identification Number (EIN)
39-0379990

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
PRUDENTIAL INS CO AMERICA WBS

(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
22-1211670		GA63920		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
0	0

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	

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

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

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(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	50901664
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	54133064
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)	1368600		
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below) ▶	7c(5)			
	(6) Total additions			7c(6)	1368600
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	55501664
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)	4600000		
	(4) Other (specify below) ▶	7e(4)			
	(5) Total deductions			7e(5)	4600000
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	50901664

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 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
S.C. JOHNSON & SON, INC. EMPLOYEES DEFERRED PROFIT SHARING AND SAVINGS PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
S.C. JOHNSON & SON, INC.

D Employer Identification Number (EIN)
39-0379990

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
TRANSAMERICA LIFE INS. WBS

(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
39-0989781		FDA00056TR		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
0	0

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
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	(c) Amount	**(d)** Purpose	

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	(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	50908718
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	54139936
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)	1368782		
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below)	7c(5)			
	▶				
	(6)Total additions			7c(6)	1368782
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	55508718
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)	4600000		
	(4) Other (specify below)	7e(4)			
	▶				
	(5) Total deductions			7e(5)	4600000
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	50908718

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 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
S.C. JOHNSON & SON, INC. EMPLOYEES DEFERRED PROFIT SHARING AND SAVINGS PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
S.C. JOHNSON & SON, INC.

D Employer Identification Number (EIN)
39-0379990

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

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

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

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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)

FINANCIAL ENGINES

77-0473565

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	ADVISOR	1081711	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

(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?
37 64 65 71	RECORDKEEPER	109385	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(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
S.C. JOHNSON & SON, INC. EMPLOYEES DEFERRED PROFIT SHARING AND SAVINGS PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
S.C. JOHNSON & SON, INC.

D Employer Identification Number (EIN)
39-0379990

Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)

(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: NT COLLECTIVE S&P 500 INDEX FUND -

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
45-6138589-002	C	532216418

a Name of MTIA, CCT, PSA, or 103-12 IE: NT COLLECTIVE ALL COUNTRY WORLD IND

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
45-6138589-117	C	225292392

a Name of MTIA, CCT, PSA, or 103-12 IE: NT COLLECTIVE S&P 400 INDEX FUND -

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
45-6138589-105	C	170956664

a Name of MTIA, CCT, PSA, or 103-12 IE: FIDELITY CONTRAFUND COMMINGLED POOL

b Name of sponsor of entity listed in (a): FIDELITY MANAGEMENT TRUST COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
04-3022712-133	C	166326066

a Name of MTIA, CCT, PSA, or 103-12 IE: ARTISAN MULTIPLE INVESTMENT TRUST

b Name of sponsor of entity listed in (a): SEI TRUST COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
26-3653822-021	C	82552091

a Name of MTIA, CCT, PSA, or 103-12 IE: NT COLLECTIVE S&P 600 INDEX FUND -

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
45-6138589-245	C	34133082

a Name of MTIA, CCT, PSA, or 103-12 IE: EARNEST PARTNERS MULTIPLE INVESTMEN

b Name of sponsor of entity listed in (a): SEI TRUST COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
26-4377500-041	C	33084259

a Name of MTIA, CCT, PSA, or 103-12 IE: THE COLLECTIVE LSV U.S. SMALL CAP V

b Name of sponsor of entity listed in (a): RELIANCE TRUST COMPANY

c EIN-PN 90-6169542-002	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 12581914

a Name of MTIA, CCT, PSA, or 103-12 IE: WASATCH MASTER COLLECTIVE INVESTMEN

b Name of sponsor of entity listed in (a): SEI TRUST COMPANY

c EIN-PN 84-2412379-134	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3877347

a Name of MTIA, CCT, PSA, or 103-12 IE: HARRIS ASSOCIATES COLLECTIVE INVEST

b Name of sponsor of entity listed in (a): SEI TRUST COMPANY

c EIN-PN 26-4757392-037	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 87799747

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

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a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

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
S.C. JOHNSON & SON, INC. EMPLOYEES DEFERRED PROFIT SHARING AND SAVINGS PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
S.C. JOHNSON & SON, INC.

D Employer Identification Number (EIN)
39-0379990

Part I Asset and Liability Statement

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	1028205	1122651
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	41493851	8689731
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	106772584	107575508
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	11672460	10875516
(9) Value of interest in common/collective trusts	1c(9)	1207327343	1348819980
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	167697765	247829349
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	163054249	152491614
(15) Other	1c(15)	35348275	39090409

		(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	1734394732	1916494758
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h		
1i Acquisition indebtedness	1i		
1j Other liabilities	1j		
1k Total liabilities (add all amounts in lines 1g through1j)	1k		
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	1734394732	1916494758

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)	42956134	
(B) Participants	2a(1)(B)	42816123	
(C) Others (including rollovers)	2a(1)(C)	22688797	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		108461054
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	2068841	
(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)	824425	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		2893266
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	1275748	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	9885885	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		11161633
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	68775424	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	72881935	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		-4106511
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	12384080	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		12384080

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		220164777
(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)		10672676
c Other income	2c		4104337
d Total income. Add all **income** amounts in column (b) and enter total	2d		365735312
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	182349676	
(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)		182349676
f Corrective distributions (see instructions)	2f		30702
g Certain deemed distributions of participant loans (see instructions)	2g		69048
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)	2100	
(3) Recordkeeping fees	2i(3)	103350	
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	1060410	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	20000	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		1185860
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		183635286
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		182100026
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: BAKER TILLY US, LLP **(2)** EIN: 30-1413443

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	**4a**		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	**4b**		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	**4c**		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	**4d**		X	
e Was this plan covered by a fidelity bond?	**4e**	X		15000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4g**		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	**4j**		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	**4n**		X	

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.) ..... ☐ Yes ☐ No ☐ Not determined

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

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

A Name of plan
S.C. JOHNSON & SON, INC. EMPLOYEES DEFERRED PROFIT SHARING AND SAVINGS PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
S.C. JOHNSON & SON, INC.

D Employer Identification Number (EIN)
39-0379990

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): 04-6568107

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year ..... | 3 |

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation._____

Part VII IRS Compliance Questions

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

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

☐ Design-based safe harbor method

☒ "Prior year" ADP test

☐ "Current year" ADP test

☐ N/A

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

S.C. Johnson & Son, Inc. Employees' Deferred Profit Sharing and Savings Plan

Financial Statements and
Supplementary Information

December 31, 2025 and 2024

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Independent Auditors' Report

To the Plan Administrator and Participants of
S.C. Johnson & Son, Inc. Employees' Deferred Profit Sharing and Savings Plan

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

We have performed audits of the financial statements of S.C. Johnson & Son, Inc. Employees' Deferred Profit Sharing and Savings Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the Statements of Net Assets Available for Benefits as of December 31, 2025 and 2024, and the related Statement of Changes in Net Assets Available for Benefits for the year ended December 31, 2025, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of the Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under ERISA. 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 (U.S. GAAP).
- 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).

Baker Tilly Advisory Group, LP and Baker Tilly US, LLP, trading as Baker Tilly, are members of the global network of Baker Tilly International Ltd., the members of which are separate and independent legal entities. Baker Tilly US, LLP is a licensed CPA firm that provides assurance services to its clients. Baker Tilly Advisory Group, LP and its subsidiary entities provide tax and consulting services to their clients and are not licensed CPA firms.

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for at least one year following the date that 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 Plan's internal control. Accordingly, no such opinion is expressed.

- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.

- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

Our audits did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of U.S. GAAP.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with U.S. GAAP.

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

Other Matter - **Supplemental Schedule Required by ERISA**

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

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

In our opinion:

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

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



Milwaukee, Wisconsin
September 24, 2026

S.C. Johnson & Son, Inc. Employees' Deferred Profit Sharing and Savings Plan

Statements of Net Assets Available for Benefits

December 31, 2025 and 2024

	2025	2024
Assets		
Investments		
Investments at fair value	$1,752,004,977	$1,558,639,818
Investments at contract value	152,491,614	163,054,249
Total investments	1,904,496,591	1,721,694,067
Receivables		
Company contributions	1,122,651	1,028,205
Notes receivable from participants	10,875,516	11,672,460
Total receivables	11,998,167	12,700,665
Net assets available for benefits	$1,916,494,758	$1,734,394,732

See notes to financial statements

S.C. Johnson & Son, Inc. Employees' Deferred Profit Sharing and Savings Plan

Statement of Changes in Net Assets Available for Benefits

Year Ended December 31, 2025

Additions	
Investment income	
Interest and dividends	$ 14,019,522
Net appreciation in fair value of investments	242,430,311
Total investment income	256,449,833
Contributions	
Participants	42,816,123
Company	42,956,134
Rollovers	22,688,797
Total contributions	108,461,054
Interest income on notes receivable from participants	824,425
Total additions	365,735,312
Deductions	
Benefits paid to participants	182,449,426
Administrative expenses	1,185,860
Total deductions	183,635,286
Net increase	182,100,026
Net assets available for benefits	
Beginning of year	1,734,394,732
End of year	$1,916,494,758

See notes to financial statements

1. Description of Plan

The following description of the S.C. Johnson & Son, Inc. Employees' Deferred Profit Sharing and Savings Plan (the Plan) provides only general information. Participants should refer to the plan document for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan established effective June 30, 1953, as restated January 1, 2016. Employees are eligible immediately upon hire with the exception of leased employees, independent contractors, student co-op and university intern employees and union employees of S.C. Johnson & Son, Inc. (the Company) and any subsidiary which adopts the Plan. The Plan requires a participant to be employed as of year end to be eligible to receive employer contributions. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA). The Plan's Benefits Administration Committee is responsible for oversight of the Plan. The Plan's Investment Committee determines the appropriateness of the Plan's investment offerings, monitors investment performance and reports to the Plan's Benefits Administration Committee.

Contributions

Each year, participants may contribute up to 50% of pretax annual compensation, as defined in the plan document, up to the maximum limits of the Internal Revenue Code (IRC). Participants also may designate all or a portion of their deferral and Company contributions as after-tax contributions into a Roth account (Roth contributions). Participants who have attained age 50 before the end of the plan year are eligible to make catch-up contributions. Participants aged 60-63 are eligible to make additional catch-up contributions. Participants also may contribute amounts representing distributions from other qualified defined benefit or defined contribution plans (rollover contributions). The Plan includes an automatic enrollment provision whereby all newly eligible employees are automatically enrolled in the Plan unless they affirmatively elect not to participate in the Plan. Automatically enrolled participants have their deferral rate set at 6% of eligible compensation and their contributions invested in designated investment option (Oakmark Equity and Income Collective Investment Trust) until changed by the participant or the Plan's professional management program. Automatically enrolled participants have their deferral rate increase by 1% on the anniversary of their enrollment date until their deferral rate reaches 10%, unless they elect otherwise.

The Company makes a matching contribution of 100% of the first 4-5% of base compensation, depending on the participant's employer, that a participant contributes to the Plan (matching contribution). In addition, the Company may contribute a discretionary profit sharing contribution (profit sharing contribution) to the Plan annually. The profit sharing contribution was 0.75% and 0.71% of eligible wages for the plan years ended December 31, 2025 and 2024, respectively. The profit sharing contribution is allocated to the participants' accounts in proportion to their respective base pay. Company annual profit sharing contributions are accrued based on a formula consisting of a percentage of the Company's total profit sharing pool is determined the Board of Directors. For the year ended December 31, 2025, the Company approved $1,285,055 of profit sharing contributions to the Plan.

The Company makes a retirement contribution on behalf of each eligible participant each pay period. For employees who were eligible prior to January 1, 2021, the amount of the retirement contribution is 5% of the participant's eligible compensation for the plan year up to the social security wage base in effect for the plan year and 10% of the participant's pay for the plan year in excess of the social security wage base up to the dollar limitation imposed by Section 401(a)(17) of the IRC. For employees eligible after January 1, 2021, the amount of the retirement contribution is 5% of the participant's eligible compensation for the plan year. For the year ended December 31, 2025, the Company made retirement contributions of $22,929,509.

Participants direct the investment of all contributions into various investment options offered by the Plan. Contributions are subject to certain Internal Revenue Service (IRS) limitations.

Participant Accounts

Each participant's account is credited with the participant's contributions, the Company's matching contributions, the Company's retirement contributions, as well as allocations of the Company's profit-sharing contribution and the Plan's earnings. Participants are charged with an allocation of indirect administrative expenses (primarily investment management fees) that are paid by the Plan. Allocations are based on participant earnings, account balances or specific participant transactions, as defined in the plan document. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting

A participant is 100% vested at all times with the exception of Company retirement contributions. A participant will be vested in the Company's retirement contribution account upon the first to occur of (1) the participant's attainment of age 65 while an employee, or (2) the participant's completion of three years of service if employed after January 1, 2007 (five years of service if employed before January 1, 2007). When certain terminations of participation in the Plan occur, the nonvested portion of the participant's account represents a forfeiture. However, if the participant is re-employed and fulfills certain requirements, as defined by the plan document, the participant's account will be restored.

Notes Receivable From Participants

Participants may borrow from their fund accounts a minimum of $1,000 up to a maximum equal to the lesser of $50,000 or 50% of their vested account balance excluding amounts from retirement contributions and Roth contributions. The loans are secured by the balance in the participant's account and bear interest at rates that range from (3.25% to 9.50%) at December 31, 2025, which are commensurate with local prevailing rates at inception of loan as determined by the plan administrator. Principal and interest are paid ratably through bi-weekly or monthly payroll deductions. Terms range up to five years or greater for the purchase of a primary residence.

Payment of Benefits

On termination of service due to death, disability or retirement or other reasons, a participant may receive a lump-sum distribution, installment payment or rollover distribution equal to the value of the participant's vested interest in their account. If a terminated participant's vested balance is less than or equal to $7,000, the amount may be automatically distributed in the form of lump sum cash payment, or individual retirement account (IRA) depending on the balance. In addition, the Plan allows for hardship distributions if certain criteria are met.

Forfeited Accounts

At December 31, 2025 and 2024, forfeited nonvested accounts totaled $334,524 and $867,841, respectively. Forfeitures are first used to restore any forfeited accounts for eligible employees that have had a break in service of less than five years. The remaining forfeitures are then used to offset any Company contributions. In 2025, the Company's contributions were reduced by $1,669,473 from forfeited nonvested accounts.

2. Summary of Accounting Policies

Basis of Accounting

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

Use of Estimates

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America (U.S. GAAP) requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Investment Valuation and Income Recognition

Investments are reported at fair value (except for fully benefit-responsive investment contracts, which are reported at contract 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 Investment Committee determines the Plan's valuation policies utilizing information provided by the trustee, as applicable. See Note 4 for discussion of fair value measurements.

The Plan's investments in fully benefit-responsive investment contracts are reported at contract value. Contract value is the relevant measure for the portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants normally would receive if they were to initiate permitted transactions under the terms of the Plan.

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

Contributions

Contributions from participants and the matching contributions from the employer are recorded in the year in which the related participant contributions are withheld from compensation.

Notes Receivable From Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed as incurred. No allowance for credit losses has been recorded as of December 31, 2025 and 2024.

Payment of Benefits

Benefits are recorded when paid. There were no benefit payments requested and unprocessed as of December 31, 2025 and 2024.

Expenses

Certain expenses of maintaining the Plan are paid by the Plan, unless otherwise paid by the Company. Expenses that are paid by the Company are excluded from these financial statements. Fees related to the administration of notes receivable from participants are charged directly to the participant's account and are included in administrative expenses. Investment related expenses are included in net appreciation in fair value of investments.

Recent Regulatory Updates

The SECURE 2.0 Act of 2022 was signed into law on December 29, 2022. This legislation includes a vast array of provisional changes to retirement plans, becoming effective in 2023 and beyond. Plan management is adopting mandatory provisions by their respective effective dates, and continues to evaluate the impact of the adoption and implementation of this legislation on the Plan. The application of SECURE 2.0 Act did not have a material effect on the Plan's financial statements.

Subsequent Events

Subsequent events were evaluated through September 24, 2026, the date the financial statements were available to be issued.

3. 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, Fidelity Management 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. Such information was obtained by management and agreed to or derived from information certified as complete and accurate by a qualified institution.

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 authoritative guidance are described as follows:

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

Level 2 - Inputs other than quoted prices included within Level 1 that are observable for the asset or liability, either directly or indirectly, such as:

- 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 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 observables and minimize the use of unobservable inputs.

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

Mutual funds: 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.

Common stocks: Valued at the closing price reported on the active market on which the individual securities are traded.

Common collective trust funds: Valued at the NAV of units of a bank collective trust. The NAV, as provided by the trustee, is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the fund less its liabilities. 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 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.

Self-directed brokerage accounts: Self-directed brokerage accounts consist of mutual funds that are valued on the basis of readily determinable market prices, common stock that are valued at the closing price reported on the active markets on which the individual securities are traded and cash.

Short-term investment funds: Valued at cost, which approximates fair value.

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

Assets at Fair Value as of December 31, 2025	**Level 1**	**Level 2**	**Level 3**	**Total**
Mutual funds	$ 247,829,349	$ -	$ -	$ 247,829,349
Common stocks	107,575,508	-	-	107,575,508
Self-directed brokerage accounts	39,090,409	-	-	39,090,409
Short-term investment funds	-	8,689,731	-	8,689,731
Total assets in the fair value hierarchy	394,495,266	8,689,731	-	403,184,997
Investments measured at NAV (a)	-	-	-	1,348,819,980
Total investments at fair value	$ 394,495,266	$ 8,689,731	$ -	$1,752,004,977

Assets at Fair Value as of December 31, 2024	**Level 1**	**Level 2**	**Level 3**	**Total**
Mutual funds	$ 200,156,286	$ -	$ -	$ 200,156,286
Common stocks	106,772,584	-	-	106,772,584
Self-directed brokerage accounts	35,348,275	-	-	35,348,275
Short-term investment funds	-	9,035,330	-	9,035,330
Total assets in the fair value hierarchy	342,277,145	9,035,330	-	351,312,475
Investments measured at NAV (a)	-	-	-	1,207,327,343
Total investments at fair value	$ 342,277,145	$ 9,035,330	$ -	$1,558,639,818

(a) In accordance with Subtopic 820-10, certain investments that were measured at NAV per share (or its equivalent) 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 line items presented in the Statements of Net Assets Available for Benefits.

Fair Value of Investments That Calculate NAV

The following table summarizes investments measured at fair value based on NAV per share as of December 31, 2025 and 2024. There are no participant redemption restrictions for these investments; the redemption notice period is applicable only to the Plan.

December 31, 2025	Fair Value	Unfunded Commitments	Redemption Frequency (if Currently Eligible)	Redemption Notice Period
Northern Trust Corporation S&P 400 Index	$ 170,956,664	N/A	Daily	Daily
Oakmark Equity and Income Collective Investment Trust	87,799,747	N/A	Daily	Daily
Fidelity Contrafund	166,326,066	N/A	Daily	Daily
Artisan International Growth	35,252,979	N/A	Daily	Daily
Artisan MidCap Institutional Class	47,299,112	N/A	Daily	Daily
Northern Trust Corporation S&P 500 Index	532,216,418	N/A	Daily	Daily
Northern Trust All County World Ex-US Index	225,292,392	N/A	Daily	Daily
Northern Trust Corporation S&P 600 Index	34,133,082	N/A	Daily	Daily
LSV Small Cap Value Fund	12,581,914	N/A	Daily	Daily
EARNEST Partners International Fund	33,084,259	N/A	Daily	Daily
Wasatch Core Growth CIT Class A	3,877,347	N/A	Daily	Daily
Total investments valued at NAV	$1,348,819,980			

December 31, 2024	Fair Value	Unfunded Commitments	Redemption Frequency (if Currently Eligible)	Redemption Notice Period
Northern Trust Corporation S&P 400 Index	$ 164,845,797	N/A	Daily	Daily
Oakmark Equity and Income Collective Investment Trust	81,187,428	N/A	Daily	Daily
Fidelity Contrafund	141,624,816	N/A	Daily	Daily
Artisan International Growth	23,792,610	N/A	Daily	Daily
Artisan MidCap Institutional Class	44,639,334	N/A	Daily	Daily
Northern Trust Corporation S&P 500 Index	481,089,606	N/A	Daily	Daily
Northern Trust All County World Ex-US Index	192,447,022	N/A	Daily	Daily
Northern Trust Corporation S&P 600 Index	33,094,885	N/A	Daily	Daily
LSV Small Cap Value Fund	13,428,253	N/A	Daily	Daily
EARNEST Partners International Fund	25,584,960	N/A	Daily	Daily
Wasatch Core Growth CIT Class A	5,592,632	N/A	Daily	Daily
Total investments valued at NAV	$1,207,327,343			

5. Fully Benefit-Responsive Investment Contracts

The Plan holds a portfolio of investment contracts with Pacific Life Insurance Company (Pac Life), Transamerica Life Insurance Company (Transamerica) and Prudential Insurance Company of America (Prudential) as of December 31, 2025 and 2024. These contracts are synthetic investment contracts.

These contracts meet the fully benefit-responsive investment contract criteria and therefore are reported at contract value. Contract value is the relevant measure for fully benefit-responsive investment contracts because this is the amount received by participants if they were to initiate permitted transactions under the terms of the Plan. Contract value represents contributions made under each contract, plus earnings, less participant withdrawals and administrative expenses. As of December 31, 2025 and 2024, the contracts were valued at $152,491,614 and $163,054,249, respectively.

A synthetic investment contract includes a wrapper contract, which is an agreement for the wrap issuer; such as a bank or insurance company, to make payments to the Plan in certain circumstances. The wrapper contract typically includes certain conditions and limitations on the underlying assets owned by the Plan. With traditional investment contracts, the Plan owns only the contract itself. Synthetic and traditional contracts are designed to accrue interest based on crediting rates established by the contract issuers.

The synthetic investment contracts held by the Plan include wrapper contracts that provide a guarantee that the credit rate will not fall below 0%. Cash flow volatility (for example, timing of the benefit payments) as well as asset under performance can be passed through to the Plan through adjustments to future contract crediting rates. Formulas are provided in each contract that adjust renewal crediting rates to recognize the difference between the fair value and the book value of the underlying assets. Crediting rates are reviewed quarterly for resetting.

The Plan's ability to receive amounts due is dependent on the issuer's ability to meet its financial obligations. The issuer's ability to meet its contractual obligations may be affected by future economic and regulatory developments.

Certain events might limit the ability of the Plan to transact at contract value with the issuer. These events may be different under each contract. Such events include (1) amendments to the plan documents (including complete or partial plan termination or merger with another plan), (2) changes to the Plan's prohibition on competing investment options or deletion of equity wash provisions, (3) bankruptcy of the plan sponsor or other plan sponsor events (for example, divestitures or spin-offs of a subsidiary) that cause a significant withdrawal from the Plan, (4) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA or (5) premature termination of the contract.

No events are probable of occurring that might limit the ability of the Plan to transact at contract value with the contract issuer that also would limit the ability of the Plan to transact at contract value with the participants.

In addition, certain events allow the issuer to terminate the contract with the Plan and settle at an amount different from contract value. These events may be different under each contract. Such events include (1) an uncured violation of the Plan's investment guidelines, (2) a breach of material obligation under the contract, (3) a material misrepresentation or (4) a material amendment to the agreement without the consent of the issuer.

6. Related-Party and Party in Interest Transactions

Certain plan investments are managed by the Trustee, and therefore, these transactions qualify as party in interest transactions. Fees incurred by the Plan for the investment manager services are included in net appreciation in fair value of the investment. Additionally, the Plan issues loans to participants, which are secured by the participant's account balances. These transactions qualify as party in interest transactions.

Certain administrative functions of the Plan are performed by officers or employees of the Company. No such officer or employee receives compensation from the Plan.

7. Tax Status

The IRS has determined and informed the Company by a letter dated May 12, 2017, that the Plan and related trust are designed in accordance with applicable sections of the IRC. Although the Plan has been amended since receiving this letter, the plan administrator believes that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the IRC and, therefore, believes that the Plan is qualified, and the related trust is tax-exempt.

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

8. Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks, such as interest rate, market 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 participants' account balances and the amounts reported in the Statements of Net Assets Available for Benefits.

As of December 31, 2025 and 2024, the Plan had investments of $958,252,492 and $673,536,628, respectively, that were concentrated in three and two funds, respectively. A concentration is defined as any fund whose dollar value is at least 10% of net assets available for benefits shown on the Statements of Net Assets Available for Benefits.

9. Plan Termination

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. In the event of plan termination, participants will become 100% vested in their company contributions.

S.C. Johnson & Son, Inc. Employees' Deferred Profit Sharing and Savings Plan

Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year)
EIN: 39-0379990 Plan Number: 001
Year Ended December 31, 2025

(a)	(b) Identity of Issue	(c) Description of Investment	(d) Cost	(e) Current Value
	Short-Term Investment Funds			
*	Fidelity Investments	SSBK Government Short Term Investment Fund	N/R	$ 1,091,487
*	Fidelity Investments	Fidelity Short Term Investment Fund	N/R	7,598,244
		Total short-term investment funds		8,689,731
	Mutual Funds			
	Dodge & Cox	Dodge and Cox Income	N/R	200,743,682
	Legg Mason	Brandywine Global Opportunities Bond Fund Class IS	N/R	7,968,687
*	Fidelity Investments	Retirement Government Money Market Fund	N/R	39,116,980
		Total mutual funds		247,829,349
	Common Collective Trust Funds			
	Northern Trust	Northern Trust Corporation S&P 400 Index	N/R	170,956,664
	Harris Associates LP	Oakmark Equity and Income Collective Investment Trust	N/R	87,799,747
*	Fidelity Investments	Fidelity Contrafund	N/R	166,326,066
	Artisan Partners	Artisan International Growth	N/R	35,252,979
	Artisan Partners	Artisan MidCap Institutional Class	N/R	47,299,112
	Northern Trust	Northern Trust Corporation S&P 500 Index	N/R	532,216,418
	Northern Trust	Northern Trust All County World Ex-US Index	N/R	225,292,392
	Northern Trust	Northern Trust Corporation S&P 600 Index	N/R	34,133,082
	LSV Asset Management	LSV Small Cap Value Fund	N/R	12,581,914
	EARNEST Partners	EARNEST Partners International Fund	N/R	33,084,259
	Wasatch Global Investors	Wasatch Core Growth CIT Class A	N/R	3,877,347
		Total common collective trust funds		1,348,819,980
	Common Stock			
	ADVANCED MICRO DEVICES INC	Common Stock	N/R	1,154,322
	ALPHABET INC CL C	Common Stock	N/R	3,330,673
	AMAZON.COM INC	Common Stock	N/R	5,712,103
	AMERICAN EXPRESS CO	Common Stock	N/R	3,888,544
	APPLIED MATERIALS INC	Common Stock	N/R	3,279,192
	ATI INC	Common Stock	N/R	343,247
	BANCORP INC DEL	Common Stock	N/R	451,641
	BERKSHIRE HATHAWAY INC CL B	Common Stock	N/R	4,501,231
	BROOKFIELD INFRASTRUCTURE CORP	Common Stock	N/R	1,888,822
	BROOKFIELD RENEWABLE CORP	Common Stock	N/R	1,432,766
	CASEY GENERAL STORES	Common Stock	N/R	749,475
	CHENIERE ENERGY INC	Common Stock	N/R	1,959,840
	CISCO SYSTEMS INC	Common Stock	N/R	866,973
	CVS HEALTH CORP	Common Stock	N/R	1,334,121
	ENCOMPASS HEALTH CORP	Common Stock	N/R	427,532
	GILEAD SCIENCES INC	Common Stock	N/R	2,173,603
	HCA HEALTHCARE INC	Common Stock	N/R	4,193,803
	HUNTINGTON INGALLS INDUSTRIES INC	Common Stock	N/R	1,126,652
	JOHNSON CONTROLS INTERNATIONAL PLC	Common Stock	N/R	621,143
	JONES LANG LASALLE INC	Common Stock	N/R	849,250
	JPMORGAN CHASE & CO	Common Stock	N/R	6,969,296
	MAPLEBEAR INC	Common Stock	N/R	1,190,351
	MARKEL GROUP INC	Common Stock	N/R	5,928,735
	MCKESSON CORP	Common Stock	N/R	1,396,954
	META PLATFORMS INC CL A	Common Stock	N/R	4,645,713
	MICROSOFT CORP	Common Stock	N/R	2,798,469
	MUELLER INDUSTRIES INC	Common Stock	N/R	719,911
	NVR INC	Common Stock	N/R	1,917,998
	POST HOLDINGS INC	Common Stock	N/R	157,589
	QXO INC	Common Stock	N/R	980,299
	RELIANCE INC	Common Stock	N/R	1,776,839
	ROYAL GOLD INC	Common Stock	N/R	150,046
	SALESFORCE INC	Common Stock	N/R	633,665
	SCHWAB CHARLES CORP	Common Stock	N/R	732,340

S.C. Johnson & Son, Inc. Employees' Deferred Profit Sharing and Savings Plan

Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year)
EIN: 39-0379990 Plan Number: 001
Year Ended December 31, 2025

(a)	(b) Identity of Issue	(c) Description of Investment	(d) Cost	(e) Current Value
	THE BOOKING HOLDINGS INC	Common Stock	N/R	$ 2,361,701
	UBER TECHNOLOGIES INC	Common Stock	N/R	3,384,020
	UNITED RENTALS INC	Common Stock	N/R	2,393,969
	UNITED THERAPEUTICS CORP DEL	Common Stock	N/R	2,439,661
	VENTAS INC REIT	Common Stock	N/R	842,591
	VIPER ENERGY INC A	Common Stock	N/R	2,298,137
	WORKDAY INC CL A	Common Stock	N/R	787,813
	3M CO	Common Stock	N/R	175,149
	AFFILIATED MANAGERS GRP INC	Common Stock	N/R	235,525
	ALLEGION PLC	Common Stock	N/R	296,149
	ALLISON TRANSMISSION HLDGS INC	Common Stock	N/R	103,578
	AMERIPRISE FINANCIAL INC	Common Stock	N/R	411,395
	AMETEK INC NEW	Common Stock	N/R	148,850
	ARROW ELECTRONICS INC	Common Stock	N/R	106,875
	AUTOZONE INC	Common Stock	N/R	342,541
	BALL CORP	Common Stock	N/R	178,986
	BIO RAD LABS CL A	Common Stock	N/R	53,932
	BIOGEN INC	Common Stock	N/R	146,776
	BLOCK H & R INC	Common Stock	N/R	96,050
	BOYD GAMING CORP	Common Stock	N/R	172,952
	BUILDERS FIRSTSOURCE	Common Stock	N/R	121,822
	BXP INC	Common Stock	N/R	167,080
	CACI INTERNATIONAL INC	Common Stock	N/R	202,468
	CARLYLE GROUP INC (THE)	Common Stock	N/R	235,435
	CAVCO INDUSTRIES INC	Common Stock	N/R	124,646
	CDW CORPORATION	Common Stock	N/R	233,038
	CENCORA INC	Common Stock	N/R	335,723
	CENTENE CORP	Common Stock	N/R	118,183
	CENTERPOINT ENERGY INC	Common Stock	N/R	93,741
	CF INDUSTRIES HOLDINGS INC	Common Stock	N/R	196,366
	CHECK POINT SOFTWARE TECHS LTD	Common Stock	N/R	205,600
	CHURCHILL DOWNS INC	Common Stock	N/R	100,923
	CIGNA GROUP (THE)	Common Stock	N/R	192,661
	COCA COLA CONSOLIDATED INC	Common Stock	N/R	230,257
	COCA-COLA EUROPACIFIC PARTNERS PLC	Common Stock	N/R	120,450
	COMMERCIAL METALS CO	Common Stock	N/R	149,377
	CREDIT ACCEPTANCE CORP	Common Stock	N/R	113,526
	DARDEN RESTAURANTS INC	Common Stock	N/R	80,049
	DELL TECHNOLOGIES INC CL C	Common Stock	N/R	72,633
	DIAMONDBACK ENERGY INC	Common Stock	N/R	150,931
	DNOW INC	Common Stock	N/R	64,753
	DOVER CORP	Common Stock	N/R	115,387
	DR HORTON INC	Common Stock	N/R	163,762
	DTE ENERGY CO	Common Stock	N/R	233,067
	DUPONT DE NEMOURS INC	Common Stock	N/R	10,733
	EAST WEST BANCORP INC	Common Stock	N/R	243,886
	EASTGROUP PPTYS INC	Common Stock	N/R	151,597
	EBAY INC	Common Stock	N/R	272,100
	ENTERGY CORP	Common Stock	N/R	159,534
	EPAM SYSTEMS INC	Common Stock	N/R	179,680
	EQT CORPORATION	Common Stock	N/R	171,252
	EQUITABLE HOLDINGS INC	Common Stock	N/R	117,743
	EQUITY LIFESTYLE PPTYS INC	Common Stock	N/R	124,190
	EQUITY RESIDENTIAL REIT	Common Stock	N/R	108,429
	ESSEX PROPERTY TRUST INC	Common Stock	N/R	119,588
	EVERCORE INC A	Common Stock	N/R	176,249
	EXPEDITORS INTL OF WASH INC	Common Stock	N/R	272,837
	EXTRA SPACE STORAGE INC	Common Stock	N/R	93,107
	FIFTH THIRD BANCORP	Common Stock	N/R	151,056
	FIRST AMERICAN FINANCIAL CORP	Common Stock	N/R	148,070
	FIRSTENERGY CORP	Common Stock	N/R	125,625
	FLEX LTD	Common Stock	N/R	121,746
	FRONTDOOR INC	Common Stock	N/R	178,666

(a)	(b) Identity of Issue	(c) Description of Investment	(d) Cost	(e) Current Value
	GE HEALTHCARE TECHNOLOGIES INC WI	Common Stock	N/R	$ 164,696
	GEN DIGITAL INC	Common Stock	N/R	186,197
	GENERAC HOLDINGS INC	Common Stock	N/R	157,644
	GENTEX CORP	Common Stock	N/R	97,129
	HOWMET AEROSPACE INC	Common Stock	N/R	212,606
	HUNTINGTON BANCSHARES INC	Common Stock	N/R	265,681
	ICON PLC	Common Stock	N/R	97,852
	INTERDIGITAL INC	Common Stock	N/R	164,603
	IQVIA HOLDINGS INC	Common Stock	N/R	246,148
	ITT INC	Common Stock	N/R	85,367
	JABIL INC	Common Stock	N/R	122,447
	KEYSIGHT TECHNOLOGIES INC	Common Stock	N/R	300,315
	L3HARRIS TECHNOLOGIES INC	Common Stock	N/R	187,298
	LABCORP HOLDINGS INC	Common Stock	N/R	92,575
	LAMAR ADVERTISING CO CL A	Common Stock	N/R	205,186
	LAMB WESTON HOLDINGS INC	Common Stock	N/R	61,369
	LANDSTAR SYSTEM INC	Common Stock	N/R	130,192
	LEIDOS HOLDINGS INC	Common Stock	N/R	147,206
	LINCOLN ELECTRIC HLDGS INC	Common Stock	N/R	143,784
	LKQ CORP	Common Stock	N/R	137,048
	LOUISIANA PACIFIC CORP	Common Stock	N/R	63,720
	LPL FINL HLDGS INC	Common Stock	N/R	385,029
	LULULEMON ATHLETICA INC	Common Stock	N/R	81,254
	MARATHON PETROLEUM CORP	Common Stock	N/R	253,703
	MARKEL GROUP INC	Common Stock	N/R	290,203
	MARRIOTT INTERNATIONAL INC A	Common Stock	N/R	110,135
	MASCO CORPORATION	Common Stock	N/R	234,358
	MASTERBRAND INC	Common Stock	N/R	53,721
	MCKESSON CORP	Common Stock	N/R	157,496
	MICROCHIP TECHNOLOGY	Common Stock	N/R	226,779
	MSC INDUSTRIAL DIRECT CO CL A	Common Stock	N/R	104,957
	NETAPP INC	Common Stock	N/R	197,581
	NRG ENERGY INC	Common Stock	N/R	62,104
	NVR INC	Common Stock	N/R	233,369
	OGE ENERGY CORP	Common Stock	N/R	173,789
	OLD DOMINION FREIGHT LINES INC	Common Stock	N/R	228,928
	PACKAGING CORP OF AMERICA	Common Stock	N/R	232,823
	PARKER HANNIFIN CORP	Common Stock	N/R	103,717
	PERMIAN RESOURCES CORP CL A	Common Stock	N/R	165,007
	PHILLIPS 66	Common Stock	N/R	104,780
	PRIMO BRANDS CORP A	Common Stock	N/R	56,260
	QIAGEN NV	Common Stock	N/R	128,075
	QNITY ELECTRONICS INC	Common Stock	N/R	72,587
	QUEST DIAGNOSTICS INC	Common Stock	N/R	139,865
	RALPH LAUREN CORP	Common Stock	N/R	179,280
	RANGE RESOURCES CORP	Common Stock	N/R	196,821
	RB GLOBAL INC	Common Stock	N/R	192,264
	REGENCY CENTERS CORP REIT	Common Stock	N/R	171,263
	RELIANCE INC	Common Stock	N/R	230,229
	RENAISSANCERE HLDGS LTD	Common Stock	N/R	122,586
	RESIDEO TECHNOLOGIES INC	Common Stock	N/R	103,920
	ROCKET COS INC	Common Stock	N/R	182,700
	ROSS STORES INC	Common Stock	N/R	174,916
	SEAGATE TECHNOLOGY HOLDINGS PLC	Common Stock	N/R	118,693
	SIMON PPTY GROUP INC - REIT	Common Stock	N/R	319,685
	SOLVENTUM CORP	Common Stock	N/R	233,124
	SOMNIGROUP INTERNATIONAL INC	Common Stock	N/R	254,716
	SS&C TECHNOLOGIES HOLDINGS INC	Common Stock	N/R	168,371
	STERIS PLC	Common Stock	N/R	115,352
	STIFEL FINANCIAL GROUP	Common Stock	N/R	203,733
	SYNCHRONY FINANCIAL	Common Stock	N/R	229,433
	SYSCO CORP	Common Stock	N/R	180,098
	TE CONNECTIVITY PLC	Common Stock	N/R	91,232

S.C. Johnson & Son, Inc. Employees' Deferred Profit Sharing and Savings Plan

Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year)
EIN: 39-0379990 Plan Number: 001
Year Ended December 31, 2025

(a)	(b) Identity of Issue	(c) Description of Investment	(d) Cost	(e) Current Value
	TECHNIPFMC PLC	Common Stock	N/R	$ 295,566
	TENET HEALTHCARE CORP	Common Stock	N/R	247,804
	TEXTRON INC	Common Stock	N/R	317,124
	TOPBUILD CORP	Common Stock	N/R	202,337
	TRAVELERS COMPANIES INC	Common Stock	N/R	144,450
	TRINET GROUP INC	Common Stock	N/R	60,431
	UFP INDUSTRIES INC	Common Stock	N/R	119,367
	US FOODS HOLDING CORP	Common Stock	N/R	296,234
	VALVOLINE INC	Common Stock	N/R	120,396
	VICI PPTYS INC	Common Stock	N/R	89,337
	VONTIER CORP W/I	Common Stock	N/R	78,338
	VOYA FINANCIAL INC	Common Stock	N/R	141,680
	WATTS WATER TECH INC CL A	Common Stock	N/R	177,205
	WEX INC	Common Stock	N/R	92,070
	WILLIAMS-SONOMA INC	Common Stock	N/R	164,660
	WYNDHAM HOTELS & RESORTS INC	Common Stock	N/R	99,815
	XCEL ENERGY INC	Common Stock	N/R	104,438
	YUM BRANDS INC	Common Stock	N/R	119,814
	ZEBRA TECHNOLOGIES CORP CL A	Common Stock	N/R	162,689
		Total common stock		107,575,508
	Self-Directed Brokerage Account	Brokeragelink	N/R	39,090,409
	Fully Benefit-Responsive Investment Contracts			
	Pacific Mutual Life Insurance Company	Synthetic investment contract	N/R	50,859,153
	Transamerica Life Insurance Company	Synthetic investment contract	N/R	50,819,751
	Prudential Insurance Co of America	Synthetic investment contract	N/R	50,812,710
		Total fully benefit-responsive investment contracts		152,491,614
*	**Notes Receivable From Participants**	Interest rates: 3.25% - 9.50%	$0	10,875,516
				$ 1,915,372,107

* A party in interest as defined by ERISA
N/R - cost omitted for participant directed investments

S.C. Johnson & Son, Inc. Employees' Deferred Profit Sharing and Savings Plan

Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year)
EIN: 39-0379990 Plan Number: 001
Year Ended December 31, 2025

(a)	(b) Identity of Issue	(c) Description of Investment	(d) Cost	(e) Current Value
	Short-Term Investment Funds			
*	Fidelity Investments	SSBK Government Short Term Investment Fund	N/R	$ 1,091,487
*	Fidelity Investments	Fidelity Short Term Investment Fund	N/R	7,598,244
		Total short-term investment funds		8,689,731
	Mutual Funds			
	Dodge & Cox	Dodge and Cox Income	N/R	200,743,682
	Legg Mason	Brandywine Global Opportunities Bond Fund Class IS	N/R	7,968,687
*	Fidelity Investments	Retirement Government Money Market Fund	N/R	39,116,980
		Total mutual funds		247,829,349
	Common Collective Trust Funds			
	Northern Trust	Northern Trust Corporation S&P 400 Index	N/R	170,956,664
	Harris Associates LP	Oakmark Equity and Income Collective Investment Trust	N/R	87,799,747
*	Fidelity Investments	Fidelity Contrafund	N/R	166,326,066
	Artisan Partners	Artisan International Growth	N/R	35,252,979
	Artisan Partners	Artisan MidCap Institutional Class	N/R	47,299,112
	Northern Trust	Northern Trust Corporation S&P 500 Index	N/R	532,216,418
	Northern Trust	Northern Trust All County World Ex-US Index	N/R	225,292,392
	Northern Trust	Northern Trust Corporation S&P 600 Index	N/R	34,133,082
	LSV Asset Management	LSV Small Cap Value Fund	N/R	12,581,914
	EARNEST Partners	EARNEST Partners International Fund	N/R	33,084,259
	Wasatch Global Investors	Wasatch Core Growth CIT Class A	N/R	3,877,347
		Total common collective trust funds		1,348,819,980
	Common Stock			
	ADVANCED MICRO DEVICES INC	Common Stock	N/R	1,154,322
	ALPHABET INC CL C	Common Stock	N/R	3,330,673
	AMAZON.COM INC	Common Stock	N/R	5,712,103
	AMERICAN EXPRESS CO	Common Stock	N/R	3,888,544
	APPLIED MATERIALS INC	Common Stock	N/R	3,279,192
	ATI INC	Common Stock	N/R	343,247
	BANCORP INC DEL	Common Stock	N/R	451,641
	BERKSHIRE HATHAWAY INC CL B	Common Stock	N/R	4,501,231
	BROOKFIELD INFRASTRUCTURE CORP	Common Stock	N/R	1,888,822
	BROOKFIELD RENEWABLE CORP	Common Stock	N/R	1,432,766
	CASEY GENERAL STORES	Common Stock	N/R	749,475
	CHENIERE ENERGY INC	Common Stock	N/R	1,959,840
	CISCO SYSTEMS INC	Common Stock	N/R	866,973
	CVS HEALTH CORP	Common Stock	N/R	1,334,121
	ENCOMPASS HEALTH CORP	Common Stock	N/R	427,532
	GILEAD SCIENCES INC	Common Stock	N/R	2,173,603
	HCA HEALTHCARE INC	Common Stock	N/R	4,193,803
	HUNTINGTON INGALLS INDUSTRIES INC	Common Stock	N/R	1,126,652
	JOHNSON CONTROLS INTERNATIONAL PLC	Common Stock	N/R	621,143
	JONES LANG LASALLE INC	Common Stock	N/R	849,250
	JPMORGAN CHASE & CO	Common Stock	N/R	6,969,296
	MAPLEBEAR INC	Common Stock	N/R	1,190,351
	MARKEL GROUP INC	Common Stock	N/R	5,928,735
	MCKESSON CORP	Common Stock	N/R	1,396,954
	META PLATFORMS INC CL A	Common Stock	N/R	4,645,713
	MICROSOFT CORP	Common Stock	N/R	2,798,469
	MUELLER INDUSTRIES INC	Common Stock	N/R	719,911
	NVR INC	Common Stock	N/R	1,917,998
	POST HOLDINGS INC	Common Stock	N/R	157,589
	QXO INC	Common Stock	N/R	980,299
	RELIANCE INC	Common Stock	N/R	1,776,839
	ROYAL GOLD INC	Common Stock	N/R	150,046
	SALESFORCE INC	Common Stock	N/R	633,665
	SCHWAB CHARLES CORP	Common Stock	N/R	732,340

S.C. Johnson & Son, Inc. Employees' Deferred Profit Sharing and Savings Plan

Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year)
EIN: 39-0379990 Plan Number: 001
Year Ended December 31, 2025

(a)	(b) Identity of Issue	(c) Description of Investment	(d) Cost	(e) Current Value
	THE BOOKING HOLDINGS INC	Common Stock	N/R	$ 2,361,701
	UBER TECHNOLOGIES INC	Common Stock	N/R	3,384,020
	UNITED RENTALS INC	Common Stock	N/R	2,393,969
	UNITED THERAPEUTICS CORP DEL	Common Stock	N/R	2,439,661
	VENTAS INC REIT	Common Stock	N/R	842,591
	VIPER ENERGY INC A	Common Stock	N/R	2,298,137
	WORKDAY INC CL A	Common Stock	N/R	787,813
	3M CO	Common Stock	N/R	175,149
	AFFILIATED MANAGERS GRP INC	Common Stock	N/R	235,525
	ALLEGION PLC	Common Stock	N/R	296,149
	ALLISON TRANSMISSION HLDGS INC	Common Stock	N/R	103,578
	AMERIPRISE FINANCIAL INC	Common Stock	N/R	411,395
	AMETEK INC NEW	Common Stock	N/R	148,850
	ARROW ELECTRONICS INC	Common Stock	N/R	106,875
	AUTOZONE INC	Common Stock	N/R	342,541
	BALL CORP	Common Stock	N/R	178,986
	BIO RAD LABS CL A	Common Stock	N/R	53,932
	BIOGEN INC	Common Stock	N/R	146,776
	BLOCK H & R INC	Common Stock	N/R	96,050
	BOYD GAMING CORP	Common Stock	N/R	172,952
	BUILDERS FIRSTSOURCE	Common Stock	N/R	121,822
	BXP INC	Common Stock	N/R	167,080
	CACI INTERNATIONAL INC	Common Stock	N/R	202,468
	CARLYLE GROUP INC (THE)	Common Stock	N/R	235,435
	CAVCO INDUSTRIES INC	Common Stock	N/R	124,646
	CDW CORPORATION	Common Stock	N/R	233,038
	CENCORA INC	Common Stock	N/R	335,723
	CENTENE CORP	Common Stock	N/R	118,183
	CENTERPOINT ENERGY INC	Common Stock	N/R	93,741
	CF INDUSTRIES HOLDINGS INC	Common Stock	N/R	196,366
	CHECK POINT SOFTWARE TECHS LTD	Common Stock	N/R	205,600
	CHURCHILL DOWNS INC	Common Stock	N/R	100,923
	CIGNA GROUP (THE)	Common Stock	N/R	192,661
	COCA COLA CONSOLIDATED INC	Common Stock	N/R	230,257
	COCA-COLA EUROPACIFIC PARTNERS PLC	Common Stock	N/R	120,450
	COMMERCIAL METALS CO	Common Stock	N/R	149,377
	CREDIT ACCEPTANCE CORP	Common Stock	N/R	113,526
	DARDEN RESTAURANTS INC	Common Stock	N/R	80,049
	DELL TECHNOLOGIES INC CL C	Common Stock	N/R	72,633
	DIAMONDBACK ENERGY INC	Common Stock	N/R	150,931
	DNOW INC	Common Stock	N/R	64,753
	DOVER CORP	Common Stock	N/R	115,387
	DR HORTON INC	Common Stock	N/R	163,762
	DTE ENERGY CO	Common Stock	N/R	233,067
	DUPONT DE NEMOURS INC	Common Stock	N/R	10,733
	EAST WEST BANCORP INC	Common Stock	N/R	243,886
	EASTGROUP PPTYS INC	Common Stock	N/R	151,597
	EBAY INC	Common Stock	N/R	272,100
	ENTERGY CORP	Common Stock	N/R	159,534
	EPAM SYSTEMS INC	Common Stock	N/R	179,680
	EQT CORPORATION	Common Stock	N/R	171,252
	EQUITABLE HOLDINGS INC	Common Stock	N/R	117,743
	EQUITY LIFESTYLE PPTYS INC	Common Stock	N/R	124,190
	EQUITY RESIDENTIAL REIT	Common Stock	N/R	108,429
	ESSEX PROPERTY TRUST INC	Common Stock	N/R	119,588
	EVERCORE INC A	Common Stock	N/R	176,249
	EXPEDITORS INTL OF WASH INC	Common Stock	N/R	272,837
	EXTRA SPACE STORAGE INC	Common Stock	N/R	93,107
	FIFTH THIRD BANCORP	Common Stock	N/R	151,056
	FIRST AMERICAN FINANCIAL CORP	Common Stock	N/R	148,070
	FIRSTENERGY CORP	Common Stock	N/R	125,625
	FLEX LTD	Common Stock	N/R	121,746
	FRONTDOOR INC	Common Stock	N/R	178,666

(a)	(b) Identity of Issue	(c) Description of Investment	(d) Cost	(e) Current Value
	GE HEALTHCARE TECHNOLOGIES INC WI	Common Stock	N/R	$ 164,696
	GEN DIGITAL INC	Common Stock	N/R	186,197
	GENERAC HOLDINGS INC	Common Stock	N/R	157,644
	GENTEX CORP	Common Stock	N/R	97,129
	HOWMET AEROSPACE INC	Common Stock	N/R	212,606
	HUNTINGTON BANCSHARES INC	Common Stock	N/R	265,681
	ICON PLC	Common Stock	N/R	97,852
	INTERDIGITAL INC	Common Stock	N/R	164,603
	IQVIA HOLDINGS INC	Common Stock	N/R	246,148
	ITT INC	Common Stock	N/R	85,367
	JABIL INC	Common Stock	N/R	122,447
	KEYSIGHT TECHNOLOGIES INC	Common Stock	N/R	300,315
	L3HARRIS TECHNOLOGIES INC	Common Stock	N/R	187,298
	LABCORP HOLDINGS INC	Common Stock	N/R	92,575
	LAMAR ADVERTISING CO CL A	Common Stock	N/R	205,186
	LAMB WESTON HOLDINGS INC	Common Stock	N/R	61,369
	LANDSTAR SYSTEM INC	Common Stock	N/R	130,192
	LEIDOS HOLDINGS INC	Common Stock	N/R	147,206
	LINCOLN ELECTRIC HLDGS INC	Common Stock	N/R	143,784
	LKQ CORP	Common Stock	N/R	137,048
	LOUISIANA PACIFIC CORP	Common Stock	N/R	63,720
	LPL FINL HLDGS INC	Common Stock	N/R	385,029
	LULULEMON ATHLETICA INC	Common Stock	N/R	81,254
	MARATHON PETROLEUM CORP	Common Stock	N/R	253,703
	MARKEL GROUP INC	Common Stock	N/R	290,203
	MARRIOTT INTERNATIONAL INC A	Common Stock	N/R	110,135
	MASCO CORPORATION	Common Stock	N/R	234,358
	MASTERBRAND INC	Common Stock	N/R	53,721
	MCKESSON CORP	Common Stock	N/R	157,496
	MICROCHIP TECHNOLOGY	Common Stock	N/R	226,779
	MSC INDUSTRIAL DIRECT CO CL A	Common Stock	N/R	104,957
	NETAPP INC	Common Stock	N/R	197,581
	NRG ENERGY INC	Common Stock	N/R	62,104
	NVR INC	Common Stock	N/R	233,369
	OGE ENERGY CORP	Common Stock	N/R	173,789
	OLD DOMINION FREIGHT LINES INC	Common Stock	N/R	228,928
	PACKAGING CORP OF AMERICA	Common Stock	N/R	232,823
	PARKER HANNIFIN CORP	Common Stock	N/R	103,717
	PERMIAN RESOURCES CORP CL A	Common Stock	N/R	165,007
	PHILLIPS 66	Common Stock	N/R	104,780
	PRIMO BRANDS CORP A	Common Stock	N/R	56,260
	QIAGEN NV	Common Stock	N/R	128,075
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	QUEST DIAGNOSTICS INC	Common Stock	N/R	139,865
	RALPH LAUREN CORP	Common Stock	N/R	179,280
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	REGENCY CENTERS CORP REIT	Common Stock	N/R	171,263
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S.C. Johnson & Son, Inc. Employees' Deferred Profit Sharing and Savings Plan

Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year)
EIN: 39-0379990 Plan Number: 001
Year Ended December 31, 2025

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	TRAVELERS COMPANIES INC	Common Stock	N/R	144,450
	TRINET GROUP INC	Common Stock	N/R	60,431
	UFP INDUSTRIES INC	Common Stock	N/R	119,367
	US FOODS HOLDING CORP	Common Stock	N/R	296,234
	VALVOLINE INC	Common Stock	N/R	120,396
	VICI PPTYS INC	Common Stock	N/R	89,337
	VONTIER CORP W/I	Common Stock	N/R	78,338
	VOYA FINANCIAL INC	Common Stock	N/R	141,680
	WATTS WATER TECH INC CL A	Common Stock	N/R	177,205
	WEX INC	Common Stock	N/R	92,070
	WILLIAMS-SONOMA INC	Common Stock	N/R	164,660
	WYNDHAM HOTELS & RESORTS INC	Common Stock	N/R	99,815
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	YUM BRANDS INC	Common Stock	N/R	119,814
	ZEBRA TECHNOLOGIES CORP CL A	Common Stock	N/R	162,689
		Total common stock		107,575,508
	Self-Directed Brokerage Account	Brokeragelink	N/R	39,090,409
	Fully Benefit-Responsive Investment Contracts			
	Pacific Mutual Life Insurance Company	Synthetic investment contract	N/R	50,859,153
	Transamerica Life Insurance Company	Synthetic investment contract	N/R	50,819,751
	Prudential Insurance Co of America	Synthetic investment contract	N/R	50,812,710
		Total fully benefit-responsive investment contracts		152,491,614
*	**Notes Receivable From Participants**	Interest rates: 3.25% - 9.50%	$0	10,875,516
				$ 1,915,372,107

* A party in interest as defined by ERISA
N/R - cost omitted for participant directed investments

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210 - 0110
1210 - 0089

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

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

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

C If the plan is a collectively-bargained plan, check here ▶ ☐

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

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

Part II Basic Plan Information - enter all requested information

1a Name of plan
S.C. JOHNSON & SON, INC. EMPLOYEES DEFERRED PROFIT SHARING AND SAVINGS PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 06/26/1953

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)
S.C. JOHNSON & SON, INC.

1525 HOWE STREET

RACINE WI 53403

2b Employer Identification Number (EIN) 39-0379990

2c Plan Sponsor's telephone number 262-260-2000

2d Business code (see instructions) 325600

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	[signature]	9/25/26	BRIAN GLASER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	[signature]	9/2/26	DAVID ISAACSON
	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

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Form 5500 (2025)
v. 250312

518401 12-22-25

3a Plan administrator's name and address ☐ Same as Plan Sponsor
BENEFITS ADMINISTRATION COMMITTEE

1525 HOWE STREET
RACINE WI 53403-0000

3b Administrator's EIN
39-1246792

3c Administrator's telephone number
262-260-2000

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
c Plan Name

4b EIN

4d PN

5 Total number of participants at the beginning of the plan year	**5**	4,709
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)**	3,242
a (2) Total number of active participants at the end of the plan year	**6a(2)**	3,365
b Retired or separated participants receiving benefits	**6b**	138
c Other retired or separated participants entitled to future benefits	**6c**	1,289
d Subtotal. Add lines **6a(2), 6b,** and **6c**	**6d**	4,792
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	10
f Total. Add lines **6d** and **6e**	**6f**	4,802
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)**	4,651
(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	4,737
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	115
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:
2E 2F 2G 2J 2K 2R 2S 2T 3H

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

9a Plan funding arrangement (check all that apply)
- (1) ☒ Insurance
- (2) ☐ Code section 412(e)(3) insurance contracts
- (3) ☒ 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) ☒ 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) ☒ **R** (Retirement Plan Information)
- (2) ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3) ☐ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- (4) ☐ **DCG** (Individual Plan Information) - Number Attached ____
- (5) ☐ **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules
- (1) ☒ **H** (Financial Information)
- (2) ☐ **I** (Financial Information - Small Plan)
- (3) ☒ **A** (Insurance Information) - Number Attached 3
- (4) ☒ **C** (Service Provider Information)
- (5) ☒ **D** (DFE/Participating Plan Information)
- (6) ☐ **G** (Financial Transaction Schedules)