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
UNIVAR SOLUTIONS RETIREMENT PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 03/01/1968

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)
UNIVAR SOLUTIONS USA LLC.

3250 LACEY RD #600
DOWNERS GROVE, IL 60515

2b Employer Identification Number (EIN)
91-1347935

2c Plan Sponsor's telephone number
331-777-6000

2d Business code (see instructions)
424600

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/12/2026	ROSEMARY SAMS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address [X] Same as Plan Sponsor	**3b** Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: **a** Sponsor's name **c** Plan Name	**4b** EIN **4d** PN	

5	Total number of participants at the beginning of the plan year	**5**	2346
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)**	420
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	270
b	Retired or separated participants receiving benefits	**6b**	500
c	Other retired or separated participants entitled to future benefits	**6c**	368
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	1138
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	88
f	Total. Add lines **6d** and **6e**.	**6f**	1226
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

1A 1B 1I

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

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

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

a Pension Schedules

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

b General Schedules

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [ ] **A** (Insurance Information) – Number Attached 0
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [X] **D** (DFE/Participating Plan Information)
- **(6)** [ ] **G** (Financial Transaction Schedules)

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) ..... ☐ Yes ☐ No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ..... ☐ Yes ☐ No

11c Enter the Receipt Confirmation Code for the 2025 Form M-1 annual report. If the plan was not required to file the 2025 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of $1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan
UNIVAR SOLUTIONS RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
UNIVAR SOLUTIONS USA LLC.

D Employer Identification Number (EIN)
91-1347935

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

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

Part I Basic Information

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

2 Assets:

a Market value	**2a**	352840554
b Actuarial value	**2b**	352254813

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	1054	314067570	314067570
b For terminated vested participants	872	56062598	56062598
c For active participants	420	43114750	43700140
d Total	2346	413244918	413830308

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

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

5 Effective interest rate	**5**	5.35 %
6 Target normal cost		
a Present value of current plan year accruals	**6a**	0
b Expected plan-related expenses	**6b**	2300000
c Target normal cost	**6c**	2300000

Statement by Enrolled Actuary

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

SIGN HERE

Signature of actuary

09/22/2026
Date

RON SOLUM
Type or print name of actuary

26-06762
Most recent enrollment number

AON CONSULTING, INC.
Firm name

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

MSC# 17755 PO BOX 151343
ATLANTA, GA 30355
Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	5507262
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	5388527
9	Amount remaining (line 7 minus line 8)	0	118735
10	Interest on line 9 using prior year's actual return of 3.32 %	0	3942
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.08 %		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	122677

Part III Funding Percentages

14	Funding target attainment percentage	14	85.09 %
15	Adjusted funding target attainment percentage	15	85.09 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	93.44 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/15/2025	1370000	0			
07/15/2025	1370000	0			
10/15/2025	1370000	0			
01/15/2026	1370000	0			
09/15/2026	3700000	0			
			Totals ► 18(b)	9180000	18(c) 0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
	a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
	b Contributions made to avoid restrictions adjusted to valuation date	19b	0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	8680564

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year

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

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

21 Discount rate:

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

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	62

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

Part VI Miscellaneous Items

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

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

26 Demographic and benefit information

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

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

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	**28**	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	**29**	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	**30**	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):

a Target normal cost (line 6c)	**31a**	2300000
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	61698172	6097319
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____)_and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	8397319

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

36 Additional cash requirement (line 34 minus line 35)	**36**	8397319
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	8680564

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

a Total (excess, if any, of line 37 over line 36)	**38a**	283245
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

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

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

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

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

A Name of plan
UNIVAR SOLUTIONS RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
UNIVAR SOLUTIONS USA LLC.

D Employer Identification Number (EIN)
91-1347935

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

AON CONSULTING, INC.

22-2232264

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16 50	CONSULTING	723196	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MERCER INVESTMENT LLC

30-0282430

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50	INVESTMENT MANAGEMENT	326269	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

FIDELITY INVEST INST OPERATIONS

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?
15 50	RECORDKEEPER	238704	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

CLARK NUBER P.S.

91-1194016

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	AUDITOR	47418	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BMO HARRIS BANK N.A.

36-2085229

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21 50	TRUSTEE/BANK	29088	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

(complete as many entries as needed)

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

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

A Name of plan
UNIVAR SOLUTIONS RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
UNIVAR SOLUTIONS USA LLC.

D Employer Identification Number (EIN)
91-1347935

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: MERCER US LARGE CAP CORE PASSIVE EQ

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

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)
03-0566613-005	C	44066851

a Name of MTIA, CCT, PSA, or 103-12 IE: ULTA LONG DURATION PORTFOLIO

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

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)
83-2461327-047	C	7106849

a Name of MTIA, CCT, PSA, or 103-12 IE: MERCER US SMALL/MID CAP EQUITY PORT

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

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)
03-0566611-003	C	5238217

a Name of MTIA, CCT, PSA, or 103-12 IE: MERCER ERISA HEDGE FUND

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

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)
47-2199849-021	C	16669395

a Name of MTIA, CCT, PSA, or 103-12 IE: MERCER NON-US CORE EQUITY PORTFOLIO

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

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)
03-0566617-009	C	19909735

a Name of MTIA, CCT, PSA, or 103-12 IE: MERCER EMERGING MARKETS EQUITY PORT

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

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)
32-6219484-017	C	8879142

a Name of MTIA, CCT, PSA, or 103-12 IE: MERCER GLOBAL LOW VOLATILITY EQUITY

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

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)
35-7004395-018	C	0

a Name of MTIA, CCT, PSA, or 103-12 IE: MERCER ACTIVE LONG CORPORATE FIXED

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

c EIN-PN 45-6178743-004	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 60960402

a Name of MTIA, CCT, PSA, or 103-12 IE: MERCER LONG STRIPS FIXED INCOME

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

c EIN-PN 80-6243236-019	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 40665007

a Name of MTIA, CCT, PSA, or 103-12 IE: MERCER OPPORTUNISTIC FIXED INCOME

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

c EIN-PN 36-7630030-020	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 11155163

a Name of MTIA, CCT, PSA, or 103-12 IE: MERCER US CORE REAL ESTATE PORTFOLI

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

c EIN-PN 87-1321612-000	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 15913096

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

A Name of plan
UNIVAR SOLUTIONS RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
UNIVAR SOLUTIONS USA LLC.

D Employer Identification Number (EIN)
91-1347935

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	2387563	1717889
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	5070000
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	4282	19634823
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	349604344	230563857
(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)	1000091	257287
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
1e Buildings and other property used in plan operation	1e		
1f Total assets (add all amounts in lines 1a through 1e)	1f	352996280	257243856
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h	155726	434923
1i Acquisition indebtedness	1i		
1j Other liabilities	1j		
1k Total liabilities (add all amounts in lines 1g through1j)	1k	155726	434923
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	352840554	256808933

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)	9180000	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		9180000
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	141883	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		141883
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	142454	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		142454
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		43742772
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		53207109
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	56307431	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)	89635867	
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		145943298
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)	723196	
(3) Recordkeeping fees	2i(3)	238704	
(4) IQPA audit fees	2i(4)	47418	
(5) Investment advisory and investment management fees	2i(5)	326269	
(6) Bank or trust company trustee/custodial fees	2i(6)	29088	
(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)	1930757	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		3295432
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		149238730
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		-96031621
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: CLARK NUBER, PS **(2)** EIN: 91-1194016

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		25000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4g**		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	**4j**	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	**4n**			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? [ ] Yes [X] No

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

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 582973.

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
UNIVAR SOLUTIONS RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
UNIVAR SOLUTIONS USA LLC.

D Employer Identification Number (EIN)
91-1347935

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): 04-2647786

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** 484

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: 31.6 % Private Equity: 0.0 % Investment-Grade Debt and Interest Rate Hedging Assets: 43.9 %
High-Yield Debt: 4.5 % Real Assets: 8.0 % Cash or Cash Equivalents: 0.1 % Other: 11.9 %

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_____.

UNIVAR SOLUTIONS RETIREMENT PLAN

Financial Statements

For the Year Ended December 31, 2025

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Clark Nuber PS

Independent Auditor's Report

To the Administrative Committee
Univar Solutions Retirement Plan
Downers Grove, Illinois

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

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

Management, having determined it is permissible in the circumstances, has elected to have the audits of the 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 (ERISA Section 103(a)(3)(C) audit). 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 (qualified institution), provided that the investment information is prepared and certified to by the qualified institution in accordance with 29 CFR 2520.103-5 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

Management has obtained certifications from a qualified institution as of December 31, 2025 and 2024, and for the year ended December 31, 2025, stating that the certified investment information, as described in Note 4 to the financial statements, is complete and accurate.

Opinion

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

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

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

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with 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 within one year after the date that the financial statements are issued or available to be issued.

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

Auditor's Responsibilities for the Audit of the Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with 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 certifications, 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 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 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 Schedules Required by ERISA

The supplementary information, as listed in the accompanying table of contents, is presented for purposes of additional analysis and is not a required part of the financial statements but is 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 supplementary information, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplementary information 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 supplementary information, we evaluated whether the supplementary information, other than the information agreed to or derived from the certified investment information, including its form and content, are 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 supplementary information, other than the information in the supplementary information 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 certified investment information in the supplementary information agrees to, or is derived from, in all material respects, the information prepared and certified by a qualified institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Clark Nuber P.S.

Certified Public Accountants
October 6, 2026

UNIVAR SOLUTIONS RETIREMENT PLAN

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

	2025	2024
Assets:		
Noninterest-bearing cash	$ 1,717,889	$ 2,387,563
Investments at fair value	230,821,144	350,604,435
Receivables-		
Employer contribution	5,070,000	-
Accrued income	690	4,282
Due from insurance carrier	2,634,133	-
Investments sold	17,000,000	-
Total receivables	24,704,823	4,282
Total assets	257,243,856	352,996,280
Liabilities:		
Accrued administrative and investment expenses	434,923	155,726
Total liabilities	434,923	155,726
Net Assets Available for Benefits	**$256,808,933**	**$352,840,554**

See accompanying notes.

UNIVAR SOLUTIONS RETIREMENT PLAN

Statement of Changes in Net Assets Available for Benefits
For the Year Ended December 31, 2025

Additions:	
Employer contributions	$ 9,180,000
Investment income-	
Interest and dividends	284,337
Net appreciation in fair value of investments	43,742,772
Net investment income	44,027,109
Total additions	53,207,109
Deductions:	
Benefits paid to participants	56,307,431
Transfer of pension obligation to third party	89,635,867
Administrative expenses	2,940,075
Investment management expenses	355,357
Total deductions	149,238,730
Net Decrease in Net Assets Available for Benefits	**(96,031,621)**
Net Assets Available for Benefits:	
Beginning of year	352,840,554
End of Year	**$256,808,933**

See accompanying notes.

UNIVAR SOLUTIONS RETIREMENT PLAN

Statements of Accumulated Plan Benefits
December 31, 2025 and 2024

	2025	2024
Actuarial Present Value of Accumulated Plan Benefits:		
Actuarial present value of vested benefits-		
Participants currently receiving payments	$ 216,054,067	$ 301,213,690
Participants with deferred benefits	26,574,378	51,270,584
Vested benefits for other participants	25,427,105	39,755,309
Total vested plan benefits	268,055,550	392,239,583
Nonvested plan benefits	346,044	391,751
Total Actuarial Present Value of Accumulated Plan Benefits	**$ 268,401,594**	**$ 392,631,334**

See accompanying notes.

UNIVAR SOLUTIONS RETIREMENT PLAN

Statement of Changes in Accumulated Plan Benefits
For the Year Ended December 31, 2025

Actuarial Present Value of Accumulated Plan Benefits:	
Beginning of year	$ 392,631,334
Increase (decrease) during the year attributable to-	
Interest due to decrease in the discount period	20,204,341
Benefits paid	(145,943,298)
Benefits accumulated and actuarial gains	1,509,217
Net decrease in actuarial present value of accumulated plan benefits	(124,229,740)
End of Year	**$268,401,594**

See accompanying notes.

Note 1 - Plan Description

The following description of the Univar Solutions Retirement Plan (the "Plan") provides only general information. Participants should refer to the Plan document or summary plan description for a more complete description of the Plan's provisions.

General - The Plan is a noncontributory, defined benefit pension plan covering eligible employees of Univar Solutions USA LLC and certain affiliated companies (collectively referred to as "Univar Solutions" or the "Company"). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended. The Plan is administered by the Administrative Committee of Univar Solutions.

Merger and Plan Amendments - Effective June 30, 2004, the Plan was amended to preclude employees from entering the Plan as new participants and inactive participants from resuming active participation in the Plan. The amendment freezes the benefits accumulated by participants with less than five years of eligible service and provides for enhanced benefits in a defined contribution plan sponsored by Univar Solutions. Participants with five or more years of eligible service by June 30, 2004, were not affected by the change.

On April 19, 2007, the Company acquired CHEMCENTRAL Corporation. Effective January 1, 2008, the CHEMCENTRAL Corporation Consolidated Retirement Plan (LCC Plan) merged into the Plan. Although the merged plans constitute one plan on and after January 1, 2008, the Plan is administered as if it were still two separate plans. Employees who were participants in the Plan on December 31, 2007 (Legacy Univar participants) will be subject to different provisions than those employees who were participants in the LCC Plan on December 31, 2007 (Legacy CHEMCENTRAL participants). Effective December 31, 2007, the LCC Plan was closed to new participants, except for employees covered by certain collective bargaining agreements that met eligibility criteria defined in the LCC Plan.

Effective December 31, 2009, accrued benefits for all remaining participants under the Plan were frozen and no further benefits can be accrued under the Plan by any participant after December 31, 2009. The accrued benefit of any active participant on December 31, 2009, will be determined based only on years of credited service accumulated through December 31, 2009, and the participant's final average monthly earnings will be determined as of December 31, 2009, based only upon earnings received through December 31, 2009. Periods of service after December 31, 2009, will continue to be counted for purposes of determining eligibility for early retirement benefits. Participants employed with the Company on or after December 31, 2009, will automatically be made 100% vested in their accrued benefit.

There have been two lump sum windows for certain participants that terminated prior to July 31, 2017 and July 1, 2025, respectively. Additionally, during 2018, 2022, and again in 2025, certain retirees and beneficiaries were part of an annuity purchase contract with an outside insurance company. As a result, this group of retirees and beneficiaries are no longer participants in the Plan.

Note 1 - Continued

Pension Benefits -

Legacy Univar Participants Pension Benefits

Effective for those participants who terminate employment with the Company on or after August 1, 1999, the accrued benefit, in the form of a monthly benefit payable as a single life annuity, for each participant shall equal the greater of: (i) $20 multiplied by their credited service; or (ii) the following benefit: 1.2% of final average monthly earnings plus .5% of the final average monthly earnings in excess of the integration level multiplied by years of credited service.

For participants who terminated prior to August 1, 1999, the calculation of the aforementioned accrued monthly normal benefit for each participant retiring at age 65 limited the years of credited service to a maximum of 25 years plus .75% of final average monthly compensation multiplied by years of credited service in excess of 25 years.

Special monthly benefit provisions apply to certain former employees of McKesson Chemical Company, acquired by the Company in 1986, and employees who have transferred from foreign subsidiaries. Retirement benefits for participants electing early retirement will be reduced as defined by the Plan. Retirement benefits for participants electing deferred retirement are calculated the same as for normal retirement.

Legacy CHEMCENTRAL Participants Pension Benefits

An employee with three or more years of service is entitled to annual pension benefits beginning at normal retirement age (65). The Plan permits early retirement at ages 55-64 if ten years of credited service have been completed.

Upon reaching normal retirement age, each salaried participant is entitled to an annual pension to be determined by application of a formula based upon final average compensation, years of service, and primary Social Security benefits under the Social Security Act in effect at the participant's retirement date. Participants with ten years of service who retire early receive a reduced benefit. The employee's final average compensation is the higher of (a) the monthly average of earnings paid during the five consecutive calendar years for which earnings were highest within the last ten calendar years immediately preceding the retirement date, or (b) the monthly average of earnings paid during the 60 consecutive calendar months immediately preceding the retirement date or earlier termination of employment. Each hourly participant is entitled to an annual pension determined by application of a formula based upon a fixed amount per month for each year of benefit service as stated in the Plan document.

Participants terminating after completion of vesting requirements are entitled to receive retirement income commencing on their normal or early retirement date based on service prior to termination. Retirement benefits for participants electing deferred retirement are calculated the same as for normal retirement.

Note 1 - Continued

Funding Policy - The Company's funding policy is to make contributions under the Plan that meet or exceed the minimum funding standards of ERISA and the Internal Revenue Code (IRC). Contributions to the Plan by Univar Solutions is based on an actuarial determination. Minimum funding requirements of ERISA were met for the years ended December 31, 2025 and 2024.

Vesting - Legacy Univar participants become 100% vested after the completion of five years of service, or at age 65, if earlier. Legacy CHEMCENTRAL participants become 100% vested after completion of three years of service. Participants who were employed with the Company on or after December 31, 2009, are 100% vested in their accrued benefit.

Benefit Payments - Participants are not subject to federal income tax on their share of the employer contributions or income earned by the Plan until benefit payments are received. Payments of benefits under the Plan will result in ordinary income to the participant or beneficiary.

Participants may elect to have their benefits paid under one of several annuity payment options. If a participant's total vested benefit is less than or equal to $7,000, payment of benefits will be made in a single lump sum upon termination.

If a vested Legacy Univar participant dies and is vested, and the benefit has not been paid in a lump sum, the spouse or domestic partner will be entitled to a survivor benefit. The amount will be 87% of the single life annuity benefit the participant would have been entitled to, adjusted for early commencement, if applicable. If a vested Legacy CHEMCENTRAL participant dies prior to retirement, their surviving spouse will receive 100% of the amount calculated as if the participant had terminated on the date of death.

Annuity Contract Purchase - On October 21, 2025, the Company entered into an agreement to purchase an irrevocable group annuity contract from an insurance company to satisfy obligations related to certain retirees and beneficiaries with a monthly benefit of $2,500 or less who commenced monthly benefits prior to July 1, 2025. The premium payment made to the insurance company, minus final adjusted amounts, totaled $89,635,867 and is reflected in the statement of changes in net assets available for benefits under transfer of pension obligation to third party. The insurance company began future benefit payments under the group annuity contract starting January 1, 2026, for all former participants in the Plan for whom an annuity was purchased.

Lump Sum Window - Effective January 1, 2025, the Plan was amended to provide an accelerated, voluntary lump sum payment window (lump sum window). This amendment provided the opportunity for certain eligible participants to receive an immediate lump sum payment or specified immediate annuity during the window period from September 5, 2025 to October 30, 2025. Participants with a date of termination before July 1, 2025 and an accrued benefit greater than $7,000 or beneficiaries granted a deferred benefit before July 1, 2025 who had not yet commenced payment were eligible for the lump sum window. Benefit payments that resulted from the voluntary lump sum window policy totaled $26,186,801.

Note 2 - Summary of Significant Accounting Policies

Basis of Accounting - The financial statements of the Plan are prepared using the accrual basis of accounting.

Note 2 - Continued

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

Investment Valuation and Income Recognition - Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 3 for discussion of fair value measurements. Purchases and sales 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 or depreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Payment of Benefits - Benefits are recorded when paid.

Investment Management - The Plan has entered into an agreement with an investment advisor whereby they have discretion in the investment decisions of the funds, subject to certain guidelines set forth by Univar Solutions. Several of the investment funds held by the Plan are subject to investment and administrative fees. Such fees may get charged directly against the fund's investment performance and, therefore, are not separately disclosed in the accompanying financial statements.

Administrative 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.

Subsequent Events - The Plan's management has evaluated subsequent events through October 6, 2026, the date on which the Plan's financial statements were available to be issued.

Note 3 - Fair Value Measurements

GAAP provides the framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3).

The three levels of the fair value hierarchy are described as follows:

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

Level 2 - 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 the quoted prices that are observable for the asset or liability, and 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; or

Level 3 - Unobservable inputs that are significant to the fair value measurement.

Note 3 - Continued

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

The 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.

Collective Trust Funds - The majority of the collective trust funds held by the Plan are valued at the Net Asset Value (NAV) provided by the funds' trustees. These funds trade on a regular basis, have a published price that the Plan can obtain at any time, and are valued based on this published price. Collective trust funds held by the Plan trade on private markets that are not active; however, the unit price is based primarily on observable market data of the funds' underlying assets.

Two collective trust funds held by the Plan do not have a readily determinable fair value and use NAV as a practical expedient to measure fair value. The practical expedient would not be used if it is determined to be probable that the funds will sell the investment for an amount different from the reported NAV.

Mutual Fund - Valued at the daily closing price as reported by the fund. The mutual fund held by the Plan is an open-end mutual fund that is registered with the Securities and Exchange Commission. The fund is required to publish its daily NAV and to transact at that price. The mutual fund held by the Plan is deemed to be actively traded.

The following tables set forth by level, within the fair value hierarchy, the Plan's investments at fair value at December 31:

	Fair Value Measurements as of December 31, 2025			
	Level 1	Level 2	Level 3	Total
Collective trust funds	$ -	$ 197,981,366	$ -	$ 197,981,366
Mutual fund	257,287	-	-	257,287
Total Assets in the Fair Value Hierarchy	**$ 257,287**	**$197,981,366**	**$ -**	198,238,653
Investments measured at NAV[(a)]				32,582,491
Total Investments at Fair Value				**$230,821,144**

Note 3 - Continued

	Fair Value Measurements as of December 31, 2024			
	Level 1	Level 2	Level 3	Total
Collective trust funds	$ -	$ 303,149,422	$ -	$ 303,149,422
Mutual fund	1,000,091	-	-	1,000,091
Total Assets in the Fair Value Hierarchy	**$ 1,000,091**	**$303,149,422**	**$ -**	304,149,513
Investments measured at NAV[(a)]				46,454,922
Total Investments at Fair Value				**$350,604,435**

(a) Certain investments measured at fair value using the NAV per share (or its equivalent) practical expedient have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statements of net assets available for benefits.

The following table summarizes investments for which fair value is measured using the NAV per share practical expedient as of December 31, 2025 and 2024. There were no unfunded commitments at December 31:

	2025 Fair Value	2024 Fair Value	Redemption Frequency	Redemption Notice Period
Collective trust funds:				
Mercer ERISA Hedge Fund	$16,669,395	$27,199,682	Quarterly	100 Days
Mercer US Core Real Estate Portfolio	$15,913,096	$19,255,240	Quarterly	100 Days

Note 4 - Certified Information

Certain information in the accompanying financial statements and supplementary information related to investments held as of December 31, 2025 and 2024, and investment income or loss for the year ended December 31, 2025, was obtained by management and agreed to or was derived from information certified as complete and accurate by Midwest Institutional Trust Company, a qualified institution. The Plan's independent accountants did not perform auditing procedures with respect to this information, except for comparing such information to the related information included in the financial statements and supplementary information.

Note 5 - Party-in-Interest Transactions

Certain plan investments are managed by Mercer. Mercer is the investment advisor for the Plan and, therefore, transactions with such investments are party-in-interest transactions. The Plan pays certain expenses related to plan operations to various service providers. These transactions are party-in-interest transactions.

Note 6 - Plan Termination

Although it has not expressed any intention to do so, Univar Solutions 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 termination of the Plan, the net assets of the Plan will be allocated, as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated:

- Annuity benefits that former employees or their beneficiaries have been receiving for at least three years or that employees eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of an annuity under the Plan. The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit that would be payable under plan provisions in effect at any time during the five years preceding plan termination.

- Other vested benefits insured by the Pension Benefit Guaranty Corporation (PBGC), a U.S. government agency, up to the applicable limitations (discussed below).

- All other vested benefits.

- All nonvested benefits.

Benefits to be provided under the annuity purchase contracts from 2018, 2022, and 2025 under which the insurance companies are obligated to pay the benefits would be excluded for allocation purposes.

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination. Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide for accumulated benefit obligations and may also depend on the financial condition of the Plan's sponsor and the level of benefits guaranteed by the PBGC.

Note 7 - Actuarial Information

Accumulated plan benefits are those estimated future periodic payments, including lump-sum distributions, that are attributable to the service that employees have rendered as of the valuation date as defined by the Plan. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of deceased employees, and (c) present employees or their beneficiaries. Benefits under the Plan for salaried employees are based primarily on an employee's years of service and compensation levels. Benefits for active hourly employees are generally based on a fixed amount per year of service. Benefits payable due to retirement, death, disability, and termination of employment are included to the extent they are deemed attributable to employee service rendered to the valuation date.

Note 7 - Continued

The actuarial method of valuation used to calculate the cost of the Plan is the standard unit credit cost method. The actuarial valuations are made annually based on employee census data as of January 1 of the succeeding year. Had the valuations been performed as of December 31, there would be no material differences.

Significant actuarial assumptions used by the Plan's actuary in the valuations as of December 31, 2025 and 2024 were:

- Interest rate of 6.30% at December 31, 2025 and 2024.

- Life expectancy using the Pri-2012 mortality table with white collar adjustment and generational projections using Scale MP-2021 (2025 and 2024).

Interest rates used to discount the obligation as of December 31, 2025 and 2024 include a reduction of 70 basis points for assumed administrative expenses paid out of the Plan. There were no assumption changes since the prior valuation.

As described in Note 1, the Plan was amended effective January 1, 2025 to include an annuity contract purchase and lump sum window which are both described in note 1 of the financial statements. Benefits paid on the statement of changes in accumulated plan benefits includes payments to an insurance company for the annuity contract purchase and payments made to certain participants who opted into the lump sum window.

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

Note 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 reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect amounts reported in the statements of net assets available for benefits.

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

Note 9 - Tax Status

The Plan obtained its latest determination letter on January 24, 2018, in which the Internal Revenue Service (IRS) stated that the Plan, as then designed, was in compliance with the applicable requirements of the IRC. The Plan has been amended since receiving the determination letter; however, the Plan administrator and the Plan's tax counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income taxes has been included in the Plan's financial statements. The Plan is subject to audits by the IRS; however, there are currently no audits for any tax periods in progress.

SUPPLEMENTARY INFORMATION

UNIVAR SOLUTIONS RETIREMENT PLAN

Attachment to Form 5500, Schedule H, Line 4(i)
Schedule of Assets Held as of December 31, 2025

Employer: Univar Solutions USA LLC
EIN: 91-1347935
Plan No.: 001

	(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
*		Mercer US Large Cap Core Passive Equity Portfolio	Collective Trust Fund	$ 25,195,155	$ 44,066,851
*		Mercer ERISA Hedge Fund	Collective Trust Fund	11,203,246	16,669,395
*		Mercer US Small/Mid Cap Equity Portfolio	Collective Trust Fund	3,043,556	5,238,217
*		Mercer Non-US Core Equity Portfolio	Collective Trust Fund	10,335,026	19,909,735
*		Mercer Emerging Markets Equity Portfolio	Collective Trust Fund	6,228,316	8,879,142
*		Mercer Ulta Long Duration Portfolio	Collective Trust Fund	8,905,405	7,106,849
*		Mercer Active Long Corporate Fixed Income Portfolio	Collective Trust Fund	63,311,343	60,960,402
*		Mercer Long Strips Fixed Income	Collective Trust Fund	58,129,505	40,665,007
*		Mercer Opportunistic Fixed Income	Collective Trust Fund	9,360,976	11,155,163
*		Mercer US Core Real Estate Portfolio	Collective Trust Fund	16,089,174	15,913,096
		Goldman Sachs Financial Square Government Fund	Mutual Fund	257,287	257,287
				$212,058,989	**$230,821,144**

* Party-in-interest as defined by Section 3(14) of ERISA.

See independent auditor's report.

UNIVAR SOLUTIONS RETIREMENT PLAN

Attachment to Form 5500, Schedule H, Line 4(j)
Schedule of Reportable Transactions for the Year Ended December 31, 2025

Employer: Univar Solutions USA LLC
EIN: 91-1347935
Plan No.: 001

	(a) Identity of Party Involved*	Number of Purchase Transactions	Number of Sales Transactions	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
	Category (i) - Single Transactions in Excess of 5% of Plan Assets:								
	Goldman Sachs Financial Square Government Fund	1		Mutual Fund	$ 24,897,308	$ -	$ 24,897,308	$ 24,897,308	$ -
	Goldman Sachs Financial Square Government Fund	1		Mutual Fund	$ 25,039,762	$ -	$ 25,039,762	$ 25,039,762	$ -
	Goldman Sachs Financial Square Government Fund	1		Mutual Fund	$ 91,002,692	$ -	$ 91,002,692	$ 91,002,692	$ -
	Goldman Sachs Financial Square Government Fund		1	Mutual Fund	$ -	$ 24,884,901	$ 24,884,901	$ 24,884,901	$ -
	Goldman Sachs Financial Square Government Fund		1	Mutual Fund	$ -	$ 89,857,718	$ 89,857,718	$ 89,857,718	$ -
	Goldman Sachs Financial Square Government Fund		1	Mutual Fund	$ -	$ 26,186,801	$ 26,186,801	$ 26,186,801	$ -
	State Street Institutional Treasury	1		Mutual Fund	$ 24,897,308	$ -	$ 24,897,308	$ 24,897,308	$ -
	State Street Institutional Treasury		1	Mutual Fund	$ -	$ 24,979,043	$ 24,979,043	$ 24,979,043	$ -
*	Mercer US Large Cap Core Passive Equity Portfolio		1	Collective Trust Fund	$ -	$ 32,149,645	$ 18,824,934	$ 32,149,645	$ 13,324,711
	Category (iii) - Series of Transactions in Excess of 5% of Plan Assets:								
	Goldman Sachs Financial Square Government Fund	60		Mutual Fund	$ 148,743,987	$ -	$ 148,743,987	$ 148,743,987	$ -
	Goldman Sachs Financial Square Government Fund		31	Mutual Fund	$ -	$ 149,486,790	$ 149,486,790	$ 149,486,790	$ -
	State Street Institutional Treasury	2		Mutual Fund	$ 24,979,043	$ -	$ 24,979,043	$ 24,979,043	$ -
	State Street Institutional Treasury		1	Mutual Fund	$ -	$ 24,979,043	$ 24,979,043	$ 24,979,043	$ -
*	Mercer US Large Cap Core Passive Equity Portfolio	3		Collective Trust Fund	$ 8,121,136	$ -	$ 8,121,136	$ 8,121,136	$ -
*	Mercer US Large Cap Core Passive Equity Portfolio		18	Collective Trust Fund	$ -	$ 54,668,742	$ 32,840,102	$ 54,668,742	$ 21,828,640
*	Mercer Non-US Core Equity Portfolio	1		Collective Trust Fund	$ 717,521	$ -	$ 717,521	$ 717,521	$ -
*	Mercer Non-US Core Equity Portfolio		19	Collective Trust Fund	$ -	$ 26,754,772	$ 15,036,906	$ 26,754,772	$ 11,717,866
*	Mercer Active Long Corporate Fixed Income Portfolio	2		Collective Trust Fund	$ 10,399,470	$ -	$ 10,399,470	$ 10,399,470	$ -
*	Mercer Active Long Corporate Fixed Income Portfolio		12	Collective Trust Fund	$ -	$ 32,527,752	$ 34,001,830	$ 32,527,752	$ (1,474,078)
*	Mercer Long Strips Fixed Income	2		Collective Trust Fund	$ 11,650,086	$ -	$ 11,650,086	$ 11,650,086	$ -
*	Mercer Long Strips Fixed Income		5	Collective Trust Fund	$ -	$ 13,396,564	$ 18,978,823	$ 13,396,564	$ (5,582,259)

* Represents parties-in-interest as defined by Section 3(14) of ERISA.
Columns (e) and (f) have not been presented because this information is not applicable.
There were no Category (i), (ii), or (iv) reportable transactions during the year ended December 31, 2025.

See independent auditor's report.

Schedule SB Attachment (Form 5500) —2025 Plan Year
Univar Solutions Retirement Plan
EIN: 91-1347935 PN: 001

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

Number of Participants and Average Accrued Benefit

Attained Age	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25										
25-29										
30-34										
35-39										
40-44					3	10				
45-49					5	23 $1,925	12			
50-54		3			5	36 $2,747	25 $8,272	8	1	
55-59		1			5	24 $1,854	29 $10,212	16	18	1
60-64		1		2	3	37 $3,193	28 $5,474	25 $12,678	24 $19,333	10
65-69					2	14	10	10	7	11
70+							5		1	5

N-420

Schedule SB Attachment (Form 5500) —2025 Plan Year
Univar Solutions Retirement Plan
EIN: 91-1347935 PN: 001

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

Interest Rates for Minimum Funding Purposes	Based on segment rates with a four-month lookback (as of September 2024), each adjusted as needed to fall within the 25-year average interest rate stabilization corridor under ARPA
1st Segment Rate	5.07%
2nd Segment Rate	5.31%
3rd Segment Rate	5.50%
Interest Rates for Maximum Tax Purposes	Based on segment rates with a four-month lookback (as of September 2024), without regard to interest rate stabilization
1st Segment Rate	5.07%
2nd Segment Rate	5.33%
3rd Segment Rate	5.36%
Salary Increases	Not applicable
Social Security Wage Base Increases	Not applicable
Cost of Living Adjustment	Legacy Univar (LU): Not applicable Legacy Chemcentral Hourly: None Legacy Chemcentral Salaried: 3.00% per year (eligible participants only) (Adopted December 31, 2007)
Optional Payment Form Election Percentage	Legacy Univar: 80% of male participants assumed to elect a 100% Joint and Survivor benefit while 20% are assumed to elect a Single Life Annuity. 50% of female participants are assumed to elect a 100% Joint and Survivor benefit while 50% are assumed to elect a Single Life Annuity. (Adopted December 31, 2023) Legacy Chemcentral: 80% of male participants assumed to elect a 100% Joint and Survivor benefit while 20% are assumed to elect a Single Life Annuity. 50% of female participants are assumed to elect a 100% Joint and Survivor benefit while 50% are assumed to elect a Single Life Annuity. (Adopted December 31, 2023)

Retirement Age	
Active Participants	See Table 1 (Adopted December 31, 2023)
Terminated Vested Participants	Participants eligible for an age 62 unreduced benefit are assumed to retire at age 62. Participants not eligible for an age 62 unreduced benefit are assumed to retire at age 65. (Adopted December 31, 2023)
Mortality Rates	
Healthy and Disabled	2012 base mortality rates for annuitants and non-annuitants per §1.430(h)(3)-1(d), projected generationally for years beyond 2012 using IRS-prescribed mortality improvement rates per §1.430(h)(3)-1(b)(iii)
Withdrawal Rates	See Table 2 (Adopted December 31, 2023)
Disability Rates	None
Decrement Timing	Middle of year decrements (except that retirement is assumed to occur at the beginning of the year for ages where the assumed retirement rate is 100%)
Benefit Commencement Timing for Retirement Eligible Termination	For participants eligible for an age 62 unreduced benefit, 75% immediate commencement and 25% deferred to terminated vested retirement ages. For participants not eligible for an age 62 unreduced benefit, 40% immediate commencement and 60% deferred to terminated vested retirement ages. (Adopted December 31, 2023)
Surviving Spouse Benefit	It is assumed that 80% of males and 50% of females have an eligible spouse, and that males are two years older than their spouses. (Adopted December 31, 2023)
Benefit Limits	Projected benefits and compensation are limited by the current IRC section 415 maximum benefit of $280,000.
Valuation of Plan Assets	Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value. A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii).

Schedule SB Attachment (Form 5500) —2025 Plan Year
Univar Solutions Retirement Plan
EIN: 91-1347935 PN: 001

Expected Return on Assets	
2023 Plan Year	6.85%, limited to 5.74%
2024 Plan Year	7.00%, limited to 5.59%
2025 Plan Year	7.00%, limited to 5.50%
Trust Expenses Included in Target Normal Cost	$2,300,000. The current year's expenses are assumed to be equal to the prior year's expenses with the current year's PBGC premium rounded to the nearest $100,000.
Actuarial Method	Standard unit credit cost method
Valuation Date	January 1, 2025

Schedule SB Attachment (Form 5500) —2025 Plan Year
Univar Solutions Retirement Plan
EIN: 91-1347935 PN: 001

Actuarial Assumptions and Methods

Table 1

Retirement Rates

Age	Rate
Under 55	0.0%
55	10.0%
56	5.0%
57	5.0%
58	10.0%
59	10.0%
60	10.0%
61	10.0%
62	20.0%
63	20.0%
64	20.0%
65	25.0%
66	35.0%
67	30.0%
68	30.0%
69	25.0%
70+	100.0%

(Adopted December 31, 2023)

Table 2

Withdrawal Rates

Age	Rate	Age	Rate
15	8.00%	45	7.00%
16	8.00%	46	7.00%
17	8.00%	47	7.00%
18	8.00%	48	7.00%
19	8.00%	49	7.00%
20	8.00%	50	7.00%
21	8.00%	51	7.00%
22	8.00%	52	7.00%
23	8.00%	53	7.00%
24	8.00%	54	7.00%
25	8.00%	55	6.00%
26	8.00%	56	6.00%
27	8.00%	57	6.00%
28	8.00%	58	6.00%
29	8.00%	59	6.00%
30	8.00%	60	6.00%
31	8.00%	61	6.00%
32	8.00%	62	6.00%
33	8.00%	63	6.00%
34	8.00%	64	6.00%
35	8.00%	65+	6.00%
36	8.00%		
37	8.00%		
38	8.00%		
39	8.00%		
40	8.00%		
41	8.00%		
42	8.00%		
43	8.00%		
44	8.00%		

(Adopted December 31, 2023)

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
UNIVAR SOLUTIONS RETIREMENT PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 03/01/1968

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)

UNIVAR SOLUTIONS USA LLC.

3250 LACEY RD #600

DOWNERS GROVE IL 60515

2b Employer Identification Number (EIN) 91-1347935

2c Plan Sponsor's telephone number 331-777-6000

2d Business code (see instructions) 424600

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	Rosemary Sams	10/12/26	Rosemary Sams
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a	Plan administrator's name and address [X] Same as Plan Sponsor	**3b**	Administrator's EIN
		3c	Administrator's telephone number
4	If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:	**4b**	EIN
a	Sponsor's name	**4d**	PN
c	Plan Name		

5	Total number of participants at the beginning of the plan year	**5**	2,346
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)**	420
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	270
b	Retired or separated participants receiving benefits	**6b**	500
c	Other retired or separated participants entitled to future benefits	**6c**	368
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	1,138
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	88
f	Total. Add lines **6d** and **6e**.	**6f**	1,226
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

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

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

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

a Pension Schedules

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

b General Schedules

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

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_____

UNIVAR SOLUTIONS RETIREMENT PLAN

Attachment to Form 5500, Schedule H, Line 4(j)
Schedule of Reportable Transactions for the Year Ended December 31, 2025

Employer: Univar Solutions USA LLC
EIN: 91-1347935
Plan No.: 001

	(a) Identity of Party Involved*	Number of Purchase Transactions	Number of Sales Transactions	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
	Category (i) - Single Transactions in Excess of 5% of Plan Assets:								
	Goldman Sachs Financial Square Government Fund	1		Mutual Fund	$ 24,897,308	$ -	$ 24,897,308	$ 24,897,308	$ -
	Goldman Sachs Financial Square Government Fund	1		Mutual Fund	$ 25,039,762	$ -	$ 25,039,762	$ 25,039,762	$ -
	Goldman Sachs Financial Square Government Fund	1		Mutual Fund	$ 91,002,692	$ -	$ 91,002,692	$ 91,002,692	$ -
	Goldman Sachs Financial Square Government Fund		1	Mutual Fund	$ -	$ 24,884,901	$ 24,884,901	$ 24,884,901	$ -
	Goldman Sachs Financial Square Government Fund		1	Mutual Fund	$ -	$ 89,857,718	$ 89,857,718	$ 89,857,718	$ -
	Goldman Sachs Financial Square Government Fund		1	Mutual Fund	$ -	$ 26,186,801	$ 26,186,801	$ 26,186,801	$ -
	State Street Institutional Treasury	1		Mutual Fund	$ 24,897,308	$ -	$ 24,897,308	$ 24,897,308	$ -
	State Street Institutional Treasury		1	Mutual Fund	$ -	$ 24,979,043	$ 24,979,043	$ 24,979,043	$ -
*	Mercer US Large Cap Core Passive Equity Portfolio		1	Collective Trust Fund	$ -	$ 32,149,645	$ 18,824,934	$ 32,149,645	$ 13,324,711
	Category (iii) - Series of Transactions in Excess of 5% of Plan Assets:								
	Goldman Sachs Financial Square Government Fund	60		Mutual Fund	$ 148,743,987	$ -	$ 148,743,987	$ 148,743,987	$ -
	Goldman Sachs Financial Square Government Fund		31	Mutual Fund	$ -	$ 149,486,790	$ 149,486,790	$ 149,486,790	$ -
	State Street Institutional Treasury	2		Mutual Fund	$ 24,979,043	$ -	$ 24,979,043	$ 24,979,043	$ -
	State Street Institutional Treasury		1	Mutual Fund	$ -	$ 24,979,043	$ 24,979,043	$ 24,979,043	$ -
*	Mercer US Large Cap Core Passive Equity Portfolio	3		Collective Trust Fund	$ 8,121,136	$ -	$ 8,121,136	$ 8,121,136	$ -
*	Mercer US Large Cap Core Passive Equity Portfolio		18	Collective Trust Fund	$ -	$ 54,668,742	$ 32,840,102	$ 54,668,742	$ 21,828,640
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*	Mercer Non-US Core Equity Portfolio		19	Collective Trust Fund	$ -	$ 26,754,772	$ 15,036,906	$ 26,754,772	$ 11,717,866
*	Mercer Active Long Corporate Fixed Income Portfolio	2		Collective Trust Fund	$ 10,399,470	$ -	$ 10,399,470	$ 10,399,470	$ -
*	Mercer Active Long Corporate Fixed Income Portfolio		12	Collective Trust Fund	$ -	$ 32,527,752	$ 34,001,830	$ 32,527,752	$ (1,474,078)
*	Mercer Long Strips Fixed Income	2		Collective Trust Fund	$ 11,650,086	$ -	$ 11,650,086	$ 11,650,086	$ -
*	Mercer Long Strips Fixed Income		5	Collective Trust Fund	$ -	$ 13,396,564	$ 18,978,823	$ 13,396,564	$ (5,582,259)

* Represents parties-in-interest as defined by Section 3(14) of ERISA.
Columns (e) and (f) have not been presented because this information is not applicable.
There were no Category (i), (ii), or (iv) reportable transactions during the year ended December 31, 2025.

See independent auditor's report.

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of $1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan
UNIVAR SOLUTIONS RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
UNIVAR SOLUTIONS USA LLC

D Employer Identification Number (EIN)
91-1347935

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

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

Part I Basic Information

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

2 Assets:

a Market value	**2a**	352,840,554
b Actuarial value	**2b**	352,254,813

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	1,054	314,067,570	314,067,570
b For terminated vested participants	872	56,062,598	56,062,598
c For active participants	420	43,114,750	43,700,140
d Total	2,346	413,244,918	413,830,308

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

a Funding target disregarding prescribed at-risk assumptions	**4a**	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	**4b**	
5 Effective interest rate	**5**	5.35%
6 Target normal cost		
a Present value of current plan year accruals	**6a**	0
b Expected plan-related expenses	**6b**	2,300,000
c Target normal cost	**6c**	2,300,000

Statement by Enrolled Actuary

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

SIGN HERE

RON SOLUM
Signature of actuary

09/22/2026
Date

RON SOLUM
Type or print name of actuary

2606762
Most recent enrollment number

AON CONSULTING, INC.
Firm name

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

MSC# 17755 PO BOX 151343

ATLANTA GA 30355
Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	5,507,262
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	5,388,527
9	Amount remaining (line 7 minus line 8)	0	118,735
10	Interest on line 9 using prior year's actual return of 3.32%	0	3,942
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.08%		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	122,677

Part III Funding Percentages

14	Funding target attainment percentage	14	85.09%
15	Adjusted funding target attainment percentage	15	85.09%
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	93.44%
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/15/2025	1,370,000	0			
07/15/2025	1,370,000	0			
10/15/2025	1,370,000	0			
01/15/2026	1,370,000	0			
09/15/2026	3,700,000	0			
			Totals ► 18(b)	9,180,000	18(c) 0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
	a Contributions allocated toward unpaid minimum required contributions from prior years.	19a	0
	b Contributions made to avoid restrictions adjusted to valuation date	19b	0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	8,680,564

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year

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

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

21 Discount rate:

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

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	62

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

Part VI Miscellaneous Items

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

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

26 Demographic and benefit information

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

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

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	**28**	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	**29**	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	**30**	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):

a Target normal cost (line 6c)	**31a**	2,300,000
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	61,698,172	6,097,319
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	8,397,319

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

36 Additional cash requirement (line 34 minus line 35)	**36**	8,397,319
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	8,680,564

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

a Total (excess, if any, of line 37 over line 36)	**38a**	283,245
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

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

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

Schedule SB Attachment (Form 5500) —2025 Plan Year
Univar Solutions Retirement Plan
EIN: 91-1347935 PN: 001

Schedule SB, line 19 — Discounted Employer Contributions

Year applied for contributions: 2025

Date	Amount	Days to Discount to 1/1/2025 at 5.35%	Interest Adjusted Contribution
April 15, 2025	$ 1,370,000	104	$ 1,349,806
July 15, 2025	1,370,000	195	1,332,380
October 15, 2025	1,370,000	287	1,314,992
January 15, 2026	1,370,000	379	1,297,830
September 15, 2026	3,700,000	622	3,385,556
Total Contribution	$ 9,180,000		$ 8,680,564

Schedule SB Attachment (Form 5500) —2025 Plan Year
Univar Solutions Retirement Plan
EIN: 91-1347935 PN: 001

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

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

(a) Age	(b) Rate	(c) Weight	(d) Product (a) × (b) × (c)
55.5	10.00%	1.0000	5.55
56.5	5.00%	0.9000	2.54
57.5	5.00%	0.8550	2.46
58.5	10.00%	0.8123	4.75
59.5	10.00%	0.7310	4.35
60.5	10.00%	0.6579	3.98
61.5	10.00%	0.5921	3.64
62.5	20.00%	0.5329	6.66
63.5	20.00%	0.4263	5.41
64.5	20.00%	0.3411	4.40
65.5	25.00%	0.2729	4.47
66.5	35.00%	0.2046	4.76
67.5	30.00%	0.1330	2.69
68.5	30.00%	0.0931	1.91
69.5	25.00%	0.0652	1.13
70	100.00%	0.0489	3.42
	Weighted Average		62.12

Schedule SB Attachment (Form 5500) —2025 Plan Year
Univar Solutions Retirement Plan
EIN: 91-1347935 PN: 001

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

Interest Rates for Minimum Funding Purposes	Based on segment rates with a four-month lookback (as of September 2024), each adjusted as needed to fall within the 25-year average interest rate stabilization corridor under ARPA
1st Segment Rate	5.07%
2nd Segment Rate	5.31%
3rd Segment Rate	5.50%
Interest Rates for Maximum Tax Purposes	Based on segment rates with a four-month lookback (as of September 2024), without regard to interest rate stabilization
1st Segment Rate	5.07%
2nd Segment Rate	5.33%
3rd Segment Rate	5.36%
Salary Increases	Not applicable
Social Security Wage Base Increases	Not applicable
Cost of Living Adjustment	Legacy Univar (LU): Not applicable Legacy Chemcentral Hourly: None Legacy Chemcentral Salaried: 3.00% per year (eligible participants only) (Adopted December 31, 2007)
Optional Payment Form Election Percentage	Legacy Univar: 80% of male participants assumed to elect a 100% Joint and Survivor benefit while 20% are assumed to elect a Single Life Annuity. 50% of female participants are assumed to elect a 100% Joint and Survivor benefit while 50% are assumed to elect a Single Life Annuity. (Adopted December 31, 2023) Legacy Chemcentral: 80% of male participants assumed to elect a 100% Joint and Survivor benefit while 20% are assumed to elect a Single Life Annuity. 50% of female participants are assumed to elect a 100% Joint and Survivor benefit while 50% are assumed to elect a Single Life Annuity. (Adopted December 31, 2023)

Retirement Age	
Active Participants	See Table 1 (Adopted December 31, 2023)
Terminated Vested Participants	Participants eligible for an age 62 unreduced benefit are assumed to retire at age 62. Participants not eligible for an age 62 unreduced benefit are assumed to retire at age 65. (Adopted December 31, 2023)
Mortality Rates	
Healthy and Disabled	2012 base mortality rates for annuitants and non-annuitants per §1.430(h)(3)-1(d), projected generationally for years beyond 2012 using IRS-prescribed mortality improvement rates per §1.430(h)(3)-1(b)(iii)
Withdrawal Rates	See Table 2 (Adopted December 31, 2023)
Disability Rates	None
Decrement Timing	Middle of year decrements (except that retirement is assumed to occur at the beginning of the year for ages where the assumed retirement rate is 100%)
Benefit Commencement Timing for Retirement Eligible Termination	For participants eligible for an age 62 unreduced benefit, 75% immediate commencement and 25% deferred to terminated vested retirement ages. For participants not eligible for an age 62 unreduced benefit, 40% immediate commencement and 60% deferred to terminated vested retirement ages. (Adopted December 31, 2023)
Surviving Spouse Benefit	It is assumed that 80% of males and 50% of females have an eligible spouse, and that males are two years older than their spouses. (Adopted December 31, 2023)
Benefit Limits	Projected benefits and compensation are limited by the current IRC section 415 maximum benefit of $280,000.
Valuation of Plan Assets	Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value. A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii).

Expected Return on Assets	
2023 Plan Year	6.85%, limited to 5.74%
2024 Plan Year	7.00%, limited to 5.59%
2025 Plan Year	7.00%, limited to 5.50%
Trust Expenses Included in Target Normal Cost	$2,300,000. The current year's expenses are assumed to be equal to the prior year's expenses with the current year's PBGC premium rounded to the nearest $100,000.
Actuarial Method	Standard unit credit cost method
Valuation Date	January 1, 2025

Schedule SB Attachment (Form 5500) —2025 Plan Year
Univar Solutions Retirement Plan
EIN: 91-1347935 PN: 001

Actuarial Assumptions and Methods

Table 1

Retirement Rates

Age	Rate
Under 55	0.0%
55	10.0%
56	5.0%
57	5.0%
58	10.0%
59	10.0%
60	10.0%
61	10.0%
62	20.0%
63	20.0%
64	20.0%
65	25.0%
66	35.0%
67	30.0%
68	30.0%
69	25.0%
70+	100.0%

(Adopted December 31, 2023)

Table 2

Withdrawal Rates

Age	Rate	Age	Rate
15	8.00%	45	7.00%
16	8.00%	46	7.00%
17	8.00%	47	7.00%
18	8.00%	48	7.00%
19	8.00%	49	7.00%
20	8.00%	50	7.00%
21	8.00%	51	7.00%
22	8.00%	52	7.00%
23	8.00%	53	7.00%
24	8.00%	54	7.00%
25	8.00%	55	6.00%
26	8.00%	56	6.00%
27	8.00%	57	6.00%
28	8.00%	58	6.00%
29	8.00%	59	6.00%
30	8.00%	60	6.00%
31	8.00%	61	6.00%
32	8.00%	62	6.00%
33	8.00%	63	6.00%
34	8.00%	64	6.00%
35	8.00%	65+	6.00%
36	8.00%		
37	8.00%		
38	8.00%		
39	8.00%		
40	8.00%		
41	8.00%		
42	8.00%		
43	8.00%		
44	8.00%		

(Adopted December 31, 2023)

Schedule SB Attachment (Form 5500) —2025 Plan Year
Univar Solutions Retirement Plan
EIN: 91-1347935 PN: 001

Schedule SB, Part V — Summary of Plan Provisions

Effective Date	Original plan: March 1, 1968 Restated plan: January 1, 2017 Effective September 1, 2019 the plan name was changed to Univar Solutions Retirement Plan
Plan Year	Calendar year
Sponsoring Employer	Univar Solutions LLC and other companies affiliated with Univar Solutions LLC that elect to have their employees participate in the plan.
Status of the Plan	As of January 31, 2012, the plan benefits are frozen for all participants. No new employees can participate.
Significant Events That Occurred During the Prior Year	None

Schedule SB Attachment (Form 5500) —2025 Plan Year
Univar Solutions Retirement Plan
EIN: 91-1347935 PN: 001

Legacy Univar

Covered Employees	Employees of Univar Solutions LLC and other companies affiliated with Univar Solutions LLC that elect to have their employees participate in the plan. Excludes those employees covered by Legacy Chemcentral provisions.
Participation	All employees shall become participants except employees covered by collective bargaining agreement under which retirement benefits were the subject of good faith bargaining, unless there is an agreement that this plan shall cover these employees. The plan was closed to new entrants on June 30, 2004.
Employee Contributions	None
Vesting Service	Calculated on the same basis as benefit service but disregarding the freeze.
Vesting	100% vested after completion of five years of vesting service, or at age 65, if sooner. As of December 31, 2009 all active participants are automatically 100% vested. Upon being rehired on or after January 1, 2010, any previously non-vested participant will automatically become 100% vested in their accrued benefit as of January 1, 2010.
Benefit Service	One-twelfth of a year for each completed month of employment. Benefit service was frozen on June 30, 2004 for participants who had fewer than five years of benefit service as of that date. Benefit service was frozen as of December 31, 2009 for all remaining participants.
Final Average Earnings	The average monthly compensation during the highest five consecutive calendar years. For participants whose benefit was frozen as of June 30, 2004, final average compensation is determined based only on earnings received prior to July 1, 2004. For all remaining participants, final average compensation is determined based only on earnings received prior to January 1, 2010.
Integration Level	One thirty-sixth of the Social Security taxable wage base in the year of termination, provided that the integration level shall not exceed covered compensation as defined by regulation. For participants whose benefits were frozen in 2004 or 2009 due to plan changes at that time, the integration level will be based on the year of freeze (2004 or 2009, respectively).

Accrued Benefit	A monthly benefit equal to the maximum of: ● 1.2% of final average compensation plus 0.5% of final average compensation in excess of the integration level, times years of benefit service. ● $20.00 multiplied by benefit service.
Normal Retirement	
Eligibility	Age 65
Benefit	Accrued benefit, payable as a single life annuity.
Early Retirement	
Eligibility	Attainment of age 55 and completion of five years of vesting service.
Benefit	Normal retirement benefit reduced for each month by which the early retirement benefit commencement date precedes normal retirement date as follows: ● If the participant has attained age 55 at termination of employment or has not attained age 55 at termination but has 20 or more years of vesting service, the reduction is ⅓% for each calendar month from age 55 to age 62. There is no reduction in benefit from age 62 to age 65. ● If the participant has not attained age 55 at termination of employment and has fewer than 20 years of vesting service, the reduction is ½% for each calendar month from age 55 to 65.
Late Retirement	
Benefit	Calculated the same as the normal retirement benefit but taking into account earnings and service to the date of retirement. The benefit will not be less than the participant's accrued benefit at their normal retirement date, actuarially increased to the late retirement date.
Deferred Vested	
Benefit	Participants who terminate prior to attainment of vested status shall receive no benefits under this plan. Participants who terminate after attaining vested status shall be entitled to a normal retirement benefit or an early retirement benefit as described above.

Disability

Eligibility	Disabled on or before June 30, 2004.
Benefit	Accrued benefit is calculated including benefit service, up to 10 years, for the period from the date of disability to the actual retirement date.

Preretirement Death

Eligibility	At the time of death, the participant is a current or former employee of Univar Solutions LLC, is vested, and the benefit has not been paid in a lump sum.
Surviving Spouse/Domestic Partner	The spouse or domestic partner will be entitled to a survivor benefit. The amount will be 87% of the single life annuity benefit the participant would have been entitled to, adjusted for early commencement, if applicable.
No Surviving Spouse/Domestic Partner	If the participant is single and has children under the age of 21, then the participant's children will be eligible for survivor benefits. The amount will be computed in the same manner described in the situations above, depending on the circumstances at the time of death. The benefit shall commence immediately and will be divided equally among the surviving children. No reduction will be made to reflect immediate commencement of benefits. Benefits will stop for a child upon attainment of age 21, at which time the benefits will be redivided among any remaining children under age 21. All benefits will cease when no more children remain under age 21.

Forms of Benefits

Automatic Form for Unmarried Participants	Single life annuity
Automatic Form for Married Participants	100% joint and survivor annuity (calculated as 87% of the single life annuity amount).
Optional Forms	A single participant can choose a period certain and life annuity with certain period of 5, 10, 15, or 20 years. A participant with a spouse or domestic partner can choose these forms, a 50% joint or survivor annuity, or a single life annuity.

The following table of factors is used to determine the optional forms of benefit (factors applied to the single life annuity amount):

Form of Benefit	Conversion Factor
100% Joint and Survivor	87%
50% Joint and Survivor	91%
5-Year Certain and Life	98%
10-Year Certain and Life	94%
15-Year Certain and Life	93%
20-Year Certain and Life	91%

Maximum Compensation

Compensation for any 12-month period used to determine accrued benefits may not exceed the limits in IRC section 401(a)(17) for the calendar year in which the 12-month period begins. This limit is indexed annually. All compensation-related benefit accruals were frozen effective December 31, 2009.

Maximum Benefits

Annual benefits may not exceed the limits in IRC section 415. This limit is indexed annually.

Benefits Not Included in Valuation

None

Changes Since the Prior Valuation for Legacy Univar

None

Legacy CHEMCENTRAL

Covered Employees	Employees of Univar Solutions LLC acquired through the acquisition of Chemcentral Corporation, and employees hired in certain union locations following the acquisition.
Participation	January 1 or July 1 following attainment of age 21 and completion of 1,000 hours of service in a 12-month consecutive period. Employees represented by a collective bargaining agreement are not eligible to participate unless the plan is extended to the group by collective bargaining. The plan was closed to new entrants (with certain union exceptions) effective December 31, 2007.
Employee Contributions	None
Benefit Service	One-twelfth of a year for each completed month of employment. Hourly employees must work 1,000 or more hours in a year (other than the year of hire or year of termination) to receive any benefit service for that year. Benefit service was frozen on December 31, 2009 for participants, with the exception of any participants active on December 31, 2009 and represented by either Teamsters #406 in Grand Rapids, Michigan or Teamsters Local #375 in Buffalo, New York whose collection bargaining agreements provide for continuing benefit accruals. For Teamsters #406, accruals were frozen on March 31, 2011. For Teamsters Local #375, accruals were frozen January 31, 2012.
Vesting Service	
Salaried Employees	One-twelfth of a year for each calendar month in which the employee worked.
Hourly Employees	One year for each plan year in which 1,000 or more hours are worked.
Vesting	100% vested after completion of three years of vesting service. As of December 31, 2009 all active participants are automatically 100% vested. Upon being rehired on or after January 1, 2010, any previously nonvested participant will automatically become 100% vested in their accrued benefit as of January 1, 2010.

Cost of Living Increase	Annual increase equal to lesser of one-year change in Consumer Price Index (CPI-U) from prior August 1 and 3.00%, if the Consumer Price Index increased by at least 1.00%. The increase is applied to the initial benefit amount at retirement, up to a maximum of 140% of the original benefit amount. Cost-of-living increases only apply to salaried employees who were eligible for retirement at the time of their termination and to death benefits payable to the beneficiary of salaried employees.
Final Average Earnings	The greater of (1) or (2) below: (1) The average of compensation paid during the five consecutive calendar years for which compensation was highest within the last 10 consecutive calendar years immediately preceding retirement or earlier termination of employment (or the average for the entire period of employment if such period is less than five years). (2) The average of compensation paid during the 60 consecutive calendar month period immediately preceding retirement or earlier termination of employment (or the average for the entire period of employment if such period is less than 60 months). Effective December 31, 2009, final average salary is determined based only on earnings received prior to January 1, 2010.
Integration Level	One thirty-sixth of the Social Security taxable wage base in the year of termination, provided that the integration level shall not exceed covered compensation as defined by regulation. For participants whose benefits were frozen in 2004 or 2009 due to plan changes at that time, the integration level will be based on the year of freeze (2004 or 2009, respectively).

Social Security Covered Earnings	The average of a salaried participant's compensation for the three years immediately preceding the year of retirement or earlier termination of employment, but excluding compensation for any year in excess of the Social Security taxable wage base for that year. This amount is limited to the participant's Social Security covered compensation. Effective December 31, 2009, Social Security covered earnings is determined based only on earnings received prior to January 1, 2010, and the Social Security taxable wage base for years after 2009 will be assumed equal to the 2009 amount.
Accrued Benefit	
Salaried Participants	Monthly benefit equal to (1) – (2): (1) Final average salary multiplied by the lesser of (1) and (2): (a) 2.5% x years of benefit service before January 1, 1989 plus 1.67% x years of benefit service after December 31, 1988 (b) 50% (2) The monthly Social Security Allowance (SSA), equal to the lesser of (c) and (d): (c) 0.45% x Social Security covered earnings x years of benefit service (maximum 30 years) (d) One half of (A) above but computed with the lesser of the participant's: (i) Final average salary; or (ii) Social Security covered earnings.
Hourly Participants	Monthly amount equal to $67.00 multiplied by years of benefit service. This benefit must be no less than the participant's accrued benefit at December 31, 1988.
Normal Retirement	
Eligibility	Later of age 65 and third anniversary from initial participation date in the plan.
Benefit	Accrued benefit, payable as a single life annuity.

Early Retirement

Eligibility

Attainment of age 55 and completion of 10 years of vesting service.

Benefit

Calculated the same as the normal retirement benefit, and then multiplied by the applicable early retirement factor shown below:

Retirement Age	Standard Factors	Rule of 90 Factors	Full Career Factors 1	Full Career Factors 2
55	0.5000	0.7000	0.8500	0.6500
56	0.5300	0.7300	0.8714	0.7000
57	0.5600	0.7600	0.8929	0.7500
58	0.6000	0.7900	0.9143	0.8000
59	0.6400	0.8200	0.9357	0.8500
60	0.6900	0.8500	0.9571	0.9000
61	0.7400	0.8800	0.9786	0.9500
62	0.8000	0.9100	1.0000	1.0000
63	0.8600	0.9400	1.0000	1.0000
64	0.9300	0.9700	1.0000	1.0000
65 or older	1.0000	1.0000	1.0000	1.0000

A participant is entitled to the largest of the early retirement factors in the above table provided he or she meets the eligibility requirements as listed below:

- Standard: Must be age 55 with 10 years of vesting service.
- Rule of 90: A Salaried participant age 55 or greater at time of termination whose sum of age and vesting service at benefit commencement is greater than or equal to 90.
- Full-Career 1: An hourly participant age 55 or greater with at least 20 years of vesting service and must be of the Grand Rapids, Toledo or Buffalo location.
- Full-Career 2: An hourly participant age 55 or greater with at least 20 years of service.
- Additionally, the benefit of salaried participant who is age 55 or greater at time of termination will not be reduced if he retires at 62 or greater with 30 or more years of vesting service.

Late Retirement

Benefit	Calculated the same as the normal retirement benefit but taking into account earnings and service to the date of retirement. The benefit will not be less than the participant's accrued benefit at their normal retirement date, actuarially increased to the late retirement date.

Deferred Vested

Benefit	Participants who terminate prior to attainment of vested status shall receive no benefits under this plan. Participants who terminate after attaining vested status shall be entitled to a normal retirement benefit or an early retirement benefit as described above.

Disability

Eligibility	A Salaried participant who becomes totally and permanently disabled prior to January 1, 2009, and who qualifies for long-term disability benefits under any insured program maintained by the employer may qualify for a disability retirement benefit. There are no special disability benefits available to participants who become disabled on or after January 1, 2009.
Benefit	The period from date of disablement to the participant's age 65 shall be taken into account in calculating the participant's benefit service for the amount of benefit payable upon attainment of eligibility for commencement of retirement benefits. The calculation of the accrued benefit will be based on the participant's final average salary at date of disablement.

Preretirement Death

Benefit	Benefits payable to the surviving spouse or domestic partner of an employee who dies prior to retirement are the largest of (1), (2), or (3) below: (1) Death after attaining eligibility for normal or early retirement — A death benefit of 100% of the amount of monthly retirement income calculated as if the participant had retired on the date of his death and elected a 100% joint and survivor annuity will be payable immediately to the spouse or domestic partner.

(2) Spouse and dependent child benefit — If a Salaried participant dies prior to attaining age 65 and had attained age 45 with 10 or more years of service, the benefit payable will be 47.5% (50% if the employee was at least 50 years of age) of the projected normal retirement benefit, assuming the same rate of earnings at death continue to age 65. The benefit will be payable to the spouse or domestic partner for life, and thereafter to any surviving dependent children, usually to age 19. An additional temporary benefit of $79.17 per month ($83.33 if the participant was at least 50) shall be payable to the spouse or domestic partner until age 62.

(3) Death prior to early retirement eligibility — A death benefit will be payable if a participant satisfies the vesting requirements set forth by the plan at the time of death. The benefit will be 100% of the amount calculated as if the participant had terminated on the date of death and elected a 100% joint and survivor annuity. Payments will begin on the later of the participant's date of death or the date on which he or she would have attained age 55.

Forms of Benefits

Automatic Form for Unmarried Participants	Salaried: Five–year certain and life annuity Hourly: Single life annuity
Automatic Form for Participants With Spouses or Domestic Partners	100%joint and survivor annuity, actuarially equivalent to the above form for single participants.
Optional Forms	A single participant can choose a period certain and life annuity with certain period of 5, 10, or 15 years. A participant with a spouse or domestic partner can choose these forms, a 50% joint and survivor annuity, or a single life annuity. The optional forms of benefit are actuarially equivalent to the normal form of benefit using the following assumptions: Interest rate: 8.00% Mortality: Applicable mortality under 417(e)

Maximum Compensation	Compensation for any 12-month period used to determine accrued benefits may not exceed the limits in IRC section 401(a)(17) for the calendar year in which the 12-month period begins. This limit is indexed annually. All compensation-related benefit accruals were frozen effective December 31, 2009.
Maximum Benefits	Annual benefits may not exceed the limits in IRC section 415. This limit is indexed annually.
Benefits Not Included in Valuation	None
Changes Since the Prior Valuation for Legacy Chemcentral	None
Terminated Vested Lump Sum Window	There was a lump sum window for participants terminated before July 31, 2017 with an accrued benefit with a present value greater than $5,000, with an election period from October 18, 2017 through November 22, 2017. Benefits were distributed primarily in December 2017, with some payments distributed in January 2018.
Retiree Annuity Lift Out	As of November 15, 2018, certain retirees and beneficiaries were part of an annuity purchase contract with Banner Life Insurance. As a result, this group of retirees and beneficiaries are no longer participants in the plan. As of November 22, 2022, certain retirees and beneficiaries were part of an annuity purchase contract with Nationwide Insurance. As a result, this group of retirees and beneficiaries are no longer participants in the plan.

Plan Changes Since the Prior Year

The funding valuation does not reflect any plan changes since the prior year.

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

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

Schedule SB Attachment (Form 5500) —2025 Plan Year
Univar Solutions Retirement Plan
EIN: 91-1347935 PN: 001

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

Number of Participants and Average Accrued Benefit

Attained Age	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25										
25-29										
30-34										
35-39										
40-44					3	10				
45-49					5	23 $1,925	12			
50-54		3			5	36 $2,747	25 $8,272	8	1	
55-59		1			5	24 $1,854	29 $10,212	16	18	1
60-64		1		2	3	37 $3,193	28 $5,474	25 $12,678	24 $19,333	10
65-69					2	14	10	10	7	11
70+							5		1	5

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Schedule SB Attachment (Form 5500) —2025 Plan Year
Univar Solutions Retirement Plan
EIN: 91-1347935 PN: 001

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

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2025	784,666	1,370,418	28,475,154	30,630,238
2026	1,200,507	1,664,394	28,133,719	30,998,620
2027	1,636,686	2,176,530	27,751,328	31,564,544
2028	2,017,891	2,596,117	27,308,463	31,922,471
2029	2,348,299	2,983,651	26,785,162	32,117,112
2030	2,636,497	3,311,215	26,209,736	32,157,448
2031	2,893,648	3,561,568	25,578,259	32,033,475
2032	3,099,215	3,755,480	24,845,236	31,699,931
2033	3,256,879	4,043,233	24,085,799	31,385,911
2034	3,373,329	4,143,983	23,261,464	30,778,776
2035	3,478,633	4,283,297	22,335,509	30,097,439
2036	3,551,794	4,347,986	21,363,076	29,262,856
2037	3,599,199	4,465,646	20,362,361	28,427,206
2038	3,645,088	4,511,712	19,303,589	27,460,389
2039	3,653,188	4,536,437	18,188,505	26,378,130
2040	3,634,614	4,561,086	17,073,233	25,268,933
2041	3,599,781	4,503,333	15,949,926	24,053,040
2042	3,550,213	4,446,067	14,808,739	22,805,019
2043	3,491,511	4,382,877	13,653,874	21,528,262
2044	3,417,120	4,293,073	12,484,076	20,194,269
2045	3,329,535	4,222,432	11,339,054	18,891,021
2046	3,229,660	4,122,171	10,239,654	17,591,485
2047	3,118,922	4,006,091	9,175,796	16,300,809
2048	2,998,836	3,879,910	8,156,375	15,035,121
2049	2,867,986	3,744,149	7,189,367	13,801,502
2050	2,728,443	3,593,846	6,281,698	12,603,987
2051	2,580,840	3,433,527	5,439,098	11,453,465
2052	2,426,067	3,263,296	4,665,896	10,355,259
2053	2,265,673	3,083,625	3,964,807	9,314,105
2054	2,100,907	2,895,447	3,336,856	8,333,210
2055	1,933,727	2,700,200	2,781,372	7,415,299
2056	1,766,056	2,499,755	2,296,145	6,561,956
2057	1,599,932	2,296,362	1,877,636	5,773,930
2058	1,437,417	2,092,543	1,521,224	5,051,184
2059	1,280,490	1,890,946	1,221,505	4,392,941

Schedule SB Attachment (Form 5500) —2025 Plan Year
Univar Solutions Retirement Plan
EIN: 91-1347935 PN: 001

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2060	1,130,927	1,694,155	972,588	3,797,670
2061	990,220	1,504,569	768,394	3,263,183
2062	859,539	1,324,294	602,881	2,786,714
2063	739,688	1,155,065	470,236	2,364,989
2064	631,107	998,237	365,041	1,994,385
2065	533,898	854,732	282,386	1,671,016
2066	447,856	725,059	217,946	1,390,861
2067	372,521	609,332	168,044	1,149,897
2068	307,241	507,304	129,606	944,151
2069	251,237	418,442	100,106	769,785
2070	203,668	341,955	77,512	623,135
2071	163,652	276,878	60,211	500,741
2072	130,313	222,131	46,946	399,390
2073	102,801	176,572	36,754	316,127
2074	80,310	139,066	28,893	248,269

Schedule SB Attachment (Form 5500) —2025 Plan Year
Univar Solutions Retirement Plan
EIN: 91-1347935 PN: 001

Schedule SB, line 32 — Schedule of Amortization Bases

Type of Base	Present Value of Installment	Date Established	Years Remaining	Amortization Installment
Shortfall	$ 44,683,815	January 1, 2023	13	$ 4,592,408
Shortfall	$ (18,472,306)	January 1, 2024	14	$ (1,803,881)
Shortfall	$ 35,486,663	January 1, 2025	15	$ 3,308,792

Schedule SB Attachment (Form 5500) —2025 Plan Year
Univar Solutions Retirement Plan
EIN: 91-1347935 PN: 001

Schedule SB, line 19 — Discounted Employer Contributions

Year applied for contributions: 2025

Date	Amount	Days to Discount to 1/1/2025 at 5.35%	Interest Adjusted Contribution
April 15, 2025	$ 1,370,000	104	$ 1,349,806
July 15, 2025	1,370,000	195	1,332,380
October 15, 2025	1,370,000	287	1,314,992
January 15, 2026	1,370,000	379	1,297,830
September 15, 2026	3,700,000	622	3,385,556
Total Contribution	$ 9,180,000		$ 8,680,564

Schedule SB Attachment (Form 5500) —2025 Plan Year
Univar Solutions Retirement Plan
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Schedule SB, line 22 — Description of Weighted Average Retirement Age

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

(a) Age	(b) Rate	(c) Weight	(d) Product (a) × (b) × (c)
55.5	10.00%	1.0000	5.55
56.5	5.00%	0.9000	2.54
57.5	5.00%	0.8550	2.46
58.5	10.00%	0.8123	4.75
59.5	10.00%	0.7310	4.35
60.5	10.00%	0.6579	3.98
61.5	10.00%	0.5921	3.64
62.5	20.00%	0.5329	6.66
63.5	20.00%	0.4263	5.41
64.5	20.00%	0.3411	4.40
65.5	25.00%	0.2729	4.47
66.5	35.00%	0.2046	4.76
67.5	30.00%	0.1330	2.69
68.5	30.00%	0.0931	1.91
69.5	25.00%	0.0652	1.13
70	100.00%	0.0489	3.42
	Weighted Average		62.12

Schedule SB Attachment (Form 5500) —2025 Plan Year
Univar Solutions Retirement Plan
EIN: 91-1347935 PN: 001

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

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2055	1,933,727	2,700,200	2,781,372	7,415,299
2056	1,766,056	2,499,755	2,296,145	6,561,956
2057	1,599,932	2,296,362	1,877,636	5,773,930
2058	1,437,417	2,092,543	1,521,224	5,051,184
2059	1,280,490	1,890,946	1,221,505	4,392,941

Schedule SB Attachment (Form 5500) —2025 Plan Year
Univar Solutions Retirement Plan
EIN: 91-1347935 PN: 001

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2060	1,130,927	1,694,155	972,588	3,797,670
2061	990,220	1,504,569	768,394	3,263,183
2062	859,539	1,324,294	602,881	2,786,714
2063	739,688	1,155,065	470,236	2,364,989
2064	631,107	998,237	365,041	1,994,385
2065	533,898	854,732	282,386	1,671,016
2066	447,856	725,059	217,946	1,390,861
2067	372,521	609,332	168,044	1,149,897
2068	307,241	507,304	129,606	944,151
2069	251,237	418,442	100,106	769,785
2070	203,668	341,955	77,512	623,135
2071	163,652	276,878	60,211	500,741
2072	130,313	222,131	46,946	399,390
2073	102,801	176,572	36,754	316,127
2074	80,310	139,066	28,893	248,269

Schedule SB Attachment (Form 5500) —2025 Plan Year
Univar Solutions Retirement Plan
EIN: 91-1347935 PN: 001

Schedule SB, Part V — Summary of Plan Provisions

Effective Date	Original plan: March 1, 1968 Restated plan: January 1, 2017 Effective September 1, 2019 the plan name was changed to Univar Solutions Retirement Plan
Plan Year	Calendar year
Sponsoring Employer	Univar Solutions LLC and other companies affiliated with Univar Solutions LLC that elect to have their employees participate in the plan.
Status of the Plan	As of January 31, 2012, the plan benefits are frozen for all participants. No new employees can participate.
Significant Events That Occurred During the Prior Year	None

Schedule SB Attachment (Form 5500) —2025 Plan Year
Univar Solutions Retirement Plan
EIN: 91-1347935 PN: 001

Legacy Univar

Covered Employees	Employees of Univar Solutions LLC and other companies affiliated with Univar Solutions LLC that elect to have their employees participate in the plan. Excludes those employees covered by Legacy Chemcentral provisions.
Participation	All employees shall become participants except employees covered by collective bargaining agreement under which retirement benefits were the subject of good faith bargaining, unless there is an agreement that this plan shall cover these employees. The plan was closed to new entrants on June 30, 2004.
Employee Contributions	None
Vesting Service	Calculated on the same basis as benefit service but disregarding the freeze.
Vesting	100% vested after completion of five years of vesting service, or at age 65, if sooner. As of December 31, 2009 all active participants are automatically 100% vested. Upon being rehired on or after January 1, 2010, any previously non-vested participant will automatically become 100% vested in their accrued benefit as of January 1, 2010.
Benefit Service	One-twelfth of a year for each completed month of employment. Benefit service was frozen on June 30, 2004 for participants who had fewer than five years of benefit service as of that date. Benefit service was frozen as of December 31, 2009 for all remaining participants.
Final Average Earnings	The average monthly compensation during the highest five consecutive calendar years. For participants whose benefit was frozen as of June 30, 2004, final average compensation is determined based only on earnings received prior to July 1, 2004. For all remaining participants, final average compensation is determined based only on earnings received prior to January 1, 2010.
Integration Level	One thirty-sixth of the Social Security taxable wage base in the year of termination, provided that the integration level shall not exceed covered compensation as defined by regulation. For participants whose benefits were frozen in 2004 or 2009 due to plan changes at that time, the integration level will be based on the year of freeze (2004 or 2009, respectively).

Accrued Benefit	A monthly benefit equal to the maximum of: ● 1.2% of final average compensation plus 0.5% of final average compensation in excess of the integration level, times years of benefit service. ● $20.00 multiplied by benefit service.
Normal Retirement	
Eligibility	Age 65
Benefit	Accrued benefit, payable as a single life annuity.
Early Retirement	
Eligibility	Attainment of age 55 and completion of five years of vesting service.
Benefit	Normal retirement benefit reduced for each month by which the early retirement benefit commencement date precedes normal retirement date as follows: ● If the participant has attained age 55 at termination of employment or has not attained age 55 at termination but has 20 or more years of vesting service, the reduction is ⅓% for each calendar month from age 55 to age 62. There is no reduction in benefit from age 62 to age 65. ● If the participant has not attained age 55 at termination of employment and has fewer than 20 years of vesting service, the reduction is ½% for each calendar month from age 55 to 65.
Late Retirement	
Benefit	Calculated the same as the normal retirement benefit but taking into account earnings and service to the date of retirement. The benefit will not be less than the participant's accrued benefit at their normal retirement date, actuarially increased to the late retirement date.
Deferred Vested	
Benefit	Participants who terminate prior to attainment of vested status shall receive no benefits under this plan. Participants who terminate after attaining vested status shall be entitled to a normal retirement benefit or an early retirement benefit as described above.

Disability

Eligibility	Disabled on or before June 30, 2004.
Benefit	Accrued benefit is calculated including benefit service, up to 10 years, for the period from the date of disability to the actual retirement date.

Preretirement Death

Eligibility	At the time of death, the participant is a current or former employee of Univar Solutions LLC, is vested, and the benefit has not been paid in a lump sum.
Surviving Spouse/Domestic Partner	The spouse or domestic partner will be entitled to a survivor benefit. The amount will be 87% of the single life annuity benefit the participant would have been entitled to, adjusted for early commencement, if applicable.
No Surviving Spouse/Domestic Partner	If the participant is single and has children under the age of 21, then the participant's children will be eligible for survivor benefits. The amount will be computed in the same manner described in the situations above, depending on the circumstances at the time of death. The benefit shall commence immediately and will be divided equally among the surviving children. No reduction will be made to reflect immediate commencement of benefits. Benefits will stop for a child upon attainment of age 21, at which time the benefits will be redivided among any remaining children under age 21. All benefits will cease when no more children remain under age 21.

Forms of Benefits

Automatic Form for Unmarried Participants	Single life annuity
Automatic Form for Married Participants	100% joint and survivor annuity (calculated as 87% of the single life annuity amount).
Optional Forms	A single participant can choose a period certain and life annuity with certain period of 5, 10, 15, or 20 years. A participant with a spouse or domestic partner can choose these forms, a 50% joint or survivor annuity, or a single life annuity.

The following table of factors is used to determine the optional forms of benefit (factors applied to the single life annuity amount):

Form of Benefit	Conversion Factor
100% Joint and Survivor	87%
50% Joint and Survivor	91%
5-Year Certain and Life	98%
10-Year Certain and Life	94%
15-Year Certain and Life	93%
20-Year Certain and Life	91%

Maximum Compensation

Compensation for any 12-month period used to determine accrued benefits may not exceed the limits in IRC section 401(a)(17) for the calendar year in which the 12-month period begins. This limit is indexed annually. All compensation-related benefit accruals were frozen effective December 31, 2009.

Maximum Benefits

Annual benefits may not exceed the limits in IRC section 415. This limit is indexed annually.

Benefits Not Included in Valuation

None

Changes Since the Prior Valuation for Legacy Univar

None

Legacy CHEMCENTRAL

Covered Employees	Employees of Univar Solutions LLC acquired through the acquisition of Chemcentral Corporation, and employees hired in certain union locations following the acquisition.
Participation	January 1 or July 1 following attainment of age 21 and completion of 1,000 hours of service in a 12-month consecutive period. Employees represented by a collective bargaining agreement are not eligible to participate unless the plan is extended to the group by collective bargaining. The plan was closed to new entrants (with certain union exceptions) effective December 31, 2007.
Employee Contributions	None
Benefit Service	One-twelfth of a year for each completed month of employment. Hourly employees must work 1,000 or more hours in a year (other than the year of hire or year of termination) to receive any benefit service for that year. Benefit service was frozen on December 31, 2009 for participants, with the exception of any participants active on December 31, 2009 and represented by either Teamsters #406 in Grand Rapids, Michigan or Teamsters Local #375 in Buffalo, New York whose collection bargaining agreements provide for continuing benefit accruals. For Teamsters #406, accruals were frozen on March 31, 2011. For Teamsters Local #375, accruals were frozen January 31, 2012.
Vesting Service	
Salaried Employees	One-twelfth of a year for each calendar month in which the employee worked.
Hourly Employees	One year for each plan year in which 1,000 or more hours are worked.
Vesting	100% vested after completion of three years of vesting service. As of December 31, 2009 all active participants are automatically 100% vested. Upon being rehired on or after January 1, 2010, any previously nonvested participant will automatically become 100% vested in their accrued benefit as of January 1, 2010.

Cost of Living Increase	Annual increase equal to lesser of one-year change in Consumer Price Index (CPI-U) from prior August 1 and 3.00%, if the Consumer Price Index increased by at least 1.00%. The increase is applied to the initial benefit amount at retirement, up to a maximum of 140% of the original benefit amount. Cost-of-living increases only apply to salaried employees who were eligible for retirement at the time of their termination and to death benefits payable to the beneficiary of salaried employees.
Final Average Earnings	The greater of (1) or (2) below: (1) The average of compensation paid during the five consecutive calendar years for which compensation was highest within the last 10 consecutive calendar years immediately preceding retirement or earlier termination of employment (or the average for the entire period of employment if such period is less than five years). (2) The average of compensation paid during the 60 consecutive calendar month period immediately preceding retirement or earlier termination of employment (or the average for the entire period of employment if such period is less than 60 months). Effective December 31, 2009, final average salary is determined based only on earnings received prior to January 1, 2010.
Integration Level	One thirty-sixth of the Social Security taxable wage base in the year of termination, provided that the integration level shall not exceed covered compensation as defined by regulation. For participants whose benefits were frozen in 2004 or 2009 due to plan changes at that time, the integration level will be based on the year of freeze (2004 or 2009, respectively).

Social Security Covered Earnings	The average of a salaried participant's compensation for the three years immediately preceding the year of retirement or earlier termination of employment, but excluding compensation for any year in excess of the Social Security taxable wage base for that year. This amount is limited to the participant's Social Security covered compensation. Effective December 31, 2009, Social Security covered earnings is determined based only on earnings received prior to January 1, 2010, and the Social Security taxable wage base for years after 2009 will be assumed equal to the 2009 amount.
Accrued Benefit	
Salaried Participants	Monthly benefit equal to (1) – (2): (1) Final average salary multiplied by the lesser of (1) and (2): (a) 2.5% x years of benefit service before January 1, 1989 plus 1.67% x years of benefit service after December 31, 1988 (b) 50% (2) The monthly Social Security Allowance (SSA), equal to the lesser of (c) and (d): (c) 0.45% x Social Security covered earnings x years of benefit service (maximum 30 years) (d) One half of (A) above but computed with the lesser of the participant's: (i) Final average salary; or (ii) Social Security covered earnings.
Hourly Participants	Monthly amount equal to $67.00 multiplied by years of benefit service. This benefit must be no less than the participant's accrued benefit at December 31, 1988.
Normal Retirement	
Eligibility	Later of age 65 and third anniversary from initial participation date in the plan.
Benefit	Accrued benefit, payable as a single life annuity.

Early Retirement

Eligibility

Attainment of age 55 and completion of 10 years of vesting service.

Benefit

Calculated the same as the normal retirement benefit, and then multiplied by the applicable early retirement factor shown below:

Retirement Age	Standard Factors	Rule of 90 Factors	Full Career Factors 1	Full Career Factors 2
55	0.5000	0.7000	0.8500	0.6500
56	0.5300	0.7300	0.8714	0.7000
57	0.5600	0.7600	0.8929	0.7500
58	0.6000	0.7900	0.9143	0.8000
59	0.6400	0.8200	0.9357	0.8500
60	0.6900	0.8500	0.9571	0.9000
61	0.7400	0.8800	0.9786	0.9500
62	0.8000	0.9100	1.0000	1.0000
63	0.8600	0.9400	1.0000	1.0000
64	0.9300	0.9700	1.0000	1.0000
65 or older	1.0000	1.0000	1.0000	1.0000

A participant is entitled to the largest of the early retirement factors in the above table provided he or she meets the eligibility requirements as listed below:

- Standard: Must be age 55 with 10 years of vesting service.
- Rule of 90: A Salaried participant age 55 or greater at time of termination whose sum of age and vesting service at benefit commencement is greater than or equal to 90.
- Full-Career 1: An hourly participant age 55 or greater with at least 20 years of vesting service and must be of the Grand Rapids, Toledo or Buffalo location.
- Full-Career 2: An hourly participant age 55 or greater with at least 20 years of service.
- Additionally, the benefit of salaried participant who is age 55 or greater at time of termination will not be reduced if he retires at 62 or greater with 30 or more years of vesting service.

Late Retirement

Benefit	Calculated the same as the normal retirement benefit but taking into account earnings and service to the date of retirement. The benefit will not be less than the participant's accrued benefit at their normal retirement date, actuarially increased to the late retirement date.

Deferred Vested

Benefit	Participants who terminate prior to attainment of vested status shall receive no benefits under this plan. Participants who terminate after attaining vested status shall be entitled to a normal retirement benefit or an early retirement benefit as described above.

Disability

Eligibility	A Salaried participant who becomes totally and permanently disabled prior to January 1, 2009, and who qualifies for long-term disability benefits under any insured program maintained by the employer may qualify for a disability retirement benefit. There are no special disability benefits available to participants who become disabled on or after January 1, 2009.
Benefit	The period from date of disablement to the participant's age 65 shall be taken into account in calculating the participant's benefit service for the amount of benefit payable upon attainment of eligibility for commencement of retirement benefits. The calculation of the accrued benefit will be based on the participant's final average salary at date of disablement.

Preretirement Death

Benefit	Benefits payable to the surviving spouse or domestic partner of an employee who dies prior to retirement are the largest of (1), (2), or (3) below: (1) Death after attaining eligibility for normal or early retirement — A death benefit of 100% of the amount of monthly retirement income calculated as if the participant had retired on the date of his death and elected a 100% joint and survivor annuity will be payable immediately to the spouse or domestic partner.

(2) Spouse and dependent child benefit — If a Salaried participant dies prior to attaining age 65 and had attained age 45 with 10 or more years of service, the benefit payable will be 47.5% (50% if the employee was at least 50 years of age) of the projected normal retirement benefit, assuming the same rate of earnings at death continue to age 65. The benefit will be payable to the spouse or domestic partner for life, and thereafter to any surviving dependent children, usually to age 19. An additional temporary benefit of $79.17 per month ($83.33 if the participant was at least 50) shall be payable to the spouse or domestic partner until age 62.

(3) Death prior to early retirement eligibility — A death benefit will be payable if a participant satisfies the vesting requirements set forth by the plan at the time of death. The benefit will be 100% of the amount calculated as if the participant had terminated on the date of death and elected a 100% joint and survivor annuity. Payments will begin on the later of the participant's date of death or the date on which he or she would have attained age 55.

Forms of Benefits

Automatic Form for Unmarried Participants	Salaried: Five–year certain and life annuity Hourly: Single life annuity
Automatic Form for Participants With Spouses or Domestic Partners	100%joint and survivor annuity, actuarially equivalent to the above form for single participants.
Optional Forms	A single participant can choose a period certain and life annuity with certain period of 5, 10, or 15 years. A participant with a spouse or domestic partner can choose these forms, a 50% joint and survivor annuity, or a single life annuity. The optional forms of benefit are actuarially equivalent to the normal form of benefit using the following assumptions: Interest rate: 8.00% Mortality: Applicable mortality under 417(e)

Maximum Compensation	Compensation for any 12-month period used to determine accrued benefits may not exceed the limits in IRC section 401(a)(17) for the calendar year in which the 12-month period begins. This limit is indexed annually. All compensation-related benefit accruals were frozen effective December 31, 2009.
Maximum Benefits	Annual benefits may not exceed the limits in IRC section 415. This limit is indexed annually.
Benefits Not Included in Valuation	None
Changes Since the Prior Valuation for Legacy Chemcentral	None
Terminated Vested Lump Sum Window	There was a lump sum window for participants terminated before July 31, 2017 with an accrued benefit with a present value greater than $5,000, with an election period from October 18, 2017 through November 22, 2017. Benefits were distributed primarily in December 2017, with some payments distributed in January 2018.
Retiree Annuity Lift Out	As of November 15, 2018, certain retirees and beneficiaries were part of an annuity purchase contract with Banner Life Insurance. As a result, this group of retirees and beneficiaries are no longer participants in the plan. As of November 22, 2022, certain retirees and beneficiaries were part of an annuity purchase contract with Nationwide Insurance. As a result, this group of retirees and beneficiaries are no longer participants in the plan.

Plan Changes Since the Prior Year

The funding valuation does not reflect any plan changes since the prior year.

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

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

UNIVAR SOLUTIONS RETIREMENT PLAN

Attachment to Form 5500, Schedule H, Line 4(i)
Schedule of Assets Held as of December 31, 2025

Employer: Univar Solutions USA LLC
EIN: 91-1347935
Plan No.: 001

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
*	Mercer US Large Cap Core Passive Equity Portfolio	Collective Trust Fund	$ 25,195,155	$ 44,066,851
*	Mercer ERISA Hedge Fund	Collective Trust Fund	11,203,246	16,669,395
*	Mercer US Small/Mid Cap Equity Portfolio	Collective Trust Fund	3,043,556	5,238,217
*	Mercer Non-US Core Equity Portfolio	Collective Trust Fund	10,335,026	19,909,735
*	Mercer Emerging Markets Equity Portfolio	Collective Trust Fund	6,228,316	8,879,142
*	Mercer Ulta Long Duration Portfolio	Collective Trust Fund	8,905,405	7,106,849
*	Mercer Active Long Corporate Fixed Income Portfolio	Collective Trust Fund	63,311,343	60,960,402
*	Mercer Long Strips Fixed Income	Collective Trust Fund	58,129,505	40,665,007
*	Mercer Opportunistic Fixed Income	Collective Trust Fund	9,360,976	11,155,163
*	Mercer US Core Real Estate Portfolio	Collective Trust Fund	16,089,174	15,913,096
	Goldman Sachs Financial Square Government Fund	Mutual Fund	257,287	257,287
			$212,058,989	**$230,821,144**

* Party-in-interest as defined by Section 3(14) of ERISA.

See independent auditor's report.

Schedule SB Attachment (Form 5500) —2025 Plan Year
Univar Solutions Retirement Plan
EIN: 91-1347935 PN: 001

Schedule SB, line 32 — Schedule of Amortization Bases

Type of Base	Present Value of Installment	Date Established	Years Remaining	Amortization Installment
Shortfall	$ 44,683,815	January 1, 2023	13	$ 4,592,408
Shortfall	$ (18,472,306)	January 1, 2024	14	$ (1,803,881)
Shortfall	$ 35,486,663	January 1, 2025	15	$ 3,308,792