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
RETIREMENT PLAN FOR EMPLOYEES OF CAMBREX CORPORATION

1b Three-digit plan number (PN) ▶ 006

1c Effective date of plan 01/01/1992

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)
CAMBREX CORPORATION

1 MEADOWLANDS PLAZA
EAST RUTHERFORD, NJ 07073

2b Employer Identification Number (EIN)
22-2476135

2c Plan Sponsor's telephone number
201-804-3000

2d Business code (see instructions)
325410

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.	10/14/2026	NOREEN PATTERMANN
	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**	839
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)**	22
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	19
b	Retired or separated participants receiving benefits	**6b**	477
c	Other retired or separated participants entitled to future benefits	**6c**	224
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	720
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	101
f	Total. Add lines **6d** and **6e**.	**6f**	821
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 1I 3H

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

9a Plan funding arrangement (check all that apply)		**9b** Plan benefit arrangement (check all that apply)	
(1) [X]	Insurance	**(1)** [X]	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)** [X] **A** (Insurance Information) – Number Attached 1
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [X] **D** (DFE/Participating Plan Information)
- **(6)** [ ] **G** (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code_____

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

A Name of plan
RETIREMENT PLAN FOR EMPLOYEES OF CAMBREX CORPORATION

B Three-digit plan number (PN) ▶ 006

C Plan sponsor's name as shown on line 2a of Form 5500
CAMBREX CORPORATION

D Employer Identification Number (EIN)
22-2476135

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

1 Coverage Information:

(a) Name of insurance carrier
METROPOLITAN LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-5581829	65978	GAC 407A		01/01/2025	12/31/2025

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

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

(3) ☐ other (specify) ▶

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

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

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

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

b	Balance at the end of the previous year			7b	1910232
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)	32645		
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below)	7c(5)			
	▶				
	(6)Total additions			7c(6)	32645
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	1942877
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	67160		
	(2) Administration charge made by carrier	7e(2)	12871		
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)	3259		
	▶ TAX AND RISK CHARGE				
	(5) Total deductions			7e(5)	83290
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	1859587

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	0
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	0
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

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

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

A Name of plan
RETIREMENT PLAN FOR EMPLOYEES OF CAMBREX CORPORATION

B Three-digit plan number (PN) ▶ 006

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
CAMBREX CORPORATION

D Employer Identification Number (EIN)
22-2476135

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**	41102061
b Actuarial value	**2b**	38581802

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	588	28561289	28561289
b For terminated vested participants	235	9638477	9638477
c For active participants	22	1206903	1206903
d Total	845	39406669	39406669

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**	5.33 %
6 Target normal cost		
a Present value of current plan year accruals	**6a**	0
b Expected plan-related expenses	**6b**	55000
c Target normal cost	**6c**	55000

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

09/16/2026
Date

MICHAEL ALTILIO, E.A
Type or print name of actuary

26-07062
Most recent enrollment number

WILLIS TOWERS WATSON US LLC
Firm name

973-539-1923
Telephone number (including area code)

P.O. BOX 674401
HOUSTON, TX 77267
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	406069
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	60642
9	Amount remaining (line 7 minus line 8)	0	345427
10	Interest on line 9 using prior year's actual return of 10.44 %	0	36063
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 5.05 %		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	381490

Part III Funding Percentages

14	Funding target attainment percentage	14	96.93 %
15	Adjusted funding target attainment percentage	15	96.93 %
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	99.64 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

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

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

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

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? [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**	63

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**	55000
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	1206357	120746
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**	175746

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	175746	175746

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

B Three-digit plan number (PN) ▶ 006

C Plan sponsor's name as shown on line 2a of Form 5500
CAMBREX CORPORATION

D Employer Identification Number (EIN)
22-2476135

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

STATE STREET GLOBAL ADVISORS

81-4017137

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

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

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

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

STATE STREET GLOBAL ADVISORS

81-4017137

(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?
51	INVESTMENT MANAGER	80195	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

WILLIS TOWERS WATSON US LLC

53-0181291

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11	ACTUARY	73750	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

WILMINGTON TRUST

23-3060382

(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?
25	TRUSTEE	28961	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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)

METROPOLITAN LIFE INSURANCE COMPANY

13-5581829

(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?
22	NONE	12871	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 ☐

(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
STATE STREET GLOBAL ADVISORS	19	0

(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.
US HIGH YIELD BB-B CONSTRAINED INDX 04-3508891	.0100%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
STATE STREET GLOBAL ADVISORS	19	0

(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.
RUSSELL 2000 INDX NL FUND 04-0025081	.0100%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
STATE STREET GLOBAL ADVISORS	19	0

(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.
5-20 YR US HIGH QUALITY CORP BOND N 90-0337987	0.0100%

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
STATE STREET GLOBAL ADVISORS	19	0
(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.	
20 YR HIGH QUALITY CORP BOND NL 90-0337987	.0100%	

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

(complete as many entries as needed)

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

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

A Name of plan
RETIREMENT PLAN FOR EMPLOYEES OF CAMBREX CORPORATION

B Three-digit plan number (PN) ▶ 006

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
CAMBREX CORPORATION

D Employer Identification Number (EIN)
22-2476135

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: DAILY MSCI ACWI EX USA NL FUND

b Name of sponsor of entity listed in (a): STATE STREET BANK AND TRUST COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
90-0337987-239	C	1237478

a Name of MTIA, CCT, PSA, or 103-12 IE: 20 YR US HIGH QUALITY CORP BOND NL

b Name of sponsor of entity listed in (a): STATE STREET BANK AND TRUST COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
90-0337987-296	C	13132292

a Name of MTIA, CCT, PSA, or 103-12 IE: 5-20 YR US HIGH QUALITY CORP BOND N

b Name of sponsor of entity listed in (a): STATE STREET BANK AND TRUST COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
90-0337987-297	C	16480006

a Name of MTIA, CCT, PSA, or 103-12 IE: LONG US GOVT BOND INDX NL FUND

b Name of sponsor of entity listed in (a): STATE STREET BANK AND TRUST COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
04-0025081-142	C	7381439

a Name of MTIA, CCT, PSA, or 103-12 IE: RUSSELL 1000 R INDX NL FUND

b Name of sponsor of entity listed in (a): STATE STREET BANK AND TRUST COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
90-0337987-160	C	2453734

a Name of MTIA, CCT, PSA, or 103-12 IE: RUSSELL 2000 R INDX NL FUND

b Name of sponsor of entity listed in (a): STATE STREET BANK AND TRUST COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
04-0025081-013	C	406776

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

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a Plan name

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

a Plan name

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

a Plan name

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

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
RETIREMENT PLAN FOR EMPLOYEES OF CAMBREX CORPORATION

B Three-digit plan number (PN) ▶ 006

C Plan sponsor's name as shown on line 2a of Form 5500
CAMBREX CORPORATION

D Employer Identification Number (EIN)
22-2476135

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	52238	302145
(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)	39138251	41091725
(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)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	1910232	1859587
(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	41100721	43253457
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h		
1i Acquisition indebtedness	1i		
1j Other liabilities	1j		
1k Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	41100721	43253457

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)		
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(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)	32645	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		32645
(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)		
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
(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)		5533243
(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		5565888
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	3291192	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		3291192
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)	32080	
(7) Actuarial fees	2i(7)	73750	
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	16130	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		121960
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		3413152
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		2152736
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: BDO USA, P.C. **(2)** EIN: 13-5381590

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		10000000
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? [X] Yes [ ] No

If "Yes," enter the amount of any plan assets that reverted to the employer this year 0.

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 581772.

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
RETIREMENT PLAN FOR EMPLOYEES OF CAMBREX CORPORATION

B Three-digit plan number (PN) ▶ 006

C Plan sponsor's name as shown on line 2a of Form 5500
CAMBREX CORPORATION

D Employer Identification Number (EIN)
22-2476135

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): 23-3060382

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** 16

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

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

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

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

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

6 **a** Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation._____

Part VII IRS Compliance Questions

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

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

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☒ N/A

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

Retirement Plan for Employees of Cambrex Corporation

Financial Statements
and ERISA–Required Supplemental Schedules
Years Ended December 31, 2025 (In Liquidation)
and 2024 (Ongoing)

The report accompanying these financial statements was issued by BDO USA, P.C., a Virginia professional corporation, and the U.S. member of BDO International Limited, a UK company limited by guarantee.

Retirement Plan for Employees of Cambrex Corporation

Financial Statements and ERISA–Required Supplemental Schedules

Years Ended December 31, 2025 (In Liquidation) and 2024 (Ongoing)

Retirement Plan for Employees of Cambrex Corporation

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

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Independent Auditor's Report

To the Plan Administrator
Retirement Plan for Employees of Cambrex Corporation
East Rutherford, New Jersey

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

We have performed audits of the financial statements of Retirement Plan for Employees of Cambrex Corporation (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 as of December 31, 2025 (in liquidation) and December 31, 2024 (ongoing), the statement of accumulated plan benefits as of January 1, 2025 and the related statements of changes in net assets available for benefits for the year ended December 31, 2025 (in liquidation) and for the year ended December 31, 2024 (ongoing), the statement of changes in accumulated plan benefits for the year ended January 1, 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 qualified institutions as of December 31, 2025 and 2024, and for the years then ended, stating that the certified investment information, as described in Note 7 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); and
- 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 qualified institutions that management determined meet the requirements of ERISA Section 103(a)(3)(C).

BDO USA, P.C., a Virginia professional corporation, is the U.S. member of BDO International Limited, a UK company limited by guarantee, and forms part of the international BDO network of independent member firms.

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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.

Emphasis of Matter — Plan Termination and Liquidation Basis of Accounting

As further discussed in Note 2 to the financial statements, the Plan sponsor approved a plan of liquidation on August 29, 2025, and management determined liquidation is imminent. As a result, the Plan changed its basis of accounting from the going-concern basis of accounting used in presenting the 2024 financial statements to the liquidation basis of accounting used in presenting the 2025 financial statements. Our opinion is not modified with respect to this matter.

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.

Management is responsible for maintaining a current plan instrument, including all plan amendments. Management is also responsible for 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.

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 (In Liquidation)

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

is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion

- the form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.
- the certified investment information in the supplemental schedules agrees to, or is derived from, in all material respects, the information prepared and certified by qualified institutions that management determined meet the requirements of ERISA Section 103(a)(3)(C).

BDO USA, P.C.

October 13, 2026

Financial Statements

Retirement Plan for Employees of Cambrex Corporation

Statements of Net Assets Available for Benefits

December 31,	**2025 (In Liquidation)**	2024 (Ongoing)
Assets		
Investments:		
Investments, at fair value	**$ 41,393,870**	$ 39,190,488
Investments in Metropolitan Life Insurance Company Group Annuity Contract, at contract value	**1,859,587**	1,910,232
Net Assets Available for Benefits	**$ 43,253,457**	$ 41,100,720

See accompanying notes to financial statements.

Retirement Plan for Employees of Cambrex Corporation

Statements of Changes in Net Assets Available for Benefits

Year ended December 31,	**2025 (In Liquidation)**	2024 (Ongoing)
Additions		
Investment income:		
Net appreciation from common collective trusts	**$ 5,533,244**	$ 4,019,652
Interest Income from Metropolitan Life Insurance Company Group Annuity Contract	**32,645**	36,935
Total Additions	**5,565,889**	4,056,587
Deductions		
Benefits paid	**3,291,192**	3,593,409
Administrative expenses	**121,960**	56,112
Total Deductions	**3,413,152**	3,649,521
Net Increase	**2,152,737**	407,066
Net Assets Available for Benefits, beginning of year	**41,100,720**	40,693,654
Net Assets Available for Benefits, end of year	**$ 43,253,457**	$ 41,100,720

See accompanying notes to financial statements.

Retirement Plan for Employees of Cambrex Corporation

Statement of Accumulated Plan Benefits

January 1, 2025 (Ongoing)

Actuarial Present Value of Accumulated Plan Benefits		
Participants currently receiving benefits	$	25,819,411
Other vested participants		9,021,324
Non-vested accumulated benefits		857
Total Actuarial Present Value of Accumulated Plan Benefits	$	34,841,592

See accompanying notes to financial statements.

Retirement Plan for Employees of Cambrex Corporation

Statement of Changes in Accumulated Plan Benefits

January 1, 2025 (Ongoing)		
Actuarial Present Value of Accumulated Plan Benefits, beginning of year	$	35,919,713
Changes during the year attributable to:		
Interest due to decrease in the discount period		2,390,738
Benefits paid		(3,593,409)
Actuarial losses		124,550
Net Decrease		(1,078,121)
Actuarial Present Value of Accumulated Plan Benefits, end of year	$	34,841,592

See accompanying notes to financial statements.

1. Description of Plan

The following brief description of the Retirement Plan for Employees of Cambrex Corporation (the Plan) is provided for general information purposes only. Participants should refer to the Plan document for more complete information. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

The Plan was frozen as of August 31, 2007 for active employees, and no additional credited service has been or will be granted to the participants after this date.

On August 29, 2025 management made the decision to terminate the Plan. In connection with this decision, the 2025 financial statements are prepared on the liquidation basis. See Note 2 for further discussion.

General

The Plan is a defined benefit plan that covers all domestic salaried and certain hourly employees of Cambrex Corporation (the Company), as well as eligible former CasChem Inc. (CasChem) and Nepera, Inc. (Nepera) employees covered by a collective-bargaining agreement.

Effective January 1, 2004, the Plan provisions for eligible former CasChem and Nepera employees covered by a collective-bargaining agreement allowed retroactive pension commencement dates for all pensions starting on or after November 1, 2003. This applies only to eligible CasChem employees who have unreduced pension benefits as a result of 30 years of service and Nepera employees who are eligible to receive a Social Security Pension Supplement.

While Cambrex Corporation remains the Plan administrator, effective August 1, 2023, USI Consulting Group (USI) became responsible for all aspects of administering the Plan. USI is responsible for directing payment.

Pension Benefits

Prior to pay outs in connection with the termination of the Plan, pension benefits for salaried and hourly employees covered by the Plan are calculated as follows:

1. Cambrex Corporation salaried and certain hourly participants:

   Employees with ten years of service can retire after age 55, or with five years of service after age 65. Employees are fully vested after five years of service. No partial vesting is permitted. Employees may elect to receive their pension benefits in the form of a joint and survivor annuity. If employees terminate before rendering five years of service, they forfeit the right to receive their accumulated plan benefits attributable to the Company's contributions. Employees may elect to receive their benefits as a life annuity, or if married, a joint and survivor annuity payable monthly for their lifetime.

   All Plan participants who were age 55 in 2007, with ten years of employment as of April 1, 2007 and who were actively employed on that date and not an officer of the Company, will be provided with the following: an additional two years of pension service, a lump-sum distribution option at retirement, and an unreduced Plan benefit as of age 62.

Employees are entitled to normal retirement benefits as follows:

a. For benefit service accrued before January 1, 1998, 1.0% of final average compensation not in excess of covered compensation, plus 0.6% of final average compensation in excess of the covered compensation, all multiplied by the credited service as of December 31, 1997, up to 35 years.

b. For benefit service accrued after December 31, 1997 through August 31, 2007, 1.0% of current earnings not in excess of covered compensation, plus 0.6% of current earnings in excess of the covered compensation for each year of service after December 31, 1997.

2. CasChem hourly participants:

Employees with 30 years of service can retire early with unreduced pension at age 60; employees with 20 years of service can retire early with reduced pension at age 60, or with five years of service after age 65.

The Company provides a benefit to eligible employees at a monthly rate for each year of service. Employees are entitled to normal retirement benefits as follows:

a. For benefit service accrued before September 18, 1991, a participant's accrued benefit attributable for service prior to said date, shall equal the greater of the accrued benefit attributable to employee contributions made pre-September 18, 1991 or the minimum retirement benefit provided by the Company.

b. For benefit service accrued after September 18, 1991, the Company will provide a noncontributory benefit to a participant equal to a rate per month times years of benefit accrual service.

Total credited service is limited to a maximum of 37 years after July 8, 1997. In no event will the benefit be less than that earned under the Plan in effect September 17, 1991, or the value of employee contributions. This benefit is reduced by any payments payable under the group annuity contract.

3. Collectively bargained employees of Nepera:

Employees with ten years of service can retire after age 55, or with five years of service after age 65. Employees hired prior to August 1, 1992, have the option to retire early on or after age 58 but prior to age 62. Employees are fully vested after five years of service or at age 65. No partial vesting is permitted.

Employees are entitled to normal retirement benefits equal to the sum of the following:

a. Their accrued benefit as of July 31, 1992 under their prior Plan.

b. For each year of benefit service rendered after August 1, 1992, a monthly benefit equal to the applicable benefit multiplier times such service.

The Plan covers employees from several other acquired corporations. Special provisions relating to these employees are covered in the appendix to the Plan document.

Death and Disability Benefits

Death and disability benefits for salaried and hourly participants covered by the Plan are calculated as follows:

Death benefits are payable to the spouse of married vested employees. The death benefit payment is calculated on the basis that the participant terminated on the date of death, and survived to and retired on his or her earliest retirement date with a qualified joint and survivor annuity in effect. If an employee dies, a death benefit at least equal to the value of his or her accumulated contributions, with interest, less the aggregate of any retirement benefit payments made, shall be paid to the employee's beneficiary.

A Participant who is retired on a disability retirement date (the date payments commence) shall receive a disability retirement benefit calculated in accordance with the accrued benefits calculation described above.

Plan Termination

The Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA. See Note 2 below. In connection with the termination of the Plan:

1. The Plan provides that the net assets shall be allocated among the participants and beneficiaries of the Plan in the order provided for in ERISA, as stated below:
    a. Benefits attributable to employee contributions, CasChem hourly employees participating prior to 1991, taking into account those paid out before termination.
    b. Annuity benefits that former employees or their beneficiaries have been receiving for at least three years, or that employees eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan. The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit that would be payable under Plan provisions in effect at any time during the five years preceding Plan termination.
    c. Other vested benefits insured by the Pension Benefit Guaranty Corporation (PBGC) (a U.S. government agency) up to the applicable limitations.
    d. All other vested benefits (not insured by the PBGC).
2. To the extent unfunded vested benefits exist, ERISA provides that such benefits are payable by the PBGC to participants, up to specified limitations, as described in ERISA.

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 survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan. In addition, 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 sponsor and the level of benefits guaranteed by the PBGC.

As of December 31, 2025, the Plan's net assets were greater than the accumulated benefit obligation. Therefore, it is expected that there will not be any changes to the participants' benefits in connection with the termination process.

2. Plan Termination

On August 29, 2025, the Plan sponsor decided to terminate the Plan effective December 31, 2025. The Plan's participants were notified, and the assets remained in trust at December 31, 2025. All participants were 100% vested in their accounts as of the termination date. Participant's distribution options were a lump-sum payment, an individual retirement account rollover, immediate annuity commencement, or deferral of the benefit election. The Plan's remaining obligations, after the lump-sum payments, were transferred to an insurance company in connection with the termination process.

On February 2, 2026, the IRS notified the Plan sponsor that the termination does not affect the Plan's tax status. As of June 29, 2026, the funds required to be transferred to the participants and/or the new insurance company/trustee assuming the remaining benefit obligations, have been transferred. The liquidation process is expected to be completed by December 31, 2026. See Note 11.

3. Significant Accounting Policies

Basis of Accounting

The 2024 financial statements of the Plan have been prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America (U.S. GAAP).

The 2025 financial statements have been prepared under the liquidation basis. This basis was adopted when liquidation was deemed imminent in accordance with Accounting Standards Update ("ASU") 2013-07, Liquidation Basis of Accounting. Plan management determined that liquidation was imminent upon adoption of the resolution to terminate the Plan on August 29, 2025. Under the liquidation basis of accounting, assets are measured at their net realizable value, estimated by fair value reduced by surrender charges, penalties and redemption charges, and disposal expenses, to reflect the estimated amount of cash expected to be collected in settling or disposing of the assets during the liquidation process. Liabilities are measured using the accrual basis of accounting, including any expected costs of the disposal of assets and other costs expected to be incurred during the liquidation process.

Investment Valuation and Income Recognition

The assets of the Plan consist primarily of investments in common collective trust funds, which contain a balanced portfolio of equity and debt instruments, and a money market mutual fund. 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 4 for a discussion of fair value measurements.

Purchases and sales of securities are reflected on a trade-date basis with the gain or loss recognized on the sale of securities being based on the average cost. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan's gains and losses on investments bought and sold, as well as held during the year. The net investment income reflected in the statements of changes in net assets available for benefits includes net gains or losses realized upon disposition of investments and changes in unrealized appreciation or depreciation of investments.

Certain assets of the Plan are held and invested by Metropolitan Life Insurance Company (MetLife) in accordance with the terms of immediate participation guarantee contracts between MetLife and the Plan. The risk associated with group annuity contracts and their realizable value is dependent upon the financial stability of the issuing entity and its ability to fulfill terms of the contract. The amount of assets held under such contracts is stated at contract value, which approximates fair value, as determined by MetLife.

Plan Expenses

Administrative expenses, including PBGC premiums, and investment manager fees incurred by the Plan were paid primarily by the Company for the Plan years ended December 31, 2025 and 2024. Administrative expenses paid by the Company are excluded from these financial statements.

Contributions and Funding Policy

The Company contributes such amounts, as are necessary, on an actuarial basis to provide sufficient assets to meet benefit payments to Plan members. The Plan has met the ERISA minimum funding requirements. The Company has elected to fund the Plan based on an amount between the minimum and maximum funding requirements as estimated by actuaries.

The Company did not make any cash payments to the Plan in 2025.

Benefit Payments

Benefit payments to participants are recorded upon distribution. The Plan's normal form of payment depends on whether the participant is single or married when they retire. Single participants may receive a single life annuity and married participants receive a 50% qualified joint and survivor annuity.

Prior to the termination of the Plan and the liquidation of Plan assets (Note 2), other optional forms of benefit payments are as follows:

- *Joint and Survivor Annuity Option* - Participants may choose to take a reduced monthly pension for life, so that when the participant dies, either 50%, 75%, or 100% of the participant's monthly pension amount will be payable for the lifetime of the participant's chosen beneficiary. If the participant dies after the beneficiary dies, no additional benefit payment will be made. If the beneficiary dies before payments begin, this optional election will not be valid. Changes to beneficiary or payment elections after payments begin are not allowed.
- *Years Certain and Life Income Option* - Under this option, participants receive a reduced monthly benefit for their lifetime, but payments are guaranteed for five, ten, or 15 years, whichever the participant chooses. If the participant dies within the five, ten, or 15-year

guarantee period, the benefit continues to the participant's beneficiary for the remainder of the period (but not longer). If the beneficiary dies while receiving benefit payments, the remaining benefits will be paid to the named contingent beneficiary.

- *Straight Life Annuity Option* - This is an optional form of payment for married participants. With this option, the participant's accrued retirement benefit will be paid to the participant in monthly payments for the rest of the participant's lifetime. When the participant dies, no further benefits will be paid.
- *Lump-Sum Option* - This option is available starting November 1, 2016. Under this option, participants receive a single-sum payment equal to the present value of a straight-life annuity payable at age 65. This option is limited to participants who terminated employment after June 30, 2014.

Effective November 1, 2017, a participant who is of age 62 may elect a lump-sum payment in addition to the other optional forms of retirement benefits. This participant has to be eligible for an in-service distribution upon the previously discussed age on November 1, 2017, or thereafter.

If a participant leaves the Company and the full value of their vested retirement benefit is $1,000 or less, the participant will receive an involuntary lump-sum payment. If the full value does not exceed $5,000, the benefit is only payable as a lump sum at the time of the participant's election.

Use of Estimates

The preparation of financial statements in accordance with U.S. GAAP requires management to make significant 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 benefits and changes therein, at the date of the financial statements. Actual results could differ from those estimates.

Concentrations of Credit Risk

The Plan's investment in the MetLife Group Annuity Contract is subject to credit risk. If MetLife fails to perform on the assets held by the Plan, the asset value of the Plan could be impaired. However, the Plan administrator does not anticipate non-performance by MetLife.

4. Fair Value Measurements

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

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

Level 2 - Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets.

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

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

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

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

The common collective trusts and money market mutual fund held by the Plan are carried at fair value and are classified in the tables below in one of the three categories described above:

December 31, 2025 (In Liquidation)

	Level 1	Level 2	Level 3	Total
Common collective trusts*	$ -	$ -	$ -	$ 41,091,725
Money market mutual fund	302,145	-	-	302,145
Total Investment Assets, at fair value	$ 302,145	$ -	$ -	$ 41,393,870

December 31, 2024 (Ongoing)

	Level 1	Level 2	Level 3	Total
Common collective trusts*	$ -	$ -	$ -	$ 39,138,251
Money market mutual fund	52,237	-	-	52,237
Total Investment Assets, at fair value	$ 52,237	$ -	$ -	$ 39,190,488

* Certain investments for which fair value is measured using the net asset value (NAV) per share as the practical expedient have not been categorized within the fair value hierarchy. The fair value amounts presented in these tables are intended to reconcile the fair value hierarchy to the amounts presented in the statements of net assets available for benefits.

Common Collective Trusts

Common collective trusts (CCTs) are valued at the NAV of units held. The NAV, as provided by the trustee of the CCTs, is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the CCT less its liabilities. This practical expedient is not used when it is determined to be probable that the CCTs will sell for an amount different than the reported NAV. The CCTs provide for daily redemptions by the Plan at reported NAV with no advance notice. There are no unfunded commitments related to these investments. These are direct-filing entities.

Money Market Mutual Fund

The money market mutual fund is valued at the daily closing price as reported by the fund.

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

5. Contract with Insurance Company

The Plan has a group annuity contract with MetLife totaling $1,859,587 and $1,910,232 for 2025 and 2024, respectively. MetLife maintains the contract in a pension reserve account. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The balance in the account can never be less than 75% of the aggregate of the withdrawals. MetLife is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan. The crediting rate is based on a formula established by MetLife on an annual basis as of the last day of each adjustment period (end of year). The guaranteed investment contract does not permit the insurance company to terminate the agreement prior to the scheduled maturity date.

This contract is reported at contract value. Contract value is relevant because this is the amount received by participants if they were to initiate permitted transactions under the terms of the Plan. Contract value, as reported to the Plan by MetLife, represents contributions made under the contract, if any, plus earnings, less participant withdrawals, and administrative expenses. The Plan may ordinarily direct the withdrawal or transfer of all or a portion of the investment at contract value.

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

Certain events might limit the ability of the Plan to transact at contract value with the issuer. Such events include (1) amendments to the Plan documents (including complete or partial Plan termination or merger with another plan); (2) changes to the Plan's prohibition on competing investment options or deletion of equity wash provisions; (3) bankruptcy of the Plan sponsor or other Plan sponsor events (for example, divestitures or spin-offs of a subsidiary) that cause a significant withdrawal from the Plan; (4) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA; or (5) premature termination of the contract. No events are probable of occurring that might limit the ability of the Plan to transact at contract value with the contract issuers and that also would limit the ability of the Plan to transact at contract value with the participants.

6. Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those future periodic payments, including lump-sum distributions, that are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present

employees or their beneficiaries. Benefits under the Plan are based on employees' compensation during their years of credited service. The accumulated plan benefits for active employees are based on their average compensation during the five years ending on the date the Plan was frozen. Benefits payable under all circumstances—retirement, death, disability, and termination of employment—are included, to the extent they are deemed attributable to employee service.

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

The significant actuarial assumptions used in the valuation as of January 1, 2025 are as follows:

Actuarial cost method	Present value of accrued benefits for 2025
Discount rate	7.0% for 2025
Mortality basis	PRI-2012 Mortality Tables projected forward using Scale MP-2021
Employee turnover	Assumed turnover consistent with employer's experience
Normal retirement age	Age 65
Expenses	Normal costs
Assumed rate of return on investments	7.0% per annum for 2025

The valuation reflects, for both funding and benefit restrictions purposes, the provisions of the Moving Ahead for Progress in the 21st Century Act (MAP-21). MAP-21 imposes corridors around the segment rates used for funding purposes for 2014 and subsequent Plan years. Under MAP-21, the corridors do not apply for purposes of determining (i) unfunded vested benefits for PBGC premium purposes; (ii) whether any plan in the controlled group has a funding target attainment percentage (FTAP) less than 80%, thus triggering a required ERISA 4010 filing with PBGC unless a waiver applies; or (iii) the maximum tax-deductible contribution.

There were no assumption changes for 2025.

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. If the Plan were to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits. The computations of the actuarial present value of accumulated plan benefits were made as of January 1, 2025. Had the valuations been performed as of December 31, 2024, there would be no material differences.

The plan termination is considered an unusual or infrequent event. Had the termination been reflected in the actuarial present value of accumulated plan benefits, the present value would increase by approximately $1.5 million at December 31, 2025.

7. Certified Investments

Certain information disclosed in the accompanying financial statements and ERISA-required supplemental schedules, related to investments as of December 31, 2025 and 2024, and investment

income and investment transactions for the years ended December 31, 2025 and 2024, was obtained by management and agreed to or derived from information certified as complete and accurate by Wilmington Trust and MetLife, qualified institutions.

8. Federal Income Taxes

The Internal Revenue Service issued its latest tax determination letter on May 30, 2017 (See Note 11) for the Plan, which stated that the Plan and underlying trust qualify under the applicable provisions of the Internal Revenue Code (the Code) and, therefore, are exempt from federal income taxes. The Plan administrator and in-house counsel believe that the Plan is currently designed and is being operated in compliance with the applicable requirements of the Code. No provision for income taxes has been included in the Plan's financial statements.

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

9. Risks and Uncertainties

The Plan's investments, comprised of CCTs, a money market mutual fund, and a group annuity contract, contain a balanced portfolio of equity and debt instruments. Investment securities are exposed to various risks, such as interest rate, market, and credit risk. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that those changes could materially affect the 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 estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

10. Related Party Transactions

The Plan's annuity contract is managed by MetLife and the Plan's CCTs are managed by Wilmington Trust. Custodial functions of both the trust and retiree services are managed by Wilmington Trust. The Plan maintains a money market account with Wilmington Trust; therefore, these transactions qualify as party-in-interest.

11. Subsequent Events

The Plan has evaluated subsequent events through October 13, 2026, the date the financial statements were available to be issued.

On February 2, 2026, the IRS issued a favorable tax determination letter for the Plan, stating that the plan termination did not affect its tax exempt status for federal tax purposes.

During the third quarter of 2025, the Plan Sponsor approved a plan to terminate the Retirement Plan for Employees of Cambrex Corporation. As stated in Note 1, the Plan's net assets are greater than the accumulated benefit obligation. Therefore, it is expected that there will not be any changes to the participants' benefits upon completion of the termination process.

On May 14, 2026, the Plan paid approximately $4,409,000 to participants who elected to receive a lump-sum distribution. On June 23, 2026, the Company selected CMFG Life Insurance Company ("CMFG Life"), a subsidiary of TruStage Financial Group, to assume the remaining benefit obligations and annuity payments of the Plan. On June 29, 2026, approximately $30,720,000 was transferred from the Plan to CMFG Life, who assumed the Plan's liabilities on June 30, 2026, and annuity payments commenced on September 1, 2026. This is a preliminary estimate, with a final settlement true-up expected before the end of 2026. The Company is currently completing the necessary regulatory filings and communications, along with the necessary financial updates.

ERISA-Required Supplemental Schedules

Retirement Plan for Employees of Cambrex Corporation

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

EIN: 22-2476135 **Plan Number: 006**

December 31, 2025 (In Liquidation)

	(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
	Common Collective Trusts				
		State Street Bank and Trust Company	5-20 Year US High Quality Corporate Bond	$ 15,996,303	$ 16,480,006
		State Street Bank and Trust Company	20+ Year US High Quality Corporate Bond	12,989,737	13,132,292
		State Street Bank and Trust Company	Long US Government Index Fund	7,672,615	7,381,439
		State Street Bank and Trust Company	Russell 1000 Index Non Lending Fund	713,117	2,453,734
		State Street Bank and Trust Company	Daily MSCI ACWI X US NL Fund	628,057	1,237,478
		State Street Bank and Trust Company	Russell 2000 Index Fund	209,446	406,776
	Total Common Collective Trusts			38,209,275	41,091,725
	Money Market Mutual Fund				
*		Wilmington Trust	Wilmington US Treasury Money Market	302,145	302,145
	Group Annuity Contract				
*		Metropolitan Life Insurance Company	Group Annuity Contract	1,859,587	1,859,587
	Total			$ 40,371,007	$ 43,253,457

* Party-in-interest, as defined by ERISA.

Retirement Plan for Employees of Cambrex Corporation

Schedule H, Line 4j - Schedule of Reportable Transactions

EIN: 22-2476135 **Plan Number: 006**

Year ended December 31, 2025 (In Liquidation)

(a) Identity of Party Involved**	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(e) Cost of Asset	(f) Current Value of Asset on Transaction Date	(g) Net Gain
Category (ii) – Series of Transactions with Same Broker Exceeds 5% of Value*						
Wilmington Trust	Common Collective Trusts — Purchases	$ 58,294,932	-	$ 58,294,932	$ 58,294,932	-
Wilmington Trust	Common Collective Trusts — Sales	-	$ 62,481,931	$ 58,294,932	$ 62,481,931	$ 4,186,999
Category (iii) – Series of Transactions in Same Security Exceeds 5% of Value						
Wilmington Trust	Russell 1000 Index Non Lending Fund	$60,942,349	$67,526,990	$60,942,349	$ 128,469,339	$ 6,584,641

* Party-in-interest, as defined by ERISA.

** There were no category (i) or (iv) reportable transactions.

SCHEDULE SB ATTACHMENTS

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

	Attained Years of Credited Service[1]										
Attained Age	Under 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40 & Over	Total
Under 25	0	0	0	0	0	0	0	0	0	0	0
25-29	0	0	0	0	0	0	0	0	0	0	0
30-34	0	0	0	0	0	0	0	0	0	0	0
35-39	0	0	0	0	0	0	0	0	0	0	0
40-44	0	0	0	0	0	0	0	0	0	0	0
45-49	0	0	0	1	0	0	0	0	0	0	1
50-54	0	0	2	2	0	0	0	0	0	0	4
55-59	0	0	5	5	3	0	0	0	0	0	13
60-64	0	0	1	0	3	0	0	0	0	0	4
65-69	0	0	0	0	0	0	0	0	0	0	0
70 & over	0	0	0	0	0	0	0	0	0	0	0
Total	0	0	8	8	6	0	0	0	0	0	22

[1] Age and service for purposes of determining category are based on exact (not rounded) values.

Plan Name: Retirement Plan for Employees of Cambrex Corporation
EIN / PN: 22-2476135/006
Plan Sponsor: Cambrex Corporation
Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V
Statement of Actuarial Assumptions/Methods

Economic Assumptions

Interest rate basis:

- Applicable month: September
- Interest rate basis: 3-Segment Rates

Interest rates:	**Reflecting Corridors**	**Not Reflecting Corridors**
• First segment rate	5.07%	5.07%
• Second segment rate	5.31%	5.33%
• Third segment rate	5.50%	5.36%
• Effective interest rate	5.33%	5.31%

Annual rates of increase

- Compensation: N/A
- Future Social Security wage bases: N/A
- Statutory limits on compensation: N/A

Plan-related expenses Plan-related expenses are equal to last year's actual plan expenses rounded up to the nearest $5,000. For 2025, this amount is $55,000.

As permitted by law, rates reflecting stabilization are used to determine the funding target, and thus the minimum required contribution under IRC §430 for the plan. Because these assumptions are subject to a corridor based on average interest rates over a 25-year period, they may differ from (and currently are higher than) current market interest rates, and may be inconsistent with other economic assumptions used in the valuation.

SCHEDULE SB ATTACHMENTS

Demographic Assumptions

Inclusion date

The valuation date coincident with or next following the date on which the employee becomes a participant.

Mortality

Separate rates for non-annuitants and annuitants based on Pri-2012 "Employees" and "Healthy Annuitants" (participants and beneficiaries combined) tables, respectively, without collar or amount adjustments and then projected forward with a generational projection as specified in the regulations under §1.430(h)(3)-1 using the IRS adjusted Scale MP-2021 (i.e., MP-2021 with no mortality improvement for 2020-2023 and future mortality improvement capped at 0.78% for years after 2024).

Termination

Representative termination rates not due to disability, retirement, or mortality:

Attained Age	Percentage leaving during the year
25	5.00%
30	3.90%
35	3.20%
40	2.65%
45	1.80%
50	0.80%
55	0.30%

Disability

The rates at which participants become disabled by age and gender are shown below:

Percentage becoming disabled during the year		
Age	**Males**	**Females**
25	0.09%	0.12%
30	0.11%	0.16%
35	0.14%	0.23%
40	0.20%	0.31%
45	0.36%	0.46%
50	0.66%	0.73%
55	1.19%	1.07%

SCHEDULE SB ATTACHMENTS

Retirement

Rates varying by age, average age 63

Percentage retiring during the year	
Age	**Rate**
55	5.00%
56-61	3.00%
62	30.00%
63	25.00%
64	20.00%
65	60.00%
66-69	33.33%
70	100.00%

Benefit Commencement Date

- Preretirement death benefit: The later of the death of the active participant, the date the participant would have attained age 55 with 10 years of vesting service, or the date the participant would have attained age 65
- Deferred vested benefit: The later of age 65 or termination of employment
- Disability benefit: The later of age 65 or disablement
- Retirement benefit: Upon termination of employment

Form of payment

For the special group of participants in the plan provisions that are eligible for lump sums, 75% are assumed to elect a lump sum. For the remaining, 100% of participants elect a life annuity if single and 100% of participants elect a 50% joint and surviving spouse annuity if married. 100% of terminated vested participants are assumed to elect a life annuity.

Percent married

80% of males; 80% of females.

Spouse age

Wife three years younger than husband.

SCHEDULE SB ATTACHMENTS

Methods

Valuation date	First day of plan year.
Funding target	Present value of accrued benefits.
Target normal cost	Present value of benefits expected to accrue during plan year plus plan-related expenses expected to be paid from plan assets during plan year.
Actuarial value of assets for determining minimum required contributions	Average of the fair market value of assets on the valuation date and the two immediately preceding valuation dates, adjusted for contributions, benefits, administrative expenses and expected earnings (with such expected earnings limited as described in IRS Notice 2009-22). The average asset value must be within 10% of market value, including discounted contributions receivable (discounted using the effective interest rate for the prior plan year). The method of computing the actuarial value of assets complies with rules governing the calculation of such values under the Pension Protection Act of 2006 (PPA). These rules produce smoothed values that reflect the underlying market value of plan assets but fluctuate less than the market value. As a result, the actuarial value of assets will be lower than the market value in some years and greater in other years. However, over the long term under PPA's smoothing rules, the method has a bias to produce an actuarial value of assets that is below the market value of assets.
Benefits not valued	All benefits described in the Plan Provisions section of this report were valued. WTW has reviewed the plan provisions with Cambrex and based on that review, is not aware of any significant benefits required to be valued that were not.

SCHEDULE SB ATTACHMENTS

Sources of Data and Other Information

The plan sponsor furnished participant data as of January 1, 2025. Information on assets, contributions and plan provisions was supplied by the plan sponsor or trustee. Data and other information were reviewed for reasonableness and consistency, but no audit was performed. Based on discussions with the plan sponsor, no assumptions or estimates were made when data were not available, and the data was not adjusted to reflect any significant events that occurred between the date the data was collected and the measurement date as there were no such events. We are not aware of any errors or omissions in the data that would have a significant effect on the results of our calculations. No data adjustments were made and we are unaware of any data adjustments made by the data provider.

Retirement Plan for Employees of Cambrex Corporation

Schedule H, Line 4j - Schedule of Reportable Transactions

EIN: 22-2476135 **Plan Number: 006**

Year ended December 31, 2025 (In Liquidation)

(a) Identity of Party Involved**	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(e) Cost of Asset	(f) Current Value of Asset on Transaction Date	(g) Net Gain
Category (ii) – Series of Transactions with Same Broker Exceeds 5% of Value*						
Wilmington Trust	Common Collective Trusts — Purchases	$ 58,294,932	-	$ 58,294,932	$ 58,294,932	-
Wilmington Trust	Common Collective Trusts — Sales	-	$ 62,481,931	$ 58,294,932	$ 62,481,931	$ 4,186,999
Category (iii) – Series of Transactions in Same Security Exceeds 5% of Value						
Wilmington Trust	Russell 1000 Index Non Lending Fund	$60,942,349	$67,526,990	$60,942,349	$ 128,469,339	$ 6,584,641

* Party-in-interest, as defined by ERISA.

** There were no category (i) or (iv) reportable transactions.

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

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

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

A Name of plan
Retirement Plan for Employees of Cambrex Corporation

B Three-digit plan number (PN) ▶ 006

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
Cambrex Corporation

D Employer Identification Number (EIN)
22-2476135

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	41,102,061
b Actuarial value	2b	38,581,802

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	588	28,561,289	28,561,289
b For terminated vested participants	235	9,638,477	9,638,477
c For active participants	22	1,206,903	1,206,903
d Total	845	39,406,669	39,406,669

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	5.33%
6 Target normal cost		
a Present value of current plan year accruals	6a	0
b Expected plan-related expenses	6b	55,000
c Target normal cost	6c	55,000

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 Michael Altilio

Signature of actuary

9/16/2026
Date

Michael Altilio, E.A
Type or print name of actuary

2607062
Most recent enrollment number

Willis Towers Watson US LLC
Firm name

973-539-1923
Telephone number (including area code)

P.O. Box 674401
Houston TX 77267
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	406,069
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	60,642
9	Amount remaining (line 7 minus line 8)	0	345,427
10	Interest on line 9 using prior year's actual return of 10.44%	0	36,063
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 5.05%		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	381,490

Part III Funding Percentages

14	Funding target attainment percentage	14	96.93%
15	Adjusted funding target attainment percentage	15	96.93%
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	99.64%
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

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

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

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

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year

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

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

21 Discount rate:

a Segment rates:

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

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	63

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**	55,000
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	1,206,357	120,746
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**	175,746

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	175,746	175,746

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

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

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

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 22
Description of Weighted Average Retirement Age
as of January 1, 2025

See Schedule SB, Part V - Statement of Actuarial Assumptions/Methods for retirement rates. The average retirement age for Line 22 was calculated by creating a hypothetical life table with retirement as the only decrement, and then computing the average retirement age for the table.

x	q_x^r	l_x	${}_{x-55}p_{55} = l_x / l_{55}$	$q_x^r * l_x / l_{55}$	$x * q_x * l_x / l_{55}$
55	0.05	1,000,000	1.000000	0.050000	2.750000
56	0.03	950,000	0.950000	0.028500	1.596000
57	0.03	921,500	0.921500	0.027645	1.575765
58	0.03	893,855	0.893855	0.026816	1.555308
59	0.03	867,039	0.867039	0.026011	1.534660
60	0.03	841,028	0.841028	0.025231	1.513851
61	0.03	815,797	0.815797	0.024474	1.492909
62	0.30	791,323	0.791323	0.237397	14.718615
63	0.25	553,926	0.553926	0.138482	8.724341
64	0.20	415,445	0.415445	0.083089	5.317693
65	0.60	332,356	0.332356	0.199413	12.961877
66	0.33	132,942	0.132942	0.043871	2.895484
67	0.33	89,071	0.089071	0.029394	1.969368
68	0.33	59,678	0.059678	0.019694	1.339170
69	0.33	39,984	0.039984	0.013195	0.910439
70	1.00	26,789	0.026789	0.026789	1.875256
Average age at retirement					62.730735
Rounded for Schedule SB item 22					63

Plan Name: Retirement Plan for Employees of Cambrex Corporation
EIN / PN: 22-2476135/006
Plan Sponsor: Cambrex Corporation
Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V
Summary of Plan Provisions

Plan Provisions – Cambrex Salaried Plan (Frozen as of August 31, 2007)

Effective January 1, 1992. The most recent amendment reflected in the following plan provisions was adopted on December 20, 2016 and effective November 1, 2016.

Covered Employees	All employees of Cambrex Corporation not represented by a collective bargaining agreement. Effective December 1, 1994, participants in the CasChem Hourly plan were merged into the Cambrex Salaried Plan. Effective January 1, 2003, the plan was frozen to new entrants. Effective December 31, 2010, the Nepera Hourly Plan was merged into the Cambrex Salaried Plan.
Participation Date	Employees who were participants in the predecessor plan as of January 1, 1989, shall continue as participants under this plan. On and after January 1, 1989, all employees become plan participants on the first day of the month coinciding with or next following completion of one year of service and attainment of age 21.

Definitions

Vesting Service	Prior to January 1, 1989, vesting service credited under the predecessor plan. Thereafter, one year of vesting service is credited for each calendar year in which a participant has worked at least 1 hour in each of 5 months of service.
Retirement Eligibility Service	Total period of uninterrupted service with the Company, including continuous service from the predecessor plan and any period of approved absence or disability, provided the employee returns to employment after such absence.
Benefit Service	Prior to January 1, 1989, all service which was credited for purposes of benefit accrual under the predecessor plan. Thereafter, one month of benefit service is credited for each completed calendar month of service performed as a participant.

SCHEDULE SB ATTACHMENTS

Pensionable Pay

Prior to January 1, 1989, all service which was credited for purposes of benefit accrual under the predecessor plan. Thereafter, one month of benefit service is credited for each completed calendar month of service performed as a participant.

Average Compensation

The average of the highest three consecutive calendar years of compensation.

Social Security Retirement Age

Will be as follows based on an employee's year of birth.

Year of Birth	Social Security Retirement Age
Prior to 1938	65
1938 to 1954	66
After 1954	67

Normal Retirement Date (NRD)

First of the month coinciding with or next following the later of attainment of age 65 or five years of vesting service.

Early Retirement Date (ERD)

Retire before NRD and on or after both attaining age 55 and completing 10 years of vesting service.

Covered Compensation

The average of Social Security taxable wage bases, for the 35-year period ending and including the year in which the employee attains his Social Security Retirement Age. If an employee terminates or retires prior to his Social Security Retirement Age, the Social Security taxable wage base in the year of his termination or retirement will be used for the remaining period of his averaging period.

Eligibility for Benefits

Normal retirement

Retirement on NRD

Early retirement

Retirement before NRD and on or after both attaining age 55 and completing ten years of vesting service

Postponed retirement

Retirement after NRD

Vested termination

Termination for reasons other than death or retirement after completing five years of vesting service

SCHEDULE SB ATTACHMENTS

Disability

Participants Eligible: On or after December 7, 1981, all participants eligible for and receiving disability benefits under the Social Security Act or the Long-Term Disability Plan will be eligible on the first of the month coinciding with or next following:

(i) the attainment of age 65 for those participants who become disabled prior to age 60, or

(ii) the fifth anniversary of the commencement of disability for those participants who become disabled on or after attainment of age 60 and prior to attainment of age 65, or

(iii) the date of attainment of age 70 for those participants who become disabled on or after attainment of age 65 and prior to attainment of age 69, or

(iv) the first anniversary of commencement of disability, for those participants who became disabled on or after attainment of age 69.

Preretirement death benefit

Spouses of any vested participants

Benefits Paid Upon the Following Events

Annual Pension Benefit

Participants who terminate on or after January 1, 1998:

The greatest of (i) or (ii), less (iii)

(i) (a) 1.0% of average three-year compensation as of December 31, 1997 not in excess of covered compensation, plus 1.6% of average three-year compensation as of December 31, 1997 in excess of covered compensation, all multiplied by credited service as of December 31, 1997, up to 35 years, plus

(b) 1.0% of current earnings not in excess of covered compensation, plus 1.6% of current earnings in excess of the covered compensation for each year of service after December 31, 1997, up to 35 years; plus 1.0% of current earnings for each year of service after December 31, 1997, remaining in excess of 35 years.

(ii) The accrued benefit as of December 31, 1989, for all participants except for those who were "super highly-compensated" for whom it is the accrued benefit as of December 31, 1988.

	(iii) Any benefit payable to the participant under GAC 228 or any other paid-up benefits. Benefit accruals for all participants were frozen as of August 31, 2007.
Frozen Benefit Enhancement	Plan participants active as of April 1, 2007 who had accrued 10 years of employment at Cambrex as of April 1, 2007 and who turned age 55 by December 31, 2007, will receive two years of service accruals based on pay rate as of the earlier of their date of termination or August 31, 2007 plus bonuses paid during the twelve months period ending on that date.
Early Retirement I	Participant Eligible: All participants except for those who are eligible for the frozen benefit enhancement. Pension Benefit: Annual pension benefit determined as of early retirement date is reduced by one-half of one percent for each complete month the participant is less than age 65 at the time the Early Retirement Benefit commences.
Early Retirement II	Participant Eligible: All participants who are eligible for the frozen benefit enhancement. Participant shall be treated as being two years older than his actual age (but not older than NRA) solely for purposes of determining the amount by which his normal retirement benefit is reduced for commencement before this NRD. Pension Benefit: Participant's early retirement benefit shall not be subject to the reduction specified in Early Retirement I above if he has, or is treated in accordance with paragraph above as having, attained age 62 on or prior to the date as of which his early retirement benefit commences.
Post 6/30/2014 Termination Group	Any Participant who terminated employment after June 30, 2014, whose Annuity Starting Date is November 1, 2016 or thereafter and who is entitled to a Deferred Vested Benefit, may elect to receive his Deferred Vested Benefit as of the first day of any month following his termination of employment payable as a lump sum.

SCHEDULE SB ATTACHMENTS

Other Plan Provisions

Forms of Payment	Normal Form: A qualified joint and survivor annuity if married on date payments commence, or life annuity if single. Optional Forms: Straight life annuity, 50%, 75%, 100% contingent annuitant option, 5, 10, 15 years certain and life annuity. Lump sum option is available for participants who are eligible for the frozen benefit enhancement and the post 6/30/2014 termination group as described above.

SCHEDULE SB ATTACHMENTS

Optional Form of Payment for Employees Eligible for Frozen benefit enhancements

The lump sum benefit shall be determined as the greatest of the following amounts:

(1) The actuarial equivalent of the accrued benefit payable as of NRD or Postponed Retirement if applicable, using 417(e)(3) applicable mortality and interest with a lookback to the November of the previous calendar year;

(2) The better lump sum amounts determined based on the actuarial equivalent of the early retirement benefit payable at ERD using:

   a. 417(e)(3) mortality and the 30 year Treasury rate with a lookback to the November of the previous calendar year or

   b. 417(e)(3) mortality and the 417(e)(3) interest rate with a lookback to the November of the previous calendar year;

(3) The better lump sum amounts determined based on the actuarial equivalent of the accrued benefit at NRD using the participant's age at ERD plus 2 years (but not older than the greater of NRA and actual age) and using:

   a. 417(e)(3) mortality and the 30 year Treasury rate with a lookback to the November of the previous calendar year or

   b. 417(e)(3) mortality and the 417(e)(3) interest rate with a lookback to the November of the previous calendar year.

SCHEDULE SB ATTACHMENTS

Plan Provisions – CasChem Hourly Plan

Effective July 1, 1952. Most recent amendment January 1, 2008. As of December 1, 1994 the CasChem Hourly Plan was merged into the Cambrex Salaried Plan.

Covered Employees	All CasChem employees represented by a collective bargaining agreement.
Participation Date	The first day of the month coinciding with or next following completion of one year of service.

Definitions

Vesting Service	One year for each calendar year in which an employee has completed 1,000 hours of service.
Benefit Service	One year of benefit service is credited for each plan year during which the employee completes 2,000 hours of service for regular, full-time employees. A partial year of service is credited if a participant completes less than 2,000 hours but at least 1,000.
Normal Retirement Date (NRD)	First of month nearest the attainment of age 65.
Annual Pension Benefit	The greater of (a) or (b) as described below: (a) (i) Benefit accrued as of September 18, 1991 plus benefit accrued after September 18, 1991 (ii) Less benefit offset due to contributions refunded (b) Benefit accrued as of September 18, 1991.

Eligibility for Benefits

Normal Retirement	Retire as of NRD.
Early Retirement	Retire before NRD and on or after both attaining age 55 and completing 10 years of benefit service.
Postponed Retirement	Retire after NRD.

SCHEDULE SB ATTACHMENTS

Deferred Vested

Termination for reasons other than death or retirement after completing five years of vesting service. Participants are always 100% vested in their prior employee contributions.

Preretirement Spouse Benefits

The spouse of any participant who is vested at the time of the participant's death.

Disability

If a participant has completed 10 years of service, he may be retired by the employer for reasons of disability, provided he is eligible for and receives Social Security disability benefits, and has become permanently incapable of continuing to work.

Benefits Paid Upon the Following Events

Normal Retirement

Annual pension benefit determined as of NRD.

Early Retirement

Annual pension benefit determined as of early retirement date is the NRD benefit reduced by the following schedule:

Age at Retirement	Early Retirement Factor
65	1.000
64	0.922
63	0.852
62	0.789
61	0.731
60	0.679

There is no reduction if the participant has attained his 60th birthday and completed at least 30 years of benefit service.

Postponed Retirement

Annual pension benefit determined as of actual retirement date.

Termination with Deferred Vested Benefit

Annual pension determined as of termination date. Participants who have completed at least 20, but less than 30, years of benefit service upon termination may elect early retirement at age 60 or later with NRD benefits reduced by the following schedule:

Age at Retirement	Early Retirement Factor
65	1.000
64	0.922
63	0.852
62	0.789
61	0.731
60	0.679

A participant with more than 30 years of benefit service may also

	elect, upon termination, early retirement at age 60 with no reduction in his accrued benefit.
Death with Preretirement Spouse Benefits	Annual pension benefit determined as of date of death. The benefit will begin on the first day of the month following the later of the participant's earliest retirement date or the participant's death and determined as if the participant had commenced a 50% Joint and Survivor annuity with the spouse as co-annuitant and then immediately died.
Disability	Annual pension benefit, based on benefit service to disability retirement date (the date payments commence) and compensation at date of termination of employment due to disability. The retirement benefit will begin on the first day of the month coinciding with or next following his actual retirement and will be equal to the accrued benefit without any reduction for early commencement.
Return of Employee Contributions	Participants who terminate employment without rights to receive any benefits under the plan will be entitled to a refund of any employee contributions, made prior to September 18, 1991, with interest.

Other Plan Provisions

Forms of Payment	Normal Form: A 50% qualified joint and survivor annuity if married on date payments commence, or life annuity if single. Optional Forms: Straight life annuity, 50%, 75% and 100% contingent annuitant option.
Optional Form of Payment for Employees Eligible for frozen benefit enhancements	Annual pension benefit is converted from a life annuity form of payment to an optional form of payment using the following conversion factors: Joint and Survivor Annuity Option: a) For 50% Joint and Survivor: 0.94 + .005 x (65 – Age of Participant) - .005 x (65 – Age of Joint Annuitant) b) For 75% Joint and Survivor: 0.83 + .005 x (65 – Age of Participant) - .005 x (65 – Age of Joint Annuitant)

SCHEDULE SB ATTACHMENTS

c) For 100% Joint and Survivor:
0.79 + .005 x (65 – Age of Participant) - .005 x (65 – Age of Joint Annuitant)

Maximum on Benefits and Pay

All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes become effective.

SCHEDULE SB ATTACHMENTS

Plan Provisions – Nepera Hourly Plan

Effective December 7, 1981. The most recent amendment reflected in the following plan provisions was adopted on December 31, 2010 and effective January 1, 2011.

Covered Employees	All Nepera employees covered by a collective bargaining agreement.
Participation Date	Employees who were participants in the predecessor plan as of January 1, 1989, shall continue as participants under this plan. On and after January 1, 1989, all employees become plan participants on the first day of the month coinciding with or next following completion of one year of service and attainment of age 21.

Definitions

Vesting Service	Prior to January 1, 2001, vesting service credited under the predecessor plan. Thereafter, one year of vesting service is credited for each calendar year in which a participant has worked at least 1 hour in each of 5 months of service.
Retirement Eligibility Service	Total period of uninterrupted service with the Company, including continuous service from the predecessor plan and any period of approved absence or disability, provided the employee returns to employment after such absence.
Benefit Service	Prior to January 1, 2001, all service which was credited for purposes of benefit accrual under the predecessor plan. Thereafter, one month of benefit service is credited for each complete calendar month of service performed as a participant.
Normal Retirement Date (NRD)	First of the month coinciding with or next following the later of attainment of age 65 or fifth anniversary of participation.
Early Retirement Supplemental	Estimated Social Security benefit under the 1992 law payable at age 62.

SCHEDULE SB ATTACHMENTS

Annual Pension Benefit	(a) + (b) not less than (c) (a) Pre-August 1992 Accrued Benefit equal to Accrued Benefit as of July 31, 1992. (b) Post-August or Accrued Benefit: $54 per year of service. (c) The accrued benefit as of December 31, 1989, for all participants except for those who were “super highly compensated” for whom it is the accrued benefit as of December 31, 1988.

Eligibility for Benefits

Normal Retirement	Retire as of NRD.
Early Retirement	Retire before NRD and on or after both attaining age 60 and completing 20 years of benefit service.
Postponed Retirement	Retire after NRD.
Deferred Vested	Termination for reasons other than death or retirement after completing five years of vesting service. Participants are always 100% vested in their prior employee contributions.
Preretirement Spouse Benefits	The spouse of any participant who is vested at the time of the participant’s death.
Early Retirement Supplemental	Hired prior to August 1, 1992, who retires at an early retirement date after 58 but prior to age 62.

SCHEDULE SB ATTACHMENTS

Disability	Participants Eligible: A participant eligible for and receiving disability benefits under the Social Security Act or the Long-Term Disability Plan will be eligible on the first of the month coinciding with or next following: (i) the attainment of age 65 for those participants who become disabled prior to age 60, or (ii) the fifth anniversary of the commencement of disability for those participants who become disabled on or after attainment of age 60 and prior to attainment of age 65, or (iii) the date of attainment of age 70 for those participants who become disabled on or after attainment of age 65 and prior to attainment of age 69, or (iv) the first anniversary of commencement of disability, for those participants who became disabled on or after attainment of age 69.

Benefits Paid Upon the Following Events

Normal Retirement	Annual pension benefit determined as of NRD.
Early Retirement	For benefits accrued before August 1, 1992, the annual pension benefit determined as of early retirement date unreduced at age 62, reduced 3% per year from age 62 to age 60 and reduced 5% per year from age 60 to age 55. For benefits accrued after August 1, 1992, the annual pension benefit determined as of early retirement date, reduced 6% for each year that commencement of payment precedes NRD.
Early Retirement Supplemental	A bridge benefit is payable until age 62 if the employee terminates service after attaining age 58.
Postponed Retirement	Annual pension benefit determined as of actual retirement date. Payment of benefit commences at actual retirement date, but no later than April 1st following the calendar year in which the employee attains age 70½.

SCHEDULE SB ATTACHMENTS

Termination with Deferred Vested Benefit	Annual pension determined as of termination date for those with ten or more years of retirement eligibility service, the same reductions apply as for early retirement. For those with less than ten years of retirement eligibility service, benefits are deferred to age 65.
Death with Preretirement Spouse Benefits	The amount which would have been payable to the spouse had the participant retired on the first day of the month in which his death occurred, with a qualified joint and survivor annuity in effect. For participants not eligible for early retirement at the time of their death, the amount which would have been payable to the spouse had the participant terminated on the first day of the month in which his death occurred, and survived to and retired on his earliest retirement date, with a qualified joint and survivor annuity in effect.
Disability Pension Benefit	Annual pension benefit based on benefit service to disability retirement date (the date payments commence) and hourly rate at date of termination of employment due to disability. All disabled participants who are eligible for early retirement and who are not eligible or waive the right for benefits under the Long-Term Disability Plan may elect early retirement prior to age 65 with benefits reduced as for early retirement.

Other Plan Provisions

Forms of Payment	Normal Form: A qualified 50% joint and survivor annuity if married on date payments commence for benefits accrued before August 1, 1992. Benefits earned for service prior to August 1, 1992 are not reduced for this benefit. Benefits earned after August 1, 1992 are reduced, on a subsidized basis. The normal form for single employees is a life annuity. Optional Forms: Straight life annuity, 50%, 75%, 100% contingent annuitant option, 5, 10, 15 years certain and life annuity.

SCHEDULE SB ATTACHMENTS

Optional Form of Payment Conversion Factors

Annual pension benefit is converted from a life annuity form of payment to an optional form of payment using the following conversion factors:

(i) Joint and Survivor Annuity Option:

a) For 50% Joint and Survivor (where Survivor is not the Participant's Spouse):
0.88 + .005 x (Age of Joint Annuitant – Age of Participant)

b) For 75% Joint and Survivor (where Survivor is not the Participant's Spouse):
0.83 + .005 x (Age of Joint Annuitant – Age of Participant)

c) For 100% Joint and Survivor (where Survivor is not the Participant's Spouse):
0.79 + .005 x (Age of Joint Annuitant – Age of Participant)

d) For 50% Joint and Survivor (where Survivor is the Participant's Spouse):
0.94 + .0025 x (Age of Spouse – Age of Participant)

e) For 75% Joint and Survivor (where Survivor is the Participant's Spouse):
0.83 + .005 x (Age of Spouse – Age of Participant)

f) For 100% Joint and Survivor (where Survivor is the Participant's Spouse):
0.79 + .005 x (Age of Spouse– Age of Participant)

(ii) Years Certain and Life Income Option is converted using 8% interest rate and UP-1984 mortality table with no adjustments

Maximum on Benefits and Pay

All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes become effective.

Future Plan Changes

No future plan changes were recognized in determining minimum and maximum contributions

Changes in Benefits Valued since Prior Year

There were no changes in benefits valued from the prior year.

Retirement Plan for Employees of Cambrex Corporation

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

EIN: 22-2476135 **Plan Number: 006**

December 31, 2025 (In Liquidation)

	(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
	Common Collective Trusts				
		State Street Bank and Trust Company	5-20 Year US High Quality Corporate Bond	$ 15,996,303	$ 16,480,006
		State Street Bank and Trust Company	20+ Year US High Quality Corporate Bond	12,989,737	13,132,292
		State Street Bank and Trust Company	Long US Government Index Fund	7,672,615	7,381,439
		State Street Bank and Trust Company	Russell 1000 Index Non Lending Fund	713,117	2,453,734
		State Street Bank and Trust Company	Daily MSCI ACWI X US NL Fund	628,057	1,237,478
		State Street Bank and Trust Company	Russell 2000 Index Fund	209,446	406,776
	Total Common Collective Trusts			38,209,275	41,091,725
	Money Market Mutual Fund				
*		Wilmington Trust	Wilmington US Treasury Money Market	302,145	302,145
	Group Annuity Contract				
*		Metropolitan Life Insurance Company	Group Annuity Contract	1,859,587	1,859,587
	Total			$ 40,371,007	$ 43,253,457

* Party-in-interest, as defined by ERISA.

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 32
Schedule of Amortization Bases
as of January 1, 2025

	Type of Base	Date Established	Initial Amount	Remaining Amortization Period (Years)	Outstanding Balance	Amortization Payment
1.	Shortfall	01/01/2025	1,073,615	15.00000	1,073,615	100,104
2.	Shortfall	01/01/2024	(1,466,668)	14.00000	(1,366,446)	(133,438)
3.	Shortfall	01/01/2023	1,682,454	13.00000	1,499,188	154,080
Total					1,206,357	120,746

Plan Name: Retirement Plan for Employees of Cambrex Corporation
EIN / PN: 22-2476135/006
Plan Sponsor: Cambrex Corporation
Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 24
Change in Actuarial Assumptions

The assumed plan-related expenses added to the target normal cost were changed from $40,000 for 2024 to $55,000 for 2025. The method to determine the assumed plan-related expenses is unchanged.