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
EDW. C. LEVY CO. HOURLY EMPLOYEES' RETIREMENT INCOME PLAN

1b Three-digit plan number (PN) ▶ 334

1c Effective date of plan 01/01/1962

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)
EDW. C. LEVY CO.

9300 DIX AVENUE
DEARBORN, MI 48120

2b Employer Identification Number (EIN) 38-1253012

2c Plan Sponsor's telephone number 313-429-2200

2d Business code (see instructions) 238900

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	JOHN EDWARDS
	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**	246
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)**	4
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	3
b	Retired or separated participants receiving benefits	**6b**	137
c	Other retired or separated participants entitled to future benefits	**6c**	36
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	176
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	62
f	Total. Add lines **6d** and **6e**.	**6f**	238
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

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

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

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

Receipt Confirmation Code_____

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

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

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

A Name of plan
EDW. C. LEVY CO. HOURLY EMPLOYEES' RETIREMENT INCOME PLAN

B Three-digit plan number (PN) ▶ 334

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
EDW. C. LEVY CO.

D Employer Identification Number (EIN)
38-1253012

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**	23801349
b Actuarial value	**2b**	24127830

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	197	16063905	16063905
b For terminated vested participants	45	1852181	1852181
c For active participants	4	1145062	1145062
d Total	246	19061148	19061148

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**	16795
b Expected plan-related expenses	**6b**	69655
c Target normal cost	**6c**	86450

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

09/18/2026
Date

TIMOTHY W. HEDLUND
Type or print name of actuary

26-04791
Most recent enrollment number

AON CONSULTING, INC.
Firm name

314-719-3803
Telephone number (including area code)

4220 DUNCAN AVE, SUITE 401
ST LOUIS, MO 63110

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	7720990
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	210124
9	Amount remaining (line 7 minus line 8)	0	7510866
10	Interest on line 9 using prior year's actual return of 1.01 %	0	75860
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 5.04 %		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	7586726

Part III Funding Percentages

14	Funding target attainment percentage	14	86.77 %
15	Adjusted funding target attainment percentage	15	126.58 %
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	94.84 %
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**	65

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**	86450
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	2520044	247411
b Waiver amortization installment	0	

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____)_and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	333861

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	334344	334344

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 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
EDW. C. LEVY CO. HOURLY EMPLOYEES' RETIREMENT INCOME PLAN

B Three-digit plan number (PN) ▶ 334

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
EDW. C. LEVY CO.

D Employer Identification Number (EIN)
38-1253012

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: EDWARD C. MASTER TRUST

b Name of sponsor of entity listed in (a): EDW C. LEVY CO

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)
38-1253012-002	M	24063279

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

a Plan name

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

a Plan name

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

a Plan name

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

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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
EDW. C. LEVY CO. HOURLY EMPLOYEES' RETIREMENT INCOME PLAN

B Three-digit plan number (PN) ▶ 334

C Plan sponsor's name as shown on line 2a of Form 5500
EDW. C. LEVY CO.

D Employer Identification Number (EIN)
38-1253012

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)		
(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)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)	23801349	24063279
(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)		
(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	23801349	24063279
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	23801349	24063279

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)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		0
(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)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		1884099
(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		1884099
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1596093	
(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)		1596093
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)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	26076	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		26076
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		1622169
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		261930
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: PLANTE & MORAN. PLLC **(2)** EIN: 33-1498605

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

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

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 587691.

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
EDW. C. LEVY CO. HOURLY EMPLOYEES' RETIREMENT INCOME PLAN

B Three-digit plan number (PN) ▶ 334

C Plan sponsor's name as shown on line 2a of Form 5500
EDW. C. LEVY CO.

D Employer Identification Number (EIN)
38-1253012

Part I Distributions

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions ..... | 1 | 0

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 04-3275867

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 | 0

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_____.

Edw. C. Levy Co. Hourly Employees' Retirement Income Plan

Financial Report

December 31, 2025

Edw. C. Levy Co. Hourly Employees' Retirement Income Plan

Contents

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Plante & Moran, PLLC
P.O. Box 307
3000 Town Center, Suite 100
Southfield, MI 48075
Tel: 248.352.2500
Fax: 248.352.0018
plantemoran.com

Independent Auditor's Report

To the Plan Administrator
Edw C Levy Co. Hourly Employees'
Retirement Income Plan

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

We have performed audits of the financial statements of Edw. C. Levy Co. Hourly Employees' Retirement Income Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statement of net assets available for benefits as of December 31, 2025 and 2024 and the related statement of changes in net assets available for benefits for the years then ended and the related notes to the financial statements.

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

Management has obtained certifications from a qualified institution as of December 31, 2025 and 2024 and for the years then ended stating that the certified investment information, as described in Note 5 to the financial statements, is complete and accurate.

Opinion

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

- The amounts and disclosures in the accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America (GAAP).
- The information in the accompanying financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

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 Audits 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.

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Responsibilities of Management for the Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern within one year after the date that the financial statements are issued or available to be issued.

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

Auditor's Responsibilities for the Audits of the Financial Statements

Except as described in the *Scope and Nature of the ERISA Section 103(a)(3)(C) Audits* 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 audits 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 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 audits in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audits.
- 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 audits in order to design audit procedures that are appropriate in the circumstances but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

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

Accordingly, the objective of the 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.

To the Plan Administrator
Edw C Levy Co. Hourly Employees'
Retirement Income Plan

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

Plante & Moran, PLLC

Southfield, Michigan
October 6, 2026

Edw. C. Levy Co. Hourly Employees' Retirement Income Plan

Statement of Net Assets Available for Benefits

December 31, 2025 and 2024

	2025	2024
Assets - Investments at fair value - Plan interest in Edward C. Levy Master Trust at fair value	**$ 24,063,279**	**$ 23,801,349**

See notes to financial statements.

Edw. C. Levy Co. Hourly Employees' Retirement Income Plan

Statement of Changes in Net Assets Available for Benefits

Years Ended December 31, 2025 and 2024

	2025	2024
Additions		
Investment income - Change in plan interest in Edward C. Levy Master Trust	$ 1,961,499	$ 306,723
Other income - Net	1,143	1,430
Total additions	1,962,642	308,153
Deductions		
Benefits paid directly to participants or beneficiaries	1,596,093	1,606,062
Administrative expenses	104,619	111,886
Total deductions	1,700,712	1,717,948
Net Increase (Decrease)	261,930	(1,409,795)
Net Assets Available for Benefits		
Beginning of year	23,801,349	25,211,144
End of year	**$ 24,063,279**	**$ 23,801,349**

See notes to financial statements.

Note 1 - Plan Description

The following description of Edw. C. Levy Co. Hourly Employees' Retirement Income Plan (the "Plan") provides only general information. Participants should refer to the plan agreement for a more complete description of the Plan's provisions.

The Plan is a defined benefit plan covering hourly employees who are members of Operating Engineers Local 324. The Plan is entirely funded by Edw. C. Levy Co. and affiliates (collectively, the "Companies") who are required to provide assets sufficient to meet the benefits to be paid to participants. The Plan has met the minimum funding requirements of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

Effective June 1, 2000, the Plan was amended such that it no longer permits new participants.

Eligibility and Vesting

An employee receives credit for one year of service for each plan year in which at least 1,000 hours of service are worked. An employee is vested in the Plan after five years of service, as defined in the plan agreement.

Pension Benefits

Eligible employees with five or more years of service are entitled to normal annual pension benefits beginning at the participant’s retirement age of 62 or at an early retirement age of 55 at a reduced rate, as described in the plan agreement. The individual pension benefit is based on the pension benefit formula provided by the Plan, which considers years of service and the benefit level in effect at the date of determination.

Termination

Although there is no present intent to terminate the Plan, should the Plan terminate at some future time, its net assets generally will not be available on a pro rata basis to provide participants' benefits. Whether a particular participant's accumulated plan benefits will be paid depends on both the priority of those benefits and the level of benefits guaranteed by the Pension Benefit Guaranty Corporation (PBGC) at that time. Some benefits may be fully or partially provided for by the then-existing assets and the PBGC guarantee, while other benefits may not be provided for at all.

Party-in-interest Transactions

Certain plan assets are in investment funds managed by Fidelity Management Trust Company (the "Trustee") or its affiliates. These transactions qualify as party-in-interest transactions, as defined under ERISA guidelines.

Funding

Contributions are made by the Companies in actuarially determined amounts. The Companies' policy is to make contributions necessary to satisfy ERISA funding standards. The Companies' minimum funding contribution requirements for the 2025 and 2024 plan years have been met. Additional contributions exceeding the minimum funding requirements of ERISA can be made to the Plan at the discretion of the Companies.

Note 2 - Summary of Significant Accounting Policies

Investment Valuation and Income Recognition

The fair value of the Plan's interest in the Edward C. Levy Master Trust (the "Master Trust") is based on the beginning of year value of the Plan's interest in the trust plus actual contributions and allocated investment income less actual distributions and allocated administrative expenses. The Master Trust's investments are stated at fair value.

Note 2 - Summary of Significant Accounting Policies (Continued)

The Master Trust's investments in closely held investment funds are valued at net asset value per share (NAV) (or its equivalent) of the funds, which is based on the fair value of the funds' underlying assets. The Master Trust's investment in debt securities, which include corporate securities, asset- and mortgage-backed securities, and treasury and municipal securities, is valued using quoted market prices and/or other market data for the same or comparable instruments and transactions in establishing the prices, discounted cash flow models, and other pricing models. These models are primarily industry-standard models that consider various assumptions, including time value and yield curve, as well as other relevant economic measures. All other investments are valued based on quoted market prices reported in active markets. See Note 6 for additional information.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded as earned. Dividends are recorded on the ex-dividend date.

Contributions

Contributions receivable represent amounts to be paid by the Companies subsequent to year end.

Benefit Payments

Distributions are recorded when paid.

Administrative Expenses

The Companies pay certain administrative expenses on behalf of the Plan. Therefore, these transactions qualify as party-in-interest transactions, as defined under ERISA guidelines.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of additions and deductions during the reporting period. Actual results could differ from those estimates.

Actuarial Assumptions

The actuarial present value of accumulated plan benefits is determined by an actuary and is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money and probability of payment between the valuation date and the expected date of payment.

The significant actuarial assumptions used in the valuation of the Plan at December 31, 2024 are summarized as follows:

Actuarial cost method	Standard unit credit cost method
Assumed rate of return	5.5 percent per annum
Mortality basis	Amounts-weighted aggregate rates from the Pri-2012 mortality study projected generationally from 2012 using Scale MP-2021 to reflect anticipated near-term and long-term endemic effects of COVID-19

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

Note 2 - Summary of Significant Accounting Policies (Continued)

Risks and Uncertainties

Contributions to the Plan and the accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates, and employee demographics. Due to the changing nature of these assumptions, it is at least reasonably possible that changes in these assumptions will occur in the near term and, due to the uncertainties inherent in setting assumptions, that the effect of such changes could be material to the financial statements. Investment securities are exposed to various risks, such as interest rate, market, and credit risks. It is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the financial statements.

Subsequent Events

The financial statements and related disclosures include evaluation of events up through and including October 6, 2026, which is the date the financial statements were available to be issued.

Note 3 - Tax Status

The Plan has received a determination letter from the Internal Revenue Service indicating that the Plan, as designed, is qualified for tax-exempt treatment under the applicable section of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the determination letter, management believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC.

Note 4 - Accumulated Plan Benefits

The actuarial present value of accumulated plan benefits is determined by consulting actuaries. The calculation of the actuarial present value of accumulated plan benefits attributable to participants in the Plan, which was made as of and for the year ended December 31, 2024, the most recent actuarial valuation, is as follows:

Actuarial present value of accumulated plan benefits - Vested benefits:	
Participants currently receiving benefit payments	$ 15,860,328
Other vested participants	2,989,615
Total actuarial present value of accumulated plan benefits	$ 18,849,943

A summary of significant changes in the actuarial present value of accumulated plan benefits during the year ended December 31, 2024 is as follows:

Actuarial present value of accumulated plan benefits - Beginning of year	$ 19,766,112
(Decrease) increase during the year attributable to:	
Other changes	(359,511)
Actuarial losses	1,043,513
Benefits paid	(1,606,062)
Changes in actuarial assumptions	5,891
Net decrease	(916,169)
Actuarial present value of accumulated plan benefits - End of year	$ 18,849,943

Note 5 - Certified Information

The Trustee holds certain of the Master Trust's investments and executes all investment transactions. The investment balances and related investment income and losses included in the accompanying financial statements, including master trust information included in Note 7, are based solely on information certified by the Trustee.

Note 6 - Fair Value Measurements

Accounting standards require certain assets and liabilities be reported at fair value in the financial statements and provide a framework for establishing that fair value. The framework for determining fair value is based on a hierarchy that prioritizes the valuation techniques and inputs used to measure fair value.

Level 1

Fair values determined by Level 1 inputs use quoted prices in active markets for identical assets that the Master Trust has the ability to access.

Level 2

Fair values determined by Level 2 inputs use other inputs that are observable, either directly or indirectly. These Level 2 inputs include quoted prices for similar assets in active markets, quoted prices for identical or similar assets in markets that are not active, and inputs other than quoted prices that are observable for the asset.

Level 3

Level 3 inputs are unobservable inputs, including inputs that are available in situations where there is little, if any, market activity for the related asset.

In instances where inputs used to measure fair value fall into different levels of the fair value hierarchy, fair value measurements in their entirety are categorized based on the lowest level input that is significant to the valuation. The Master Trust's assessment of the significance of particular inputs to these fair value measurements requires judgment and considers factors specific to each asset.

The following tables present information about the Master Trust's assets measured at fair value on a recurring basis at December 31, 2025 and 2024:

	Master Trust Investments at December 31, 2025		
	Master Trust Balances	Level 1	Level 2
Investments at fair value:			
Mutual funds	$ 14,404,590	$ 14,404,590	$ -
Money market fund	772,803	772,803	-
Debt securities:			
Corporate	118,173,201	-	118,173,201
Asset and mortgage backed	7,029,861	-	7,029,861
Treasury and municipal	8,677,813	-	8,677,813
Total	149,058,268	$ 15,177,393	$ 133,880,875
Investments measured at NAV:			
Hatteras Multi-Strategy Institutional Fund (1)	1,348		
RMWC Direct Lending Opportunities Fund III, LP (2)	875,588		
Total investments at fair value	$ 149,935,204		

Note 6 - Fair Value Measurements (Continued)

	Master Trust Investments at December 31, 2024		
	Master Trust Balances	Level 1	Level 2
Investments at fair value:			
Mutual funds	$ 12,402,495	$ 12,402,495	$ -
Money market fund	808,656	808,656	-
Corporate	120,999,785	-	120,999,785
Asset and mortgage backed	3,851,070	-	3,851,070
Treasury and municipal	4,694,424	-	4,694,424
Total	142,756,430	$ 13,211,151	$ 129,545,279
Investments measured at NAV:			
Hatteras Multi-Strategy Institutional Fund (1)	1,348		
RMWC Direct Lending Opportunities Fund III, LP (2)	887,669		
Total investments at fair value	$ 143,645,447		

(1) The investment fund's investment objective is to provide capital appreciation consistent with the return characteristic of the alternative investment portfolio of larger endowments through investments in the six asset classes of opportunistic equity, enhanced fixed income, absolute return, real estate, private equity, and energy and natural resources. The secondary objective is to achieve capital appreciation with less volatility than that of equity markets. The fund allows no redemptions other than at the fund manager's option, and redemptions will be no more frequent than quarterly. The fund has quarterly liquidity with an approximately 65-day notice period. The Master Trust has no unfunded commitments related to this investment.

(2) The investment fund's objective is to invest in short-term, first lien, loan to value secured bridge loans to commercial real estate entities. In addition to the bridge loans, the fund may also make senior or scenario secured loans that have similar characteristics and from time to time may make equity investments, primarily in real estate-related business and holding companies. The fund generally does not allow for redemptions, and it is estimated that the underlying assets of the fund would be liquidated over three to five years. The Master Trust has no unfunded commitments related to this investment.

Note 7 - Interest in Master Trust

The Plan's investments are in the Master Trust, which was established for the investment of assets of the Plan and one other Edw. C. Levy Co.-sponsored benefit plan. Each participating benefit plan has an undivided interest in the Master Trust. The assets of the Master Trust are held by the Trustee.

At December 31, 2025 and 2024, the Plan's interest in the net assets of the Master Trust was approximately 16 percent.

Investment income and administrative expenses relating to the Master Trust are allocated to the individual plans based upon average monthly balances invested by each plan.

Note 7 - Interest in Master Trust (Continued)

The net assets of the Master Trust and the Plan's interest in master trust balances at December 31, 2025 and 2024 are as follows:

	2025		2024	
	Master Trust Balances	Plan's Interest in Master Trust Balances	Master Trust Balances	Plan's Interest in Master Trust Balances
Investments:				
Mutual funds	$ 14,404,590	$ 2,299,606	$ 12,402,495	$ 2,041,570
Money market funds	772,803	123,373	808,656	133,113
Debt securities:				
Corporate	118,173,201	18,865,639	120,999,785	19,917,730
Asset and mortgage backed	7,029,861	1,122,275	3,851,070	633,923
Treasury and municipal	8,677,813	1,385,361	4,694,424	772,747
Private investment funds	876,936	139,998	889,017	146,341
Total master trust investments	149,935,204	23,936,252	143,645,447	23,645,424
Other assets	917,093	146,408	1,068,637	175,908
Total master trust assets	150,852,297	24,082,660	144,714,084	23,821,332
Total master trust liabilities - Other payables	(121,399)	(19,381)	(121,399)	(19,983)
Total master trust net assets	$ 150,730,898	$ 24,063,279	$ 144,592,685	$ 23,801,349

The investment income for the Master Trust for the years ended December 31, 2025 and 2024 is as follows:

	2025	2024
Net realized and unrealized gains on investments	$ 11,908,550	$ 1,544,875
Interest and dividends	254,211	277,585
Total investment income	$ 12,162,761	$ 1,822,460

Schedule SB Attachment (Form 5500) —2025 Plan Year
Edw. C. Levy Co. Hourly Employees' Retirement Income Plan
EIN: 38-1253012 PN: 334

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

Number of Participants

Attained Age	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25										
25-29										
30-34										
35-39										
40-44										
45-49										
50-54										
55-59							1			
60-64									2	
65-69									1	
70+										

N-4

Schedule SB Attachment (Form 5500) —2025 Plan Year
Edw. C. Levy Co. Hourly Employees' Retirement Income Plan
EIN: 38-1253012 PN: 334

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

Interest Rates for Minimum Funding Purposes	Based on segment rates with a four-month lookback (as of September 2024), each adjusted as needed to fall within the 25-year average interest rate stabilization corridor under ARPA.
1st Segment Rate	5.07%
2nd Segment Rate	5.31%
3rd Segment Rate	5.50%
Interest Rates for Maximum Tax Purposes	Based on segment rates with a four-month lookback (as of September 2024), without regard to interest rate stabilization.
1st Segment Rate	5.07%
2nd Segment Rate	5.33%
3rd Segment Rate	5.36%
Retirement Age	
Active Participants	See Table 1
Terminated Vested Participants	Age 62
Mortality Rates	
Healthy and Disabled	2012 base mortality rates for annuitants and non-annuitants per §1.430(h)(3)-1(d), projected generationally for years beyond 2012 using IRS-prescribed mortality improvement rates per §1.430(h)(3)-1(b)(iii).
Withdrawal Rates	See Table 2
Disability Rates	See Table 3
Decrement Timing	Middle of year decrements (except that retirement is assumed to occur at the beginning of the year for ages where the assumed retirement rate is 100%).
Surviving Spouse Benefit	It is assumed that 100% of males and 100% of females have an eligible spouse, and that males are three years older than their spouses.
Benefit Limits	Projected benefits are limited by the current IRC section 415 maximum benefit of $280,000.

Schedule SB Attachment (Form 5500) —2025 Plan Year
Edw. C. Levy Co. Hourly Employees' Retirement Income Plan
EIN: 38-1253012 PN: 334

Valuation of Plan Assets	Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value. A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii).
Expected Return on Assets	
2023 Plan Year	4.50%
2024 Plan Year	5.50%
2025 Plan Year	5.50%
Trust Expenses Included in Target Normal Cost	$69,655
Actuarial Method	Standard unit credit cost method
Valuation Date	January 1, 2025

Table 1

Retirement Rates

	Years of Service		
Age	**0 — 4**	**5 — 29**	**30+**
55	0.00%	0.00%	0.00%
56	0.00%	0.00%	0.00%
57	0.00%	0.00%	15.00%
58	0.00%	0.00%	8.00%
59	0.00%	0.00%	8.00%
60	0.00%	0.00%	8.00%
61	0.00%	0.00%	8.00%
62	0.00%	25.00%	25.00%
63	0.00%	10.00%	10.00%
64	0.00%	10.00%	10.00%
65+	100.00%	100.00%	100.00%

Table 2

Withdrawal Rates

Age	Rate
20	9.90%
21	9.10%
22	8.30%
23	7.50%
24	6.70%
25	5.90%
26	5.30%
27	4.70%
28	4.10%
29	3.50%
30	2.90%
31	2.50%
32	2.10%
33	1.70%
34	1.30%
35	0.90%
36	0.72%
37	0.54%
38	0.36%
39	0.18%
40+	0.00%

Table 3

Disability Rates

Age	Rate	Age	Rate
20	0.0301%	50	0.3030%
21	0.0328%	51	0.3362%
22	0.0354%	52	0.3727%
23	0.0379%	53	0.4127%
24	0.0404%	54	0.4566%
25	0.0427%	55	0.5045%
26	0.0451%	56	0.5567%
27	0.0474%	57	0.6134%
28	0.0498%	58	0.6749%
29	0.0523%	59	0.7415%
30	0.0550%	60	0.8134%
31	0.0580%	61	0.8910%
32	0.0612%	62	0.9745%
33	0.0649%	63	1.0643%
34	0.0690%	64	1.1605%
35	0.0737%	65+	0.0000%
36	0.0792%		
37	0.0854%		
38	0.0925%		
39	0.1007%		
40	0.1005%		
41	0.1208%		
42	0.1329%		
43	0.1467%		
44	0.1622%		
45	0.1798%		
46	0.1994%		
47	0.2213%		
48	0.2458%		
49	0.2729%		

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
EDW. C. LEVY CO. HOURLY EMPLOYEES' RETIREMENT INCOME PLAN

B Three-digit plan number (PN) ▶ 334

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
EDW. C. LEVY CO.

D Employer Identification Number (EIN)
38-1253012

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**	23,801,349
b Actuarial value	**2b**	24,127,830

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	197	16,063,905	16,063,905
b For terminated vested participants	45	1,852,181	1,852,181
c For active participants	4	1,145,062	1,145,062
d Total	246	19,061,148	19,061,148

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**	16,795
b Expected plan-related expenses	**6b**	69,655
c Target normal cost	**6c**	86,450

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 TIMOTHY W. HEDLUND

Signature of actuary

09/18/2026
Date

TIMOTHY W. HEDLUND
Type or print name of actuary

2604791
Most recent enrollment number

AON CONSULTING, INC.
Firm name

314-719-3803
Telephone number (including area code)

4220 Duncan Ave, Suite 401

St Louis MO 63110
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	7,720,990
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	210,124
9	Amount remaining (line 7 minus line 8)	0	7,510,866
10	Interest on line 9 using prior year's actual return of 1.01 %	0	75,860
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 5.04 %		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	7,586,726

Part III Funding Percentages

14	Funding target attainment percentage	14	86.77 %
15	Adjusted funding target attainment percentage	15	126.58 %
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	94.84 %
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**	65

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**	86,450
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	2,520,044	247,411
b Waiver amortization installment	0	

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	333,861

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	334,344	334,344

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 Attachment (Form 5500) —2025 Plan Year
Edw. C. Levy Co. Hourly Employees' Retirement Income Plan
EIN: 38-1253012 PN: 334

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

The average retirement age shown in line 22 has been calculated by the valuation system assuming the following retirement probabilities, given that other decrement rates may also be applied simultaneously along with retirement.

(a) Age	(b) Retirement Probability	(c) Expected Retirements	(d) Product (a) × (c)
62	16.61%	0.49	30.31
63	10.00%	0.24	15.19
64	10.00%	0.21	13.65
65	100.00%	1.88	122.44
66	100.00%	1.00	66.00
	Total	3.83	247.59
	Weighted Average		64.70

Schedule SB Attachment (Form 5500) —2025 Plan Year
Edw. C. Levy Co. Hourly Employees' Retirement Income Plan
EIN: 38-1253012 PN: 334

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

Interest Rates for Minimum Funding Purposes	Based on segment rates with a four-month lookback (as of September 2024), each adjusted as needed to fall within the 25-year average interest rate stabilization corridor under ARPA.
1st Segment Rate	5.07%
2nd Segment Rate	5.31%
3rd Segment Rate	5.50%
Interest Rates for Maximum Tax Purposes	Based on segment rates with a four-month lookback (as of September 2024), without regard to interest rate stabilization.
1st Segment Rate	5.07%
2nd Segment Rate	5.33%
3rd Segment Rate	5.36%
Retirement Age	
Active Participants	See Table 1
Terminated Vested Participants	Age 62
Mortality Rates	
Healthy and Disabled	2012 base mortality rates for annuitants and non-annuitants per §1.430(h)(3)-1(d), projected generationally for years beyond 2012 using IRS-prescribed mortality improvement rates per §1.430(h)(3)-1(b)(iii).
Withdrawal Rates	See Table 2
Disability Rates	See Table 3
Decrement Timing	Middle of year decrements (except that retirement is assumed to occur at the beginning of the year for ages where the assumed retirement rate is 100%).
Surviving Spouse Benefit	It is assumed that 100% of males and 100% of females have an eligible spouse, and that males are three years older than their spouses.
Benefit Limits	Projected benefits are limited by the current IRC section 415 maximum benefit of $280,000.

Schedule SB Attachment (Form 5500) —2025 Plan Year
Edw. C. Levy Co. Hourly Employees' Retirement Income Plan
EIN: 38-1253012 PN: 334

Valuation of Plan Assets	Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value. A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii).
Expected Return on Assets	
2023 Plan Year	4.50%
2024 Plan Year	5.50%
2025 Plan Year	5.50%
Trust Expenses Included in Target Normal Cost	$69,655
Actuarial Method	Standard unit credit cost method
Valuation Date	January 1, 2025

Schedule SB Attachment (Form 5500) —2025 Plan Year
Edw. C. Levy Co. Hourly Employees' Retirement Income Plan
EIN: 38-1253012 PN: 334

Table 1

Retirement Rates

	Years of Service		
Age	**0 — 4**	**5 — 29**	**30+**
55	0.00%	0.00%	0.00%
56	0.00%	0.00%	0.00%
57	0.00%	0.00%	15.00%
58	0.00%	0.00%	8.00%
59	0.00%	0.00%	8.00%
60	0.00%	0.00%	8.00%
61	0.00%	0.00%	8.00%
62	0.00%	25.00%	25.00%
63	0.00%	10.00%	10.00%
64	0.00%	10.00%	10.00%
65+	100.00%	100.00%	100.00%

Table 2

Withdrawal Rates

Age	Rate
20	9.90%
21	9.10%
22	8.30%
23	7.50%
24	6.70%
25	5.90%
26	5.30%
27	4.70%
28	4.10%
29	3.50%
30	2.90%
31	2.50%
32	2.10%
33	1.70%
34	1.30%
35	0.90%
36	0.72%
37	0.54%
38	0.36%
39	0.18%
40+	0.00%

Schedule SB Attachment (Form 5500) —2025 Plan Year
Edw. C. Levy Co. Hourly Employees' Retirement Income Plan
EIN: 38-1253012 PN: 334

Table 3

Disability Rates

Age	Rate	Age	Rate
20	0.0301%	50	0.3030%
21	0.0328%	51	0.3362%
22	0.0354%	52	0.3727%
23	0.0379%	53	0.4127%
24	0.0404%	54	0.4566%
25	0.0427%	55	0.5045%
26	0.0451%	56	0.5567%
27	0.0474%	57	0.6134%
28	0.0498%	58	0.6749%
29	0.0523%	59	0.7415%
30	0.0550%	60	0.8134%
31	0.0580%	61	0.8910%
32	0.0612%	62	0.9745%
33	0.0649%	63	1.0643%
34	0.0690%	64	1.1605%
35	0.0737%	65+	0.0000%
36	0.0792%		
37	0.0854%		
38	0.0925%		
39	0.1007%		
40	0.1005%		
41	0.1208%		
42	0.1329%		
43	0.1467%		
44	0.1622%		
45	0.1798%		
46	0.1994%		
47	0.2213%		
48	0.2458%		
49	0.2729%		

Schedule SB, Part V — Summary of Plan Provisions

Eligibility	January 1, 1962 as last amended and restated effective January 1, 2012.
Eligibility Requirements for Participation	Any person employed by the company and represented by one of the following International Union of Operating Engineers, Local No. 324 Collective Bargaining Units: ● Edw. C. Levy Co. ● Asphalt Products Corporation ● Levy Mill Services ● Wayne Engineering ● Hatchet ● Liberty Sand and Gravel ● Lyon Sand and Gravel ● Lyon Sand Portable Wash Plant ● Oakland Sand and Gravel ● Springfield Sand and Gravel A covered employee participates on the first day of the month coincident with or next following the date he became a covered employee. ***Note:*** *No member of the Edw. C. Levy, Wayne Engineering, Asphalt Products or Hatchet Collective Bargaining Units who first performed an hour of service after December 31, 1997 shall be eligible to participate.*
Eligible Survivor	
Class A	The spouse of a deceased participant who was married for at least one year prior to the participant's death. A spouse's eligibility ceases upon remarriage.
Class B	An unmarried child of the participant who is under age 21.
Vested Service	An employee receives one year of vested service for each plan year in which he has 1,000 or more hours of service with the company. In certain circumstances, additional vested service may be credited for employment with the International Union of Operating Engineers prior to the date an employee participates in the plan or following termination of employment.

Credited Service	An employee receives one year of credited service for each plan year in which he has one year of vested service as a covered employee (or as a salaried employee under certain conditions).
Accrued Benefit	The amount of benefit determined under the normal retirement formula based on the employee's credited service and the benefit level in effect at date of determination. ***Note:*** *Any member of the Edw. C. Levy, Wayne Engineering, Asphalt Products or Hatchet Collective Bargaining Units who first performed an hour of service after December 31, 1997 shall accrue no benefits after December 31, 1997. Any member of the Oakland Sand & Gravel Collective Bargaining Unit who first performed an hour of service after December 31, 1999 shall accrue no benefits after December 31, 1999. Any member of the Lyon Sand & Gravel Portable Plant Collective Bargaining Unit who performed an hour of service after May 31, 2000 shall accrue no benefits after May 31, 2000.*
Benefit Type	
Normal Retirement	
Age	Age 62.
Service	Five years.
Benefit Formula	Monthly benefit equal to the sum of the appropriate benefit level multiplied by the applicable years of credited service. Benefit level varies by plan year and division as shown in Section D. If the participant is employed by Edw. C. Levy Company, Wayne Engineering, Asphalt Products or Hatchet and has attained age 57 and has 30 or more years of credited service, the monthly benefit shall not be less than the minimum benefits listed on Section E. If the participant has attained age 62 and has five or more years of credited service, the monthly benefit shall not be less than the minimum benefits listed on Section F.
Early Retirement	
Age	Age 55.
Service	Five years.

Benefit Formula	Accrued benefit reduced ½% for each full month by which benefit payments commence prior to normal retirement date. Reduction for Edw. C. Levy Co., Wayne Engineering, Asphalt Products and Hatchet is 5/12% for each full month by which benefit payments commence prior to normal retirement date.

Disability Death Benefit

Age	N/A.
Service	Ten years.
Benefit Formula	Permanently and totally disabled as determined by the Committee. Accrued benefit is payable without reduction after six months of disability.

Vesting

Age	N/A.
Service	Five years.
Benefit Formula	Accrued benefit at normal retirement date. Reduced benefit is available on or after age 55 using early retirement reduction factors.

Spouse Benefit for Preretirement Death

Age	N/A.
Service	Five years.
Benefit Formula	A monthly benefit is payable to the spouse of a married employee who has earned the right to a vested benefit. The amount of benefit is equal to 50% of the vested portion of the employee's accrued benefit reduced for payment prior to normal retirement date. The benefit is payable to the spouse on the first day of the month following the later of the date of the employee's death or the date the employee would have attained age 55. Alternatively, a monthly benefit is payable to the eligible survivors of a vested employee without an eligible spouse who dies before receiving any benefits from the plan. The amount of benefit is 50% of the accrued benefit payable immediately without reduction. Eligible survivors are unmarried children of the employee who are younger than 21.

Supplemental Survivor Benefit Death Benefit	A monthly benefit of $1,000 is payable to the spouse of a participant who has 10 or more years of service and dies while in service prior to age 65. The benefit is payable for 120 months or, if earlier, until the spouse's death or remarriage. Upon the death of the spouse, the benefit is divided equally among eligible surviving children for the remainder of the 120 month period. If only one eligible surviving child, benefit is limited to one-half of supplemental survivor benefit. The supplemental survivor benefit is reduced by other benefits payable under the plan, monthly Social Security benefits and any other company financed benefits.
Postretirement Death Benefit and Normal Form	Upon the death of a retired participant (excluding a disability retiree), his eligible survivor or eligible spouse will receive 50% of the participant's benefit. In addition, a lump-sum benefit of $1,000 is payable to the participant's beneficiary.

Plan Changes Since the Prior Year

The funding, financial accounting, and plan reporting valuations do not reflect any plan changes.

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

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

Schedule SB Attachment (Form 5500) —2025 Plan Year
Edw. C. Levy Co. Hourly Employees' Retirement Income Plan
EIN: 38-1253012 PN: 334

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

Number of Participants

Attained Age	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25										
25-29										
30-34										
35-39										
40-44										
45-49										
50-54										
55-59							1			
60-64									2	
65-69									1	
70+										

N-4

Schedule SB Attachment (Form 5500) —2025 Plan Year
Edw. C. Levy Co. Hourly Employees' Retirement Income Plan
EIN: 38-1253012 PN: 334

Schedule SB, line 32 — Schedule of Amortization Bases

Type of Base	Present Value of Installment	Date Established	Years Remaining	Amortization Installment
Shortfall	$ 1,585,862	January 1, 2023	13	$ 162,988
Shortfall	$ (607,507)	January 1, 2024	14	$ (59,325)
Shortfall	$ 1,541,689	January 1, 2025	15	$ 143,748

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
EDW. C. LEVY CO. HOURLY EMPLOYEES' RETIREMENT INCOME PLAN

B Three-digit plan number (PN) ▶ 334

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
EDW. C. LEVY CO.

D Employer Identification Number (EIN)
38-1253012

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**	23,801,349
b Actuarial value	**2b**	24,127,830

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	197	16,063,905	16,063,905
b For terminated vested participants	45	1,852,181	1,852,181
c For active participants	4	1,145,062	1,145,062
d Total	246	19,061,148	19,061,148

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**	16,795
b Expected plan-related expenses	**6b**	69,655
c Target normal cost	**6c**	86,450

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 TIMOTHY W. HEDLUND

Signature of actuary

09/18/2026
Date

TIMOTHY W. HEDLUND
Type or print name of actuary

2604791
Most recent enrollment number

AON CONSULTING, INC.
Firm name

314-719-3803
Telephone number (including area code)

4220 Duncan Ave, Suite 401

St Louis MO 63110
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	7,720,990
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	210,124
9	Amount remaining (line 7 minus line 8)	0	7,510,866
10	Interest on line 9 using prior year's actual return of 1.01 %	0	75,860
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 5.04 %		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	7,586,726

Part III Funding Percentages

14	Funding target attainment percentage	14	86.77 %
15	Adjusted funding target attainment percentage	15	126.58 %
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	94.84 %
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**	65

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**	86,450
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	2,520,044	247,411
b Waiver amortization installment	0	

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	333,861

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	334,344	334,344

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 Attachment (Form 5500) —2025 Plan Year
Edw. C. Levy Co. Hourly Employees' Retirement Income Plan
EIN: 38-1253012 PN: 334

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

The average retirement age shown in line 22 has been calculated by the valuation system assuming the following retirement probabilities, given that other decrement rates may also be applied simultaneously along with retirement.

(a) Age	(b) Retirement Probability	(c) Expected Retirements	(d) Product (a) × (c)
62	16.61%	0.49	30.31
63	10.00%	0.24	15.19
64	10.00%	0.21	13.65
65	100.00%	1.88	122.44
66	100.00%	1.00	66.00
	Total	3.83	247.59
	Weighted Average		64.70

Schedule SB Attachment (Form 5500) —2025 Plan Year
Edw. C. Levy Co. Hourly Employees' Retirement Income Plan
EIN: 38-1253012 PN: 334

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

Interest Rates for Minimum Funding Purposes	Based on segment rates with a four-month lookback (as of September 2024), each adjusted as needed to fall within the 25-year average interest rate stabilization corridor under ARPA.
1st Segment Rate	5.07%
2nd Segment Rate	5.31%
3rd Segment Rate	5.50%
Interest Rates for Maximum Tax Purposes	Based on segment rates with a four-month lookback (as of September 2024), without regard to interest rate stabilization.
1st Segment Rate	5.07%
2nd Segment Rate	5.33%
3rd Segment Rate	5.36%
Retirement Age	
Active Participants	See Table 1
Terminated Vested Participants	Age 62
Mortality Rates	
Healthy and Disabled	2012 base mortality rates for annuitants and non-annuitants per §1.430(h)(3)-1(d), projected generationally for years beyond 2012 using IRS-prescribed mortality improvement rates per §1.430(h)(3)-1(b)(iii).
Withdrawal Rates	See Table 2
Disability Rates	See Table 3
Decrement Timing	Middle of year decrements (except that retirement is assumed to occur at the beginning of the year for ages where the assumed retirement rate is 100%).
Surviving Spouse Benefit	It is assumed that 100% of males and 100% of females have an eligible spouse, and that males are three years older than their spouses.
Benefit Limits	Projected benefits are limited by the current IRC section 415 maximum benefit of $280,000.

Schedule SB Attachment (Form 5500) —2025 Plan Year
Edw. C. Levy Co. Hourly Employees' Retirement Income Plan
EIN: 38-1253012 PN: 334

Valuation of Plan Assets	Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value. A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii).
Expected Return on Assets	
2023 Plan Year	4.50%
2024 Plan Year	5.50%
2025 Plan Year	5.50%
Trust Expenses Included in Target Normal Cost	$69,655
Actuarial Method	Standard unit credit cost method
Valuation Date	January 1, 2025

Schedule SB Attachment (Form 5500) —2025 Plan Year
Edw. C. Levy Co. Hourly Employees' Retirement Income Plan
EIN: 38-1253012 PN: 334

Table 1

Retirement Rates

	Years of Service		
Age	**0 — 4**	**5 — 29**	**30+**
55	0.00%	0.00%	0.00%
56	0.00%	0.00%	0.00%
57	0.00%	0.00%	15.00%
58	0.00%	0.00%	8.00%
59	0.00%	0.00%	8.00%
60	0.00%	0.00%	8.00%
61	0.00%	0.00%	8.00%
62	0.00%	25.00%	25.00%
63	0.00%	10.00%	10.00%
64	0.00%	10.00%	10.00%
65+	100.00%	100.00%	100.00%

Table 2

Withdrawal Rates

Age	Rate
20	9.90%
21	9.10%
22	8.30%
23	7.50%
24	6.70%
25	5.90%
26	5.30%
27	4.70%
28	4.10%
29	3.50%
30	2.90%
31	2.50%
32	2.10%
33	1.70%
34	1.30%
35	0.90%
36	0.72%
37	0.54%
38	0.36%
39	0.18%
40+	0.00%

Schedule SB Attachment (Form 5500) —2025 Plan Year
Edw. C. Levy Co. Hourly Employees' Retirement Income Plan
EIN: 38-1253012 PN: 334

Table 3

Disability Rates

Age	Rate	Age	Rate
20	0.0301%	50	0.3030%
21	0.0328%	51	0.3362%
22	0.0354%	52	0.3727%
23	0.0379%	53	0.4127%
24	0.0404%	54	0.4566%
25	0.0427%	55	0.5045%
26	0.0451%	56	0.5567%
27	0.0474%	57	0.6134%
28	0.0498%	58	0.6749%
29	0.0523%	59	0.7415%
30	0.0550%	60	0.8134%
31	0.0580%	61	0.8910%
32	0.0612%	62	0.9745%
33	0.0649%	63	1.0643%
34	0.0690%	64	1.1605%
35	0.0737%	65+	0.0000%
36	0.0792%		
37	0.0854%		
38	0.0925%		
39	0.1007%		
40	0.1005%		
41	0.1208%		
42	0.1329%		
43	0.1467%		
44	0.1622%		
45	0.1798%		
46	0.1994%		
47	0.2213%		
48	0.2458%		
49	0.2729%		

Schedule SB, Part V — Summary of Plan Provisions

Eligibility	January 1, 1962 as last amended and restated effective January 1, 2012.
Eligibility Requirements for Participation	Any person employed by the company and represented by one of the following International Union of Operating Engineers, Local No. 324 Collective Bargaining Units: ● Edw. C. Levy Co. ● Asphalt Products Corporation ● Levy Mill Services ● Wayne Engineering ● Hatchet ● Liberty Sand and Gravel ● Lyon Sand and Gravel ● Lyon Sand Portable Wash Plant ● Oakland Sand and Gravel ● Springfield Sand and Gravel A covered employee participates on the first day of the month coincident with or next following the date he became a covered employee. ***Note:*** *No member of the Edw. C. Levy, Wayne Engineering, Asphalt Products or Hatchet Collective Bargaining Units who first performed an hour of service after December 31, 1997 shall be eligible to participate.*
Eligible Survivor	
Class A	The spouse of a deceased participant who was married for at least one year prior to the participant's death. A spouse's eligibility ceases upon remarriage.
Class B	An unmarried child of the participant who is under age 21.
Vested Service	An employee receives one year of vested service for each plan year in which he has 1,000 or more hours of service with the company. In certain circumstances, additional vested service may be credited for employment with the International Union of Operating Engineers prior to the date an employee participates in the plan or following termination of employment.

Credited Service	An employee receives one year of credited service for each plan year in which he has one year of vested service as a covered employee (or as a salaried employee under certain conditions).
Accrued Benefit	The amount of benefit determined under the normal retirement formula based on the employee's credited service and the benefit level in effect at date of determination. ***Note:*** *Any member of the Edw. C. Levy, Wayne Engineering, Asphalt Products or Hatchet Collective Bargaining Units who first performed an hour of service after December 31, 1997 shall accrue no benefits after December 31, 1997. Any member of the Oakland Sand & Gravel Collective Bargaining Unit who first performed an hour of service after December 31, 1999 shall accrue no benefits after December 31, 1999. Any member of the Lyon Sand & Gravel Portable Plant Collective Bargaining Unit who performed an hour of service after May 31, 2000 shall accrue no benefits after May 31, 2000.*
Benefit Type	
Normal Retirement	
Age	Age 62.
Service	Five years.
Benefit Formula	Monthly benefit equal to the sum of the appropriate benefit level multiplied by the applicable years of credited service. Benefit level varies by plan year and division as shown in Section D. If the participant is employed by Edw. C. Levy Company, Wayne Engineering, Asphalt Products or Hatchet and has attained age 57 and has 30 or more years of credited service, the monthly benefit shall not be less than the minimum benefits listed on Section E. If the participant has attained age 62 and has five or more years of credited service, the monthly benefit shall not be less than the minimum benefits listed on Section F.
Early Retirement	
Age	Age 55.
Service	Five years.

Benefit Formula	Accrued benefit reduced ½% for each full month by which benefit payments commence prior to normal retirement date. Reduction for Edw. C. Levy Co., Wayne Engineering, Asphalt Products and Hatchet is 5/12% for each full month by which benefit payments commence prior to normal retirement date.

Disability Death Benefit

Age	N/A.
Service	Ten years.
Benefit Formula	Permanently and totally disabled as determined by the Committee. Accrued benefit is payable without reduction after six months of disability.

Vesting

Age	N/A.
Service	Five years.
Benefit Formula	Accrued benefit at normal retirement date. Reduced benefit is available on or after age 55 using early retirement reduction factors.

Spouse Benefit for Preretirement Death

Age	N/A.
Service	Five years.
Benefit Formula	A monthly benefit is payable to the spouse of a married employee who has earned the right to a vested benefit. The amount of benefit is equal to 50% of the vested portion of the employee's accrued benefit reduced for payment prior to normal retirement date. The benefit is payable to the spouse on the first day of the month following the later of the date of the employee's death or the date the employee would have attained age 55. Alternatively, a monthly benefit is payable to the eligible survivors of a vested employee without an eligible spouse who dies before receiving any benefits from the plan. The amount of benefit is 50% of the accrued benefit payable immediately without reduction. Eligible survivors are unmarried children of the employee who are younger than 21.

Supplemental Survivor Benefit Death Benefit	A monthly benefit of $1,000 is payable to the spouse of a participant who has 10 or more years of service and dies while in service prior to age 65. The benefit is payable for 120 months or, if earlier, until the spouse's death or remarriage. Upon the death of the spouse, the benefit is divided equally among eligible surviving children for the remainder of the 120 month period. If only one eligible surviving child, benefit is limited to one-half of supplemental survivor benefit. The supplemental survivor benefit is reduced by other benefits payable under the plan, monthly Social Security benefits and any other company financed benefits.
Postretirement Death Benefit and Normal Form	Upon the death of a retired participant (excluding a disability retiree), his eligible survivor or eligible spouse will receive 50% of the participant's benefit. In addition, a lump-sum benefit of $1,000 is payable to the participant's beneficiary.

Plan Changes Since the Prior Year

The funding, financial accounting, and plan reporting valuations do not reflect any plan changes.

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

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

Schedule SB Attachment (Form 5500) —2025 Plan Year
Edw. C. Levy Co. Hourly Employees' Retirement Income Plan
EIN: 38-1253012 PN: 334

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

Number of Participants

Attained Age	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25										
25-29										
30-34										
35-39										
40-44										
45-49										
50-54										
55-59							1			
60-64									2	
65-69									1	
70+										

N-4

Schedule SB Attachment (Form 5500) —2025 Plan Year
Edw. C. Levy Co. Hourly Employees' Retirement Income Plan
EIN: 38-1253012 PN: 334

Schedule SB, line 32 — Schedule of Amortization Bases

Type of Base	Present Value of Installment	Date Established	Years Remaining	Amortization Installment
Shortfall	$ 1,585,862	January 1, 2023	13	$ 162,988
Shortfall	$ (607,507)	January 1, 2024	14	$ (59,325)
Shortfall	$ 1,541,689	January 1, 2025	15	$ 143,748

Schedule SB Attachment (Form 5500) —2025 Plan Year
Edw. C. Levy Co. Hourly Employees' Retirement Income Plan
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Schedule SB, line 22 — Description of Weighted Average Retirement Age

The average retirement age shown in line 22 has been calculated by the valuation system assuming the following retirement probabilities, given that other decrement rates may also be applied simultaneously along with retirement.

(a) Age	(b) Retirement Probability	(c) Expected Retirements	(d) Product (a) × (c)
62	16.61%	0.49	30.31
63	10.00%	0.24	15.19
64	10.00%	0.21	13.65
65	100.00%	1.88	122.44
66	100.00%	1.00	66.00
	Total	3.83	247.59
	Weighted Average		64.70

Schedule SB Attachment (Form 5500) —2025 Plan Year
Edw. C. Levy Co. Hourly Employees' Retirement Income Plan
EIN: 38-1253012 PN: 334

Schedule SB, Part V — Summary of Plan Provisions

Eligibility	January 1, 1962 as last amended and restated effective January 1, 2012.
Eligibility Requirements for Participation	Any person employed by the company and represented by one of the following International Union of Operating Engineers, Local No. 324 Collective Bargaining Units: ● Edw. C. Levy Co. ● Asphalt Products Corporation ● Levy Mill Services ● Wayne Engineering ● Hatchet ● Liberty Sand and Gravel ● Lyon Sand and Gravel ● Lyon Sand Portable Wash Plant ● Oakland Sand and Gravel ● Springfield Sand and Gravel A covered employee participates on the first day of the month coincident with or next following the date he became a covered employee. ***Note:*** *No member of the Edw. C. Levy, Wayne Engineering, Asphalt Products or Hatchet Collective Bargaining Units who first performed an hour of service after December 31, 1997 shall be eligible to participate.*
Eligible Survivor	
Class A	The spouse of a deceased participant who was married for at least one year prior to the participant's death. A spouse's eligibility ceases upon remarriage.
Class B	An unmarried child of the participant who is under age 21.
Vested Service	An employee receives one year of vested service for each plan year in which he has 1,000 or more hours of service with the company. In certain circumstances, additional vested service may be credited for employment with the International Union of Operating Engineers prior to the date an employee participates in the plan or following termination of employment.

Credited Service	An employee receives one year of credited service for each plan year in which he has one year of vested service as a covered employee (or as a salaried employee under certain conditions).
Accrued Benefit	The amount of benefit determined under the normal retirement formula based on the employee's credited service and the benefit level in effect at date of determination. ***Note:*** *Any member of the Edw. C. Levy, Wayne Engineering, Asphalt Products or Hatchet Collective Bargaining Units who first performed an hour of service after December 31, 1997 shall accrue no benefits after December 31, 1997. Any member of the Oakland Sand & Gravel Collective Bargaining Unit who first performed an hour of service after December 31, 1999 shall accrue no benefits after December 31, 1999. Any member of the Lyon Sand & Gravel Portable Plant Collective Bargaining Unit who performed an hour of service after May 31, 2000 shall accrue no benefits after May 31, 2000.*
Benefit Type	
Normal Retirement	
Age	Age 62.
Service	Five years.
Benefit Formula	Monthly benefit equal to the sum of the appropriate benefit level multiplied by the applicable years of credited service. Benefit level varies by plan year and division as shown in Section D. If the participant is employed by Edw. C. Levy Company, Wayne Engineering, Asphalt Products or Hatchet and has attained age 57 and has 30 or more years of credited service, the monthly benefit shall not be less than the minimum benefits listed on Section E. If the participant has attained age 62 and has five or more years of credited service, the monthly benefit shall not be less than the minimum benefits listed on Section F.
Early Retirement	
Age	Age 55.
Service	Five years.

Benefit Formula	Accrued benefit reduced ½% for each full month by which benefit payments commence prior to normal retirement date. Reduction for Edw. C. Levy Co., Wayne Engineering, Asphalt Products and Hatchet is 5/12% for each full month by which benefit payments commence prior to normal retirement date.

Disability Death Benefit

Age	N/A.
Service	Ten years.
Benefit Formula	Permanently and totally disabled as determined by the Committee. Accrued benefit is payable without reduction after six months of disability.

Vesting

Age	N/A.
Service	Five years.
Benefit Formula	Accrued benefit at normal retirement date. Reduced benefit is available on or after age 55 using early retirement reduction factors.

Spouse Benefit for Preretirement Death

Age	N/A.
Service	Five years.
Benefit Formula	A monthly benefit is payable to the spouse of a married employee who has earned the right to a vested benefit. The amount of benefit is equal to 50% of the vested portion of the employee's accrued benefit reduced for payment prior to normal retirement date. The benefit is payable to the spouse on the first day of the month following the later of the date of the employee's death or the date the employee would have attained age 55. Alternatively, a monthly benefit is payable to the eligible survivors of a vested employee without an eligible spouse who dies before receiving any benefits from the plan. The amount of benefit is 50% of the accrued benefit payable immediately without reduction. Eligible survivors are unmarried children of the employee who are younger than 21.

Supplemental Survivor Benefit Death Benefit	A monthly benefit of $1,000 is payable to the spouse of a participant who has 10 or more years of service and dies while in service prior to age 65. The benefit is payable for 120 months or, if earlier, until the spouse's death or remarriage. Upon the death of the spouse, the benefit is divided equally among eligible surviving children for the remainder of the 120 month period. If only one eligible surviving child, benefit is limited to one-half of supplemental survivor benefit. The supplemental survivor benefit is reduced by other benefits payable under the plan, monthly Social Security benefits and any other company financed benefits.
Postretirement Death Benefit and Normal Form	Upon the death of a retired participant (excluding a disability retiree), his eligible survivor or eligible spouse will receive 50% of the participant's benefit. In addition, a lump-sum benefit of $1,000 is payable to the participant's beneficiary.

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