Form 5500-SF

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed 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-SF.**

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: [X] a single-employer plan [ ] a multiple-employer plan (not multiemployer) (Pension Plan filers checking this box must attach Schedule MEP. Other plans must attach a list of participating employer information in accordance with the form instructions.)

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 Check box if filing under: [X] Form 5558 [ ] automatic extension [ ] DFVC program
[ ] special extension (enter description)

D If the plan is a collectively-bargained plan, check here ▶ [ ]

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
MATHESON TRI-GAS, INC. RETIREMENT PLAN FOR FORMER AIR LIQUIDE ACQUIRED EMPLOYEES

1b Three-digit plan number (PN) ▶ 003

1c Effective date of plan 02/05/2015

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)
NIPPON SANSO MATHESON, INC.

3 MOUNTAIN VIEW ROAD, 3RD FLOOR
WARREN, NJ 07059

2b Employer Identification Number (EIN) 74-2460354

2c Sponsor's telephone number 908-991-9200

2d Business code (see instructions) 325900

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

3b Administrator's EIN

3c Administrator's telephone number

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report.
a Sponsor's name MATHESON TRI-GAS, INC.
c Plan Name

4b EIN 74-2460354

4d PN 003

5a Total number of participants at the beginning of the plan year	**5a**	73
b Total number of participants at the end of the plan year	**5b**	68
c(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**5c(1)**	
c(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**5c(2)**	
d(1) Total number of active participants at the beginning of the plan year	**5d(1)**	50
d(2) Total number of active participants at the end of the plan year	**5d(2)**	43
e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**5e**	0

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, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, 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 MOLNAR
	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

6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) [X] Yes [ ] No

b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) [X] Yes [ ] No

If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.

c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? [X] Yes [ ] No [ ] Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 580298. (See instructions.)

Part III Financial Information

7 Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
a Total plan assets	7a	5188355	5925642
b Total plan liabilities	7b		
c Net plan assets (subtract line 7b from line 7a)	7c	5188355	5925642
8 Income, Expenses, and Transfers for this Plan Year		**(a) Amount**	**(b) Total**
a Contributions received or receivable from: (1) Employers	8a(1)	979283	
(2) Participants	8a(2)		
(3) Others (including rollovers)	8a(3)		
b Other income (loss)	8b	597147	
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		1576430
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	839143	
e Certain deemed and/or corrective distributions (see instructions)	8e		
f Administrative service providers (salaries, fees, commissions)	8f		
g Other expenses	8g		
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		839143
i Net income (loss) (subtract line 8h from line 8c)	8i		737287
j Transfers to (from) the plan (see instructions)	8j	0	

Part IV Plan Characteristic Codes

9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
1A 3D

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

Part V Compliance Questions

10 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)	10a		X	
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X	
c Was the plan covered by a fidelity bond?	10c	X		500000
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		X	
e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e		X	
f Has the plan failed to provide any benefit when due under the plan?	10f		X	
g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	10g		X	
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		X	
i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i			

Part VI Pension Funding Compliance

11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and lines 11a and b below.) If this is a defined contribution pension plan, leave line 11 blank and complete line 12 below. [X] Yes [ ] No

a Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 | **11a** | 0

b **PBGC missed contribution reporting requirements.** If the plan is covered by PBGC and the amount reported on line 11a is greater than $0, 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 _____

12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) If this is a defined benefit pension plan, leave line 12 blank and complete line 11 above. [ ] Yes [X] No

a 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 letter ruling granting the waiver. Month _____ Day _____ Year _____

If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.

b Enter the minimum required contribution for this plan year	**12b**	
c Enter the amount contributed by the employer to the plan for this plan year	**12c**	
d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	**12d**	
e Will the minimum funding amount reported on line 12d be met by the funding deadline?		[ ] Yes [ ] No [ ] N/A

Part VII Plan Terminations and Transfers of Assets

13a Has a resolution to terminate the plan been adopted in any plan year?		[ ] Yes [X] No
a If "Yes," enter the amount of any plan assets that reverted to the employer this year	**13a**	
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		[ ] Yes [X] No

c 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.)

13c(1) Name of plan(s):	**13c(2)** EIN(s)	**13c(3)** PN(s)

Part VIII IRS Compliance Questions

14a 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 [X] No

14b 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
- [X] N/A

15 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 02 / 28 / 2023 (MM/DD/YYYY) and the Opinion Letter serial number Q705279A.

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
MATHESON TRI-GAS, INC. RETIREMENT PLAN FOR FORMER AIR LIQUIDE ACQUIRED EMPLOYEES

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
NIPPON SANSO MATHESON, INC.

D Employer Identification Number (EIN)
74-2460354

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

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

Part I Basic Information

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

2 Assets:

a Market value	**2a**	5184569
b Actuarial value	**2b**	4856772

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	10	555754	555754
b For terminated vested participants	13	476720	476720
c For active participants	50	5691261	5691261
d Total	73	6723735	6723735

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**	5.39 %
6 Target normal cost		
a Present value of current plan year accruals	**6a**	737705
b Expected plan-related expenses	**6b**	0
c Target normal cost	**6c**	737705

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

09/09/2026
Date

NICHOLAS K. FOX
Type or print name of actuary

26-08073
Most recent enrollment number

PREFERRED PENSION PLANNING CORP.
Firm name

908-575-7575
Telephone number (including area code)

991 ROUTE 22 WEST
BRIDGEWATER, NJ 08807

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	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of 11.45 %	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		30061
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 5.14 %		1545
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		31606
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	0

Part III Funding Percentages

14	Funding target attainment percentage	14	72.23 %
15	Adjusted funding target attainment percentage	15	72.23 %
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	82.39 %
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
03/23/2025	149545	0			
07/01/2025	149545	0			
10/08/2025	149545	0			
02/05/2026	145545	0			
09/03/2026	385103	0			
			Totals ► 18(b)	979283	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	924221

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? [ ] Yes [X] 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: 5.00 %	2nd segment: 5.27 %	3rd segment: 5.50 %	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	0
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**	737705
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	1866963	185814
b Waiver amortization installment		

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____)_and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	923519

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

36 Additional cash requirement (line 34 minus line 35)	**36**	923519
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	924221
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	**38a**	702
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

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

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

Matheson Tri-Gas, Inc. Retirement Plan For Former Air Liquide Acquired Employees
EIN: 74-2460354 PN: 003 Plan Year Ending December 31, 2025
Attachment to Schedule SB, Line 26
Schedule of Active Participants as of January 1, 2025

Attained age	Years of service (elapsed time from original date of hire)						
	<15	15–19	20–24	25–29	30–34	>=35	Total
<45							0
45–49			2				2
50–54			4	4			8
55–59		1	3	2	2		8
60–64			9	7	2	3	21
>= 65			2	2		7	11
Total	0	1	20	15	4	10	50

Matheson Tri-Gas, Inc. Retirement Plan For Former Air Liquide Acquired Employees
EIN: 74-2460354 PN: 003 Plan Year Ending December 31, 2025
Attachment to Schedule SB, Part V
Actuarial Assumptions and Methods

Actuarial Assumptions

A. Mortality:

For Plan Funding and to Determine the Maximum Contribution Calculated under IRC §404: The 430(h)(3)(A) sex-distinct static tables from Notice 2024-42 issued by the Internal Revenue Service for plan years beginning in 2025 were used both prior to and after retirement.

To Determine Plan Actuarial Equivalence: The 1983 GAM Table, blended 50% male and 50% female, was used both prior to and after retirement.

B. Interest Rates:

For Plan Funding: The 24-month average segment rates for the month of January 2025 determined under section 430(h)(2) of the IRC, as amended by the Moving Ahead for Progress in the 21st Century Act (MAP-21), the Highway and Transportation Funding Act of 2014 (HATFA), the Bipartisan Budget Act of 2015 (BBA), and the American Rescue Plan Act of 2021 (ARPA) were used. These rates are:

1st segment: 5.00%
2nd segment: 5.27%
3rd segment: 5.50%
Corresponding single Effective Interest Rate: 5.39%

To Determine the Maximum Contribution Calculated Under IRC §404: The 24-month segment rates for the month of January 2025 specified by the Internal Revenue Service under IRC §430(h)(2)(C) and (D) were used. These rates are:

1st segment: 5.00%
2nd segment: 5.27%
3rd segment: 5.40%

Plan Actuarial Equivalence: 7.00% pre-retirement and 7.00% post-retirement.

2024 Actual Rate of Return on Plan Assets: 11.45%

C. Form of Benefit: It was assumed that 80% of participants will receive a lump sum distribution upon retirement and 20% of participants will receive an annuity.

The annuity form of payment is assumed to be the life annuity for nonmarried participants, the 50% joint & survivor annuity for 60% of married participants, and the 100% joint & survivor annuity for 40% of married participants.

It is assumed that 80% of participants will be (remain) married at retirement. The spouse's age is determined based on the current spouse's date of birth as provided by the Plan Sponsor.

D. Salary Scale: 0.00%.

E. Increases in Statutory Limits: 0.00%.

F. Severance of Employment: It was assumed that all employees would remain employed until their assumed Retirement Date.

G. Retirement Date: It was assumed that active and terminated vested participants retire according to the following schedule:

Participants who have not reached Normal Retirement Age		Participants who have already reached Normal Retirement Age	
Age	Rate	Age	Rate
< 55	0.0%	65 – 79	33.3%
55 – 64	8.3%	80	100%
65	100%		

H. Retirement Age: The estimated average age at retirement is 65.

I. Expenses: There is no advance loading charge for expenses.

Actuarial Cost Method

A. Valuation Method: The Unit Credit cost method as specified under IRC §430 was used.

B. Valuation of lump sums: Based on the annuity substitution method as required by regulation; under this method, the 417(e) minimum lump sum basis is valued identically to the underlying life annuity it is based on, using the segment interest rates for valuation purposes above, and the combined unisex table (blended 50/50) in place of the sex-distinct mortality tables.

C. Asset Valuation Method: Assets were valued using the averaging method described in Internal Revenue Service Notice 2009-22. Under this method, the assets are equal to the average of the market value of assets as of the valuation date and the expected market value of assets based on two additional determination dates each twelve months prior. The resulting average is bound by a 90%-110% corridor around the current market value of assets.

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
Matheson Tri-Gas, Inc. Retirement Plan for Former Air Liquide Acquired Employees

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
Nippon Sanso Matheson, Inc.

D Employer Identification Number (EIN)
74-2460354

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

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

Part I Basic Information

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

2 Assets:

a Market value	**2a**	5,184,569
b Actuarial value	**2b**	4,856,772

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	10	555,754	555,754
b For terminated vested participants	13	476,720	476,720
c For active participants	50	5,691,261	5,691,261
d Total	73	6,723,735	6,723,735

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**	5.39%
6 Target normal cost		
a Present value of current plan year accruals	**6a**	737,705
b Expected plan-related expenses	**6b**	0
c Target normal cost	**6c**	737,705

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 NICHOLAS K FOX 09/09/2026

Signature of actuary — Date

Nicholas K. Fox — 2608073

Type or print name of actuary — Most recent enrollment number

Preferred Pension Planning Corp. — 908-575-7575

Firm name — Telephone number (including area code)

991 Route 22 West

Bridgewater NJ 08807

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	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of 11.45 %	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		30,061
	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 5.14 %		1,545
	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		31,606
	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	0

Part III Funding Percentages

14	Funding target attainment percentage	14	72.23 %
15	Adjusted funding target attainment percentage	15	72.23 %
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	82.39 %
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
03/23/2025	149,545	0			
07/01/2025	149,545	0			
10/08/2025	149,545	0			
02/05/2026	145,545	0			
09/03/2026	385,103	0			
			Totals ► 18(b)	979,283	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	924,221

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? [ ] Yes [X] 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:	
5.00 %	5.27 %	5.50%	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	0
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**	737,705
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	1,866,963	185,814
b Waiver amortization installment		

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	923,519

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

36 Additional cash requirement (line 34 minus line 35)	**36**	923,519
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	924,221

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

a Total (excess, if any, of line 37 over line 36)	**38a**	702
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

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

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

MATHESON TRI-GAS, INC. RETIREMENT PLAN
FOR FORMER AIR LIQUIDE ACQUIRED EMPLOYEES

EIN: 74-2460354 PN: 003 PYE: Dec 31, 2025
Attachment to 2025 Schedule SB, line 19
Discounted employer contributions

Contribution date	amount	Quarterly installment due date	Eff. int. rate. + 5%	Adjusted for late quarterly interest	Valuation date for applicable plan year	Eff. int. rate	Adjusted for interest to val date
Mar 23, 2025	149,545	Apr 15, 2025			Jan 1, 2025	5.39%	147,767
Jul 1, 2025	15,057	Apr 15, 2025	10.39%	14,746	Jan 1, 2025	5.39%	14,524
Jul 1, 2025	134,488	Jul 15, 2025			Jan 1, 2025	5.39%	131,004
Oct 8, 2025	30,113	Jul 15, 2025	10.39%	29,434	Jan 1, 2025	5.39%	28,613
Oct 8, 2025	119,432	Oct 15, 2025			Jan 1, 2025	5.39%	114,704
Feb 5, 2026	45,169	Oct 15, 2025	10.39%	43,825	Jan 1, 2025	5.39%	42,047
Feb 5, 2026	100,376	Jan 15, 2026	10.39%	99,826	Jan 1, 2025	5.39%	94,527
Sep 3, 2026	64,225	Jan 15, 2026	10.39%	60,327	Jan 1, 2025	5.39%	57,125
Sep 3, 2026	320,878				Jan 1, 2025	5.39%	293,910
Totals:	979,283						924,221

Matheson Tri-Gas, Inc. Retirement Plan
For Former Air Liquide Acquired Employees
EIN: 74-2460354, PN: 003 — Sumproduct of
Plan Year Ending December 31, 2025 — # and WARA: 65.3

Attachment to Schedule SB, Line 22 - Weighted Average Retirement Age

		Probability of retiring at age...												W A R A
		.000	.083	.083	.083	.083	.083	.083	.083	.083	.083	.083	1.00	
#	Age	<55	55	56	57	58	59	60	61	62	63	64	65	A
14	<55	.000	.083	.076	.070	.064	.059	.054	.049	.045	.041	.038	.420	61.4
0	55		.083	.076	.070	.064	.059	.054	.049	.045	.041	.038	.420	61.4
1	56			.083	.076	.070	.064	.059	.054	.049	.045	.041	.458	62.0
1	57				.083	.076	.070	.064	.059	.054	.049	.045	.500	62.5
1	58					.083	.076	.070	.064	.059	.054	.049	.545	63.0
2	59						.083	.076	.070	.064	.059	.054	.595	63.5
7	60							.083	.076	.070	.064	.059	.648	63.9
2	61								.083	.076	.070	.064	.707	64.2
6	62									.083	.076	.070	.771	64.5
5	63										.083	.076	.841	64.8
6	64											.083	.917	64.9

		Probability of retiring at age...																W A R A
		.333	.333	.333	.333	.333	.333	.333	.333	.333	.333	.333	.333	.333	.333	.333	1.00	
#	Age	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	A
3	65	.333	.222	.148	.099	.066	.044	.029	.020	.013	.009	.006	.004	.003	.002	.001	.002	67.0
3	66		.333	.222	.148	.099	.066	.044	.029	.020	.013	.009	.006	.004	.003	.002	.003	68.0
3	67			.333	.222	.148	.099	.066	.044	.029	.020	.013	.009	.006	.004	.003	.005	69.0
2	68				.333	.222	.148	.099	.066	.044	.029	.020	.013	.009	.006	.004	.008	70.0
0	69					.333	.222	.148	.099	.066	.044	.029	.020	.013	.009	.006	.012	71.0
4	70						.333	.222	.148	.099	.066	.044	.029	.020	.013	.009	.017	72.0
0	71							.333	.222	.148	.099	.066	.044	.029	.020	.013	.026	73.0
1	72								.333	.222	.148	.099	.066	.044	.029	.020	.039	73.9
2	73									.333	.222	.148	.099	.066	.044	.029	.059	74.9
0	74										.333	.222	.148	.099	.066	.044	.088	75.8
0	75											.333	.222	.148	.099	.066	.132	76.7
0	76												.333	.222	.148	.099	.198	77.6
0	77													.333	.222	.148	.297	78.4
0	78														.333	.222	.445	79.1
0	79															.333	.667	79.7
0	≥80																1.00	80.0

Matheson Tri-Gas, Inc. Retirement Plan For Former Air Liquide Acquired Employees

EIN: 74-2460354 PN: 003

Attachment to Schedule SB, Part V

Summary of Plan Provisions

1. **Eligibility**: Only the employees identified in the Custom Language Addendum of the Plan Document are eligible to participate. All such employees are eligible to participate immediately as of September 9, 2016, with the exception of eleven participants named in the Addendum who are eligible to participate immediately as of February 5, 2015.

2 **Normal Retirement Date**: First of the month following the attainment of age 65 or the fifth anniversary of Plan Participation, if later.

3. **Average Annual Compensation**: The highest five consecutive years of Plan Compensation over the last ten years of Credited Service. Plan Compensation is determined using the safe harbor of 26 C.F.R. 1.415(c)-2(d)(3) for the yearly period ending December 31.

4. **Credited Service**: Calculated based on elapsed time since plan entry, determined in fractional portions of a year.

5. **Primary Insurance Amount**: An amount representing a participant's estimated monthly primary insurance amount to be paid by Social Security at the participant's Normal or Late Retirement Date. If a participant's Social Security Retirement Date is later than the Normal or Late Retirement Date, the reduction is based on Social Security early commencement factors (e.g. 5/9% per month for the first 36 months). The plan imputes a participant's work history prior to plan entry, with past earnings equal to the first full year of Plan Compensation, reduced by a prior salary scale of 6.0%. At commencement a participant may provide actual Social Security amounts in lieu of an imputed calculation.

6. **Normal Retirement Benefit**: 50 percent of Average Annual Compensation, less 50 percent of the Primary Insurance Amount; reduced by the number of years of Credited Service at retirement (up to 30) divided by 30.

7. **Accrued Benefit**: The Normal Retirement Benefit prorated by the number of years of Credited Service earned to date (up to 30) divided by the number of years of Credited Service at retirement (up to 30).

8. **Standard Form of Retirement Benefit**: Life Annuity. If the Participant is married, the benefit must be converted to an actuarially equivalent Joint & Survivor Annuity, unless elected otherwise with spousal consent.

9. **Late Retirement Benefit**: The Normal Retirement Benefit based on years of service and Average Annual Compensation through the date of Late Retirement.

10. **Early Retirement Benefit**: The Accrued Benefit earned through the date of Early Retirement, reduced by 3% per year an employee or former participant commences their pension before Normal Retirement Date. A participant is eligible for Early Retirement upon the attainment of age 55 with five years of service.

Matheson Tri-Gas, Inc. Retirement Plan For Former Air Liquide Acquired Employees
EIN: 74-2460354 PN: 003
Attachment to Schedule SB, Part V
Summary of Plan Provisions

11. **Disability Benefit**: Continued accrual at the same rate of service and compensation as was in effect immediately prior to Disability. Disability is determined by the Plan Administrator.

12. **Death Benefits**: Upon death prior to retirement, the qualified preretirement survivor annuity is payable to a surviving spouse only. The amount is payable as an annuity commencing on the date of the participant's earliest eligible retirement date (or the date of death, if later), and is equal to the amount the participant's spouse would have received if the participant elected a 50% J&S annuity on this date and then died immediately afterwards.

13. **Termination of Employment**: Upon termination of employment prior to retirement, death, or disability, an annuity or lump sum distribution actuarially equivalent to the Normal Retirement Benefit is payable.

14. **Vesting**: All participants are deemed 100% vested in their accrued benefits as of the date of plan entry.

The above summary of principal plan provisions is a brief description of the Plan and is not meant to interpret, extend, or change the actual plan provisions in any way. The actual provisions of the Plan may only be determined accurately by the actual Plan document.

MATHESON TRI-GAS, INC. RETIREMENT PLAN
FOR FORMER AIR LIQUIDE ACQUIRED EMPLOYEES

EIN: 74-2460354 PN: 003 PYE: Dec 31, 2025
Attachment to 2025 Schedule SB, line 32
Schedule of amortization bases

If the plan has a funded status below 100%, the plan may require additional payments in the form of shortfall amortization installments. A plan's amortization payments are calculated to pay down the plan's underfunding over a fifteen-year period.

Valuation date	Amortization method	Number of future installments	Annual installment	Present value of future installments
Jan 1, 2025	15-year	15	$ 88,222	$ 948,571
Jan 1, 2024	15-year	14	$ 8,127	$ 83,422
Jan 1, 2023	15-year	13	$ 20,036	$ 195,390
Jan 1, 2022	15-year	12	$ 69,429	$ 639,580
Total			$ 185,814	$ 1,866,963

Shortfall Amortization Charge $ 185,814
(sum of installments, prorated for short plan years, no less than zero)

Matheson Tri-Gas, Inc. Retirement Plan For Former Air Liquide Acquired Employees
EIN: 74-2460354 PN: 003 Plan Year Ending December 31, 2025
Attachment to Schedule SB, Line 25
Change in Method

The valuation actuary was changed from CSB Associates (CSB) to Preferred Pension Planning Corporation (PPPC) effective with the 2025 plan year.

The valuation method used by PPPC is substantially the same as the method used by CSB, and is consistent with the method described in the 2024 Schedule SB.

The funding target and target normal cost as of January 1, 2024 are both within 3% of the values determined by CSB using PPPC's valuation software, PPPC's data elements, CSB's assumptions and CSB's interpretation of the plan provisions. Although CSB's interpretation of the plan provisions is not consistent with the plan document, it is not inconsistent with the summary of provisions presented in the 2024 Schedule SB.

The actuarial value of plan assets as of January 1, 2024 is within 2% of the value determined by CSB.

Based on the above, this method change is automatically approved under section 4.01 of Revenue Procedure 2017-56.

Matheson Tri-Gas, Inc. Retirement Plan For Former Air Liquide Acquired Employees
EIN: 74-2460354 PN: 003 Plan Year Ending December 31, 2025
Attachment to Schedule SB, Line 24
Change in Non-Prescribed Actuarial Assumptions

The assumed rate of termination was changed from an age-graded table to an assumption of zero percent (no termination pre-retirement).

The assumed rate of retirement was changed from 100% retiring at the later of age 65 and the valuation date to a bifurcated set of rates. Participants who have not yet reached age 65 are assumed to retire early (between age 55 and 64) at a rate of 8-1/3% per year, with 100% of those remaining retiring at age 65. Participants who have already attained age 65 are assumed to retire at a rate of 33-1/3% per year between their current age and age 79, with 100% of those remaining retiring at age 80.

The assumed form of payment was changed from 50% electing a lump sum and 50% electing the single life annuity to 80% electing a lump sum and 20% electing an annuity form of payment. Of the 20%, those who are not married are assumed to elect the single life annuity, and those who are married are assumed to elect the 50% joint & survivor annuity 60% of the time, and the 100% joint & survivor annuity 40% of the time.

The assumed percentage of non-retired participants who are married is still assumed to be 80%, but the assumed age of the spouse is changed from wives being three years younger than husbands to being based on the spouse's date of birth provided by the plan sponsor.

All of the above changes in assumptions were performed based on a study of plan experience from 2017 to 2025, and were selected to align better with observed experience over the period.

Per section 430(h)(5)(B)(iii) of the Code approval is not required because the change in assumptions (determined after taking into account any changes in interest rate and mortality table) results in a decrease in the funding shortfall of the plan for the stated plan year that is less than $5,000,000.