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
- [X] a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
- [ ] a single-employer plan
- [ ] a DFE (specify) _____

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

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

D Check box if filing under:
- [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
EMPLOYEES' RETIREMENT PLAN OF AMERICAN KENNEL CLUB

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 12/28/1949

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)
AMERICAN KENNEL CLUB

101 PARK AVENUE 5TH FLOOR
NEW YORK, NY 10178

2b Employer Identification Number (EIN) 13-4923060

2c Plan Sponsor's telephone number 919-816-3505

2d Business code (see instructions) 115210

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.	10/15/2026	THEODORE PHILLIPS
	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**	687
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)**	108
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	99
b	Retired or separated participants receiving benefits	**6b**	360
c	Other retired or separated participants entitled to future benefits	**6c**	141
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	600
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	82
f	Total. Add lines **6d** and **6e**.	**6f**	682
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:

1l

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)** [X] **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [ ] **A** (Insurance Information) – Number Attached 0
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [ ] **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
EMPLOYEES' RETIREMENT PLAN OF AMERICAN KENNEL CLUB

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
AMERICAN KENNEL CLUB

D Employer Identification Number (EIN)
13-4923060

E Type of plan: ☐ Single ☒ Multiple-A ☐ Multiple-B

F Prior year plan size: ☐ 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**	62340090
b Actuarial value	**2b**	60753595

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	427	45752347	45752347
b For terminated vested participants	155	10494947	10494947
c For active participants	108	11298544	11298544
d Total	690	67545838	67545838

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**	5.32 %
6 Target normal cost		
a Present value of current plan year accruals	**6a**	0
b Expected plan-related expenses	**6b**	667650
c Target normal cost	**6c**	667650

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

09/23/2026
Date

JEANNINE N. JODHAN
Type or print name of actuary

26-07262
Most recent enrollment number

MANULIFE JOHN HANCOCK
Firm name

781-619-2000
Telephone number (including area code)

200 BERKELEY STREET
BOSTON, MA 02116
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	4569366
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)		
9	Amount remaining (line 7 minus line 8)	0	4569366
10	Interest on line 9 using prior year's actual return of 6.04 %	0	275990
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		696257
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 5.16 %		35927
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		732184
d	Portion of (c) to be added to prefunding balance		732184
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	5577540

Part III Funding Percentages

14	Funding target attainment percentage	14	81.68 %
15	Adjusted funding target attainment percentage	15	81.68 %
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	87.71 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/02/2025	12666	0	01/13/2026	629772	0
04/10/2025	617106	0			
07/08/2025	12666	0			
07/15/2025	617106	0			
10/02/2025	12666	0			
10/14/2025	617106	0			
			Totals ► 18(b)	2519088	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	2435248

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: 5.00 %	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**	63

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

Part VI Miscellaneous Items

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

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

26 Demographic and benefit information

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

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

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

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

a Target normal cost (line 6c)	**31a**	667650
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	12369783	1368290
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____)_and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	2035940

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

36 Additional cash requirement (line 34 minus line 35)	**36**	2035940
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	2435248

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

a Total (excess, if any, of line 37 over line 36)	**38a**	399308
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

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

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

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

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

A Name of plan
EMPLOYEES' RETIREMENT PLAN OF AMERICAN KENNEL CLUB

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
AMERICAN KENNEL CLUB

D Employer Identification Number (EIN)
13-4923060

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

JOHN HANCOCK RETIREMENT PLAN SERVIC

01-0233346

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

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

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

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

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

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

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

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

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

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

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

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

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

JOHN HANCOCK

01-0233346

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 11 62 64	RETAINED BY EMPLOYER	173708	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

ATLANTA CONSULTING GROUP ADVISORS

309 EAST PACES FERRY ROAD
SUITE 600
ATLANTA, GA 30305

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	RETAINED BY EMPLOYER	75833	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

GRANT THORNTON LLP

36-6055558

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	RETAINED BY EMPLOYER	36888	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

AMERICAN CAPITAL MANAGEMENT, INC.

575 LEXINGTON AVE
NEW YORK, NY 10022

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	RETAINED BY EMPLOYER	30220	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

(complete as many entries as needed)

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE 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
EMPLOYEES' RETIREMENT PLAN OF AMERICAN KENNEL CLUB

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
AMERICAN KENNEL CLUB

D Employer Identification Number (EIN)
13-4923060

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)	0	0
(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)	3404811	2906653
(5) Partnership/joint venture interests	1c(5)	2878889	2183217
(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)		
(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)	55427654	60627937
(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	61711354	65717807
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h	87509	90464
1i Acquisition indebtedness	1i		
1j Other liabilities	1j		
1k Total liabilities (add all amounts in lines 1g through1j)	1k	87509	90464
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	61623845	65627343

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)	2519088	
(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)		2519088
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)	2302706	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		2302706
(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)	2906653	
(B) Other	2b(5)(B)	-2654811	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		251842

		(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)		
(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)		4357971
c Other income	2c		304329
d Total income. Add all **income** amounts in column (b) and enter total	2d		9735936
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	5061751	
(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)		5061751
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)	173708	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	36888	
(5) Investment advisory and investment management fees	2i(5)	106053	
(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)	354038	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		670687
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		5732438
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		4003498
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: GRANT THORNTON LLP **(2)** EIN: 36-6055558

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 585423.

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
EMPLOYEES' RETIREMENT PLAN OF AMERICAN KENNEL CLUB

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
AMERICAN KENNEL CLUB

D Employer Identification Number (EIN)
13-4923060

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): 80-0709115

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 | 12

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_____.

SCHEDULE MEP (Form 5500)	MULTIPLE-EMPLOYER RETIREMENT PLAN INFORMATION	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	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.**	**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 EMPLOYEES' RETIREMENT PLAN OF AMERICAN KENNEL CLUB	**B** Three-digit Plan number (PN)..... ▶ 001
C Plan administrator's name as shown on line 3a of Form 5500/Form 5500-SF AMERICAN KENNEL CLUB	**D** Administrator's EIN 13-4923060

Part I Type of Multiple-Employer Pension Plan. All multiple-employer pension plans must complete.

1 Check the appropriate box to indicate type of multiple-employer pension plan. (Only defined contribution plans may check lines 1a, 1b, and 1c. Defined benefit plans and defined contribution plans not checking lines 1a, 1b, or 1c should check line 1d. See Instructions).

- **a** ☐ association retirement plan (See 29 CFR 2510.3-55) (Complete Part II)
- **b** ☐ professional employer organization plan (PEO Plan) (See 29 CFR 29 CFR 2510.3-55) (Complete Part II)
- **c** ☐ pooled employer plan (PEP) (See 29 CFR 2510.3-44) (Complete Parts II and III)
- **d** ☒ other multiple-employer pension plan (Describe) DEFINED BENEFIT MULTIPLE EMPLOYER (Complete Part II)

Part II Participating Employer Information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan. **Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).**

2a Name of Participating Employer	**2b** EIN	**2c** Percentage of Total Contributions for the Plan Year	**2d** Aggregate Account Balances Attributable to Participating Employer
THE AMERICAN KENNEL CLUB	13-4923060	95.50	
2a Name of Participating Employer	**2b** EIN	**2c** Percentage of Total Contributions for the Plan Year	**2d** Aggregate Account Balances Attributable to Participating Employer
AMERICAN KENNEL CLUB REUNITE	13-3904402	2.49	

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer "Yes" to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

2e	Does the plan include any individuals not participating through an employer or who are individual working owners?	**2e**	☐ Yes ☐ No
2f	If you answer "Yes" in line 2e, enter a good faith estimate of the percentage of total contributions made by all such individuals that are not listed on line 2a during the plan year.	**2f**	
2g	If you answer "Yes" in Line 2e, enter the aggregate account balances for all such individuals that are not listed on line 2a.	**2g**	

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
AMERICAN KENNEL CLUB CANINE HEALTH FOUNDATION, INC.	13-3813813	2.01	
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part III Pooled Employer Plan Information

Line 3. All Pooled employer plans must answer all of the questions in Part III, in addition to completing all of Parts I and II.

3a Is the pooled plan provider (identified as the plan sponsor and administrator in Part II of the Form 5500) currently in compliance with the Form PR (Pooled Plan Provider Registration Statement) requirements? (See instructions and 29 CFR 2510.3-44) ☐ Yes ☐ No

3b If line 3a is "Yes", enter the ACK ID for the most recent Form PR that was required to be filed under the Form PR filing requirements. (Failure to enter a valid ACK ID will subject the Form 5500 filing to rejection as incomplete.)

ACK ID _____

Financial Statements and Report of Independent Certified Public Accountants

Employees' Retirement Plan of The American Kennel Club

December 31, 2025 and 2024

Contents

	Page
Report of Independent Certified Public Accountants	3
Financial Statements	
Statements of net assets available for benefits	7
Statements of changes in net assets available for benefits	8
Notes to financial statements	9
Supplemental Schedules	
Schedule H, line 4i - schedule of assets (held at end of year)	18
Schedule H, line 4j - schedule of reportable transactions	19

* All other schedules are omitted as they are not required based on disclosure requirements of the Employee Retirement Security Act of 1974 (ERISA), as amended, and applicable regulations issued by the U.S. Department of Labor.

GRANT THORNTON LLP
379 Thornall St., Suite 500
Edison, NJ 08837

D +1 732 516 5500
F +1 732 516 5502

REPORT OF INDEPENDENT CERTIFIED PUBLIC ACCOUNTANTS

The Plan Administrator and Plan Participants
Employees' Retirement Plan of The American Kennel Club

Scope and nature of the ERISA Section 103(a)(3)(C) audit
We have performed audits of the financial statements of Employees' Retirement Plan of The American Kennel Club (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2025 and 2024, and the related statements 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 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 Department of Labor'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 Audit of the Financial Statements section

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

Grant Thornton LLP is a U.S. member firm of Grant Thornton International Ltd (GTIL). GTIL and each of its member firms are separate legal entities and are not a worldwide partnership.

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

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

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

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

Auditor’s responsibilities for the audit of the financial statements
Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with US GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with US GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

Our audits did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

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

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

Grant Thornton

included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion

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

Grant Thornton LLP

Edison, New Jersey
October 14, 2026

Employees' Retirement Plan of
The American Kennel Club

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

December 31,

	2025	2024
ASSETS		
Investments, at fair value	$ 65,717,807	$ 61,711,354
Total assets	65,717,807	61,711,354
LIABILITIES		
Accrued expenses	90,464	87,509
Total liabilities	90,464	87,509
NET ASSETS AVAILABLE FOR BENEFITS	$ 65,627,343	$ 61,623,845

The accompanying notes are an integral part of these financial statements.

Employees' Retirement Plan of
The American Kennel Club

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

Years ended December 31,

	2025	2024
Investment income		
Net appreciation in fair value of investments	$ 4,609,813	$ 1,401,280
Interest and dividends	2,607,035	2,226,286
Net investment income	7,216,848	3,627,566
Employer contributions	2,519,088	2,519,088
Net increase	9,735,936	6,146,654
Deductions		
Benefits paid to participants	5,061,751	5,117,360
Administrative expenses	670,687	909,150
Total deductions	5,732,438	6,026,510
NET INCREASE IN NET ASSETS AVAILABLE FOR BENEFITS	4,003,498	120,144
Net assets available for benefits at beginning of year	61,623,845	61,503,701
Net assets available for benefits at end of year	$ 65,627,343	$ 61,623,845

The accompanying notes are an integral part of these financial statements.

NOTE 1 - PLAN DESCRIPTION

The following brief description of the Employees' Retirement Plan of The American Kennel Club (the Plan) is provided for general information purposes only. Participants should refer to the Plan document for more complete information about the Plan's benefit and other provisions.

General

The Plan is a defined benefit plan subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended. The Plan was originally adopted effective December 28, 1949, and has been subsequently amended. The most recent restatement of the Plan was as of January 1, 2009.

The Plan is a multiple employer plan and covers both full time and part time employees of the American Kennel Club, Incorporated, American Kennel Club Canine Health Foundation, Inc., and American Kennel Club Companion Animal Recovery Corporation (the Club, Employer, or Plan Sponsor). Employees become Plan participants upon the earlier of attaining age 21 and completing one year of service (in which at least 1,000 hours have been worked) or upon attaining age 35.

The Retirement Plan Committee voted that effective February 15, 2010, any new hires or rehires beginning on or after that date would not be eligible to participate in the Plan.

The Retirement Plan Committee voted on October 11, 2011 to freeze benefit accruals under the Plan for all participants and employees as of December 31, 2011. Compensation earned by a participant following December 31, 2011 (freeze date) shall not be taken into account for purposes of determining benefits.

Vesting

Participants' benefits are fully vested after five years of continuous service. Service credited with respect to eligibility for benefits is one year for each Plan year in which 1,000 hours are worked and is calculated from the date of employment.

Benefits

Benefits under the Plan are generally based on employees' average final compensation, which is defined as their highest average annual compensation in the 36 consecutive months of credited service within the last 10 years of credited service up to the freeze date. Benefits payable under all circumstances - retirement, death, disability, and termination of employment - are included to the extent they are deemed attributable to employee service rendered.

During 2003, the Plan was amended such that a participant's accrued benefits under the Plan cannot exceed the greater of (1) 65% of the participant's average final compensation or (2) the participant's accrued benefit as of December 31, 2003.

Effective January 1, 2009, benefits for new hires are based on 1% (reduced from 2%) of a participant's final average pay, up to the freeze date, times the number of years of service. The maximum amount of this benefit would be capped at 25% of final average pay, up to the freeze date. The Plan's early retirement option was discontinued for employees under age 40 and the normal retirement age became 65.

Contributions

The amount of contributions necessary to provide for benefits defined in the Plan is determined by the Retirement Plan Committee based on the recommendations of an outside actuary using actuarial determinations of projected Plan benefits. The Plan has met the minimum funding requirements of ERISA for 2025 and 2024.

Prior to 1987, the Plan required participants to contribute to the Plan. Present participants' accumulated contributions at December 31, 2025 and 2024 were approximately $133,000 and $127,000, respectively, including interest credited at 120% of a midterm Federal rate.

Termination of the Plan

Although the Club has not expressed any intent to do so, it has the right to terminate the Plan in accordance with the Plan provisions and the provisions set forth by ERISA. Should the Plan terminate at some future time, the net assets of the Plan will be allocated, as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated:

1. Benefits attributable to employee contributions, taking into account those paid out before termination.

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

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

4. All other vested benefits (that is, vested benefits not insured by the PBGC).

5. All nonvested benefits.

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination. However, there is a statutory ceiling, which is adjusted periodically, on the amount of an individual's monthly benefit that the PBGC guarantees. For Plan terminations occurring in 2025, that ceiling is $7,432 per month. That ceiling applies to those pensioners who elect to receive their benefits in the form of a single life annuity and are at least 65 years old at the time of retirement or plan termination (whichever comes later). For younger annuitants or for those who elect to receive their benefits in some form more valuable than a single life annuity, the corresponding ceilings are actuarially adjusted downward.

Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide for accumulated benefit obligations and may also depend on the financial condition of the Plan Sponsor and the level of benefits guaranteed by the PBGC.

Management of Assets

All contributions to the Plan are held by John Hancock Trust Company LLC, the trustee, for the exclusive benefit of the Plan's participants. Administrative expenses, such as fees for investment management and actuarial and auditing services, are paid by the Plan.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The Plan's financial statements are prepared on the accrual basis of accounting in conformity with U.S. generally accepted accounting principles (GAAP).

Use of Estimates

The preparation of the financial statements in conformity with GAAP requires management of the Plan to make estimates and assumptions that affect the reported amounts of assets, liabilities, and changes therein; the actuarial present value of accumulated plan benefits; and the disclosure of contingent assets and liabilities at the date of the financial statements. These estimates and assumptions are based on the plan administrator's best estimate and judgment. The plan administrator evaluates its estimates and assumptions on an ongoing basis using historical experience and other factors, including consideration of the current economic environment. The plan administrator adjusts these estimates when facts and circumstances dictate. As future events cannot be determined with precision, actual results could differ from those estimates and assumptions.

Investment Valuation and Income Recognition

The Plan's investments are stated at fair value. In determining fair value, the Plan uses various valuation approaches, including the observability of prices and inputs as well as net asset value (NAV) per share, as expedient (Note 6).

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

Net appreciation in fair value of investments includes current earnings or losses from investments, the net change in the unrealized appreciation or depreciation in investments, and any realized gains and losses on investments sold during the period.

Benefits Payments

Benefit payments are recognized when paid.

NOTE 3 - ACCUMULATED PLAN BENEFITS

Accumulated plan benefits are those estimated future periodic payments, including lump sum distributions that are attributable under the Plan's provisions to the service employees have rendered to the valuation date. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Benefits under the Plan are based on an employee's pay and years of credited service through the freeze date. Benefits payable under all circumstances - retirement, death, disability, and

termination of employment - are included, to the extent they are deemed attributable to employee service rendered to the freeze date.

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

The computations of the actuarial present value of accumulated plan benefits were made as of January 1. Had the valuations been performed as of December 31, 2024 and 2023, there would be no material differences.

The significant actuarial assumptions used in the valuation as of December 31, 2024 and 2023, were (a) life expectancy of participants (using the Pri-2013 Total Dataset Mortality Table with generational mortality improvement projections using Scale MP-2022 for 2024 and 2023; (b) retirement age assumptions (that vary by age, from age 55 to age 70); and (c) discount rate of 5.25%. 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.

The accumulated plan benefits information as of December 31, 2024, is as follows:

Actuarial present value of accumulated plan benefits	
Vested benefits	
Participants currently receiving payments	$ 46,086,088
Participants entitled to deferred benefits	10,895,144
Other active participants	11,671,210
Total vested benefits	68,652,442
Nonvested benefits	-
Total actuarial present value of accumulated plan benefits	$ 68,652,442
Actuarial present value of accumulated plan benefits, beginning of year	$ 69,578,708
Decrease in discount period	3,520,270
Benefits paid	(5,117,360)
Experience variations	670,824
Net decrease	(926,266)
Actuarial present value of accumulated plan benefits, end of year	$ 68,652,442

NOTE 4 - TAX STATUS

The Plan has received a determination letter from the Internal Revenue Service (IRS) dated July 17, 2013, stating that the Plan is qualified under Section 401(a) of the Internal Revenue Code (the Code), and therefore, the related trust is exempt from taxation. Once qualified, the Plan is required to operate in

conformity with the Code to maintain its qualification. The plan administrator believes that the Plan is being operated in compliance with applicable requirements of the Code and, therefore, believes that the Plan is qualified, and the related trust is tax exempt.

GAAP requires plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or derecognition of an asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The plan administrator has analyzed the tax positions taken by the Plan and has concluded that, as of December 31, 2025 and 2024, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements.

The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

NOTE 5 - INFORMATION CERTIFIED BY THE TRUSTEE

The Plan administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, John Hancock Trust Company, LLC, the custodian of the Plan has certified that the following data included in the accompanying financial statements and supplemental schedules are complete and accurate:

- Investments, at fair value as shown in the Statements of Net Assets Available for Benefits as of December 31, 2025 and 2024.
- Net investment income (loss), as shown in the Statements of Changes in Net Assets Available for Benefits for the years ended December 31, 2025 and 2024.
- Schedule H, line 4i - schedule of assets (held at end of year) as of December 31, 2025.
- Schedule H, line 4j - schedule of reportable transactions for the year ended December 31, 2025.

NOTE 6 - FAIR VALUE MEASUREMENT OF INVESTMENTS

GAAP establishes a framework for measuring fair value, which provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy are described below:

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

Level 2 - Inputs to the valuation methodology include:

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

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

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

The Plan also follows the accounting guidance for measuring fair value using NAV as a practical expedient. The practical expedient allows for measurement, without adjustment, for certain investments that do not have a readily determinable fair value, and who prepare financial statements consistent with the principles of an investment company. NAV is reported by recordkeepers, which may use third-party pricing sources, and is determined principally from the fair value of the underlying investment holdings.

The following is a description of the valuation methodologies used for assets measured at fair value.

Mutual fund investments, corporate stocks and cash and money market funds are measured at fair value based on quoted or published market prices. Investments in limited partnerships, which are described as alternative investments, are stated at NAV per unit as a practical expedient to approximate fair value. The financial statements of the alternative investments are audited annually by independent auditors.

The classification of investments in the fair value hierarchy is not necessarily an indication of the risks, liquidity, or degree of difficulty in estimating the fair value of each investment's underlying assets and liabilities.

The following tables present the Plan's fair value hierarchy for those assets, which was derived from information certified by the trustee and custodian, measured at fair value as of December 31, 2025 and 2024:

	2025			
	Total	Level 1	Level 2	Level 3
Cash and money market funds	$ 197,044	$ 197,044	$ -	$ -
Corporate stocks	2,709,679	2,709,679	-	-
Mutual Funds	60,627,867	60,627,867	-	-
		$ 63,534,590	$ -	$ -
Investments measured at NAV				
Alternate investments				
Market neutral	2,183,217			
Total investments	$ 65,717,807			

	2024			
	Total	Level 1	Level 2	Level 3
Cash and money market funds	$ 676,368	$ 676,368	$ -	$ -
Corporate stocks	3,329,267	3,329,267	-	-
Mutual Funds	54,826,830	54,826,830	-	-
	$ 58,832,465	$ 58,832,465	$ -	$ -
Investments measured at NAV				
Alternate investments				
Market neutral	2,878,889			
Total investments	$ 61,711,354			

* In accordance with the accounting guidance for fair value measurements, certain investments that are measured using NAV have not been classified in the fair value hierarchy. The amounts presented in this table are intended to permit a reconciliation of the fair value hierarchy to the amounts presented in the Statements of Net Assets Available for Benefits. There are no unfunded commitments or redemption restrictions for these investments. This investment is comprised of U.S. equity funds, which invest in a diversified portfolio to achieve a long-term rate of return through capital appreciation and income while also considering certain social criteria.

The Plan Sponsor's Pension Committee performs ongoing due diligence reviews of the Plan's investments.

As of December 31, 2025 and 2024, $2,183,217 and $2,878,889, respectively, of the alternative investment balance is redeemable semi-annually.

NOTE 7 - RISK AND UNCERTAINTIES

The Plan invests in various investment securities. Investment securities are exposed to various risks, such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the statements of net assets available for benefits.

As of December 31, 2025 the Plan held three investments which were greater than 10% of total investments. A significant reduction in fair value of these investments, if this were to occur, would have a significant impact on the Plan.

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

NOTE 8 - RELATED PARTY AND PARTY-IN-INTEREST TRANSACTIONS

John Hancock Trust Company LLC is the trustee of the Plan, accordingly any transactions between the Plan and John Hancock Trust Company would qualify as a party in interest transactions.

Certain administrative functions are performed by officers and employees of the Plan Sponsor (who may also be participants in the Plan) at no cost to the Plan.

NOTE 9 - SUBSEQUENT EVENTS

The Plan evaluated subsequent events through October 14, 2026, the date the financial statements were available to be issued. Effective April 16, 2026, the Plan transitioned its custodial investment services from John Hancock Trust Company, LLC to JPMorgan Chase Bank, N.A. Management determined that, other than the custodial transition described above, there were no subsequent events requiring adjustment to or additional disclosure in the financial statements.

Attachment to 2025 Form 5500
Schedule SB, line 26: schedule of active participant data

Plan name:	Employees' Retirement Plan of The American Kennel Club	**EIN:**	13-4923060
Plan sponsor:	The American Kennel Club	**PN:**	001

Schedule of active participant data

Years of credited service

	<1	1–4	5–9	10–14	15–19	20–24	25–29	30–34	35–39	>40	Total
Attained Age											
<25											
25–29											
30–34											
35–39											
40–44		2	2								4
45–49		3	9	3	2						17
50–54		2	6	8	6	1					23
55–59		6	6	3	7	3					25
60–64		3	5	8	4	2	1				23
65–69		5	3	2		1					11
>70		1	1	1	1					1	5
Total		22	32	25	20	7	1			1	108

Attachment to 2025 Form 5500 Schedule SB
Schedule SB, line 26 - Schedule of Active Participant Data

Plan Name Employees' Retirement Plan of The American Kennel Club **EIN:** 13-4923060

Plan Sponsor's Name The American Kennel Club, Inc. **PN:** 001

The American Kennel Club

YEARS OF CREDITED SERVICE

Attained Age	Under 1 No.	1 to 4 No.	5 to 9 No.	10 to 14 No.	15 to 19 No.	20 to 24 No.	25 to 29 No.	30 to 34 No.	35 to 39 No.	40 & up No.	Total
Under 25											**0**
25 to 29											**0**
30 to 34											**0**
35 to 39											**0**
40 to 44		1	2								**3**
45 to 49		3	9	3	2						**17**
50 to 54		1	6	8	6	1					**22**
55 to 59		6	6	3	6	3					**24**
60 to 64		2	5	8	4	2	1				**22**
65 to 69		5	3	2		1					**11**
70 & up		1	1	1	1					1	**5**
	0	**19**	**32**	**25**	**19**	**7**	**1**	**0**	**0**	**1**	**104**

Attachment to 2025 Form 5500 Schedule SB
Schedule SB, line 26 - Schedule of Active Participant Data

Plan Name Employees' Retirement Plan of The American Kennel Club **EIN:** 13-4923060

Plan Sponsor's Name The American Kennel Club, Inc. **PN:** 001

Canine Health Foundation

YEARS OF CREDITED SERVICE

Attained Age	Under 1 No.	1 to 4 No.	5 to 9 No.	10 to 14 No.	15 to 19 No.	20 to 24 No.	25 to 29 No.	30 to 34 No.	35 to 39 No.	40 & up No.	Total
Under 25											**0**
25 to 29											**0**
30 to 34											**0**
35 to 39											**0**
40 to 44											**0**
45 to 49											**0**
50 to 54											**0**
55 to 59											**0**
60 to 64											**0**
65 to 69											**0**
70 & up											**0**
	0	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**

Attachment to 2025 Form 5500 Schedule SB
Schedule SB, line 26 - Schedule of Active Participant Data

Plan Name Employees' Retirement Plan of The American Kennel Club **EIN:** 13-4923060

Plan Sponsor's Name The American Kennel Club, Inc. **PN:** 001

American Kennel Club Reunite

YEARS OF CREDITED SERVICE

Attained Age	Under 1 No.	1 to 4 No.	5 to 9 No.	10 to 14 No.	15 to 19 No.	20 to 24 No.	25 to 29 No.	30 to 34 No.	35 to 39 No.	40 & up No.	Total
Under 25											**0**
25 to 29											**0**
30 to 34											**0**
35 to 39											**0**
40 to 44		1									**1**
45 to 49											**0**
50 to 54		1									**1**
55 to 59					1						**1**
60 to 64		1									**1**
65 to 69											**0**
70 & up											**0**
	0	**3**	**0**	**0**	**1**	**0**	**0**	**0**	**0**	**0**	**4**

Actuarial cost method

Funding target and target normal cost

An actuarial cost method allocates the expected cost of a pension plan on a year-by-year basis. The primary objective is to accumulate enough assets prior to each participant's retirement to provide the promised pension benefits.

The Pension Protection Act of 2006 (PPA) requires plan sponsors to use the Traditional Unit Credit actuarial cost method in which the estimated accrued benefit is based on service and, if applicable, earnings as of the valuation date. The funding target is equal to the actuarial present value of all accrued benefits as of the valuation date. The target normal cost is the actuarial present value, as of the valuation date, of the expected increases in projected accrued benefits attributable to service expected to be completed during the plan year (i.e., if applicable, one year's salary growth is reflected in the determination of target normal cost).

For tax deduction purposes, the funding target may reflect the value of future pay increases on accrued benefits, if applicable.

PPA discounting method

The plan sponsor must choose between full yield curve spot rates or a segmented yield curve of 24-month average corporate bond rates. If the segmented yield curve is selected, the plan sponsor can use either the rates as of the month of the valuation or as of a lookback month, up to 4 months prior to the valuation date. If the full yield curve is selected, the rates as of the month of valuation must be used.

For purposes of this valuation, the following discounting method was used and is assumed to be approved by the plan sponsor:

January 2025 segment rates, adjusted so each segment rate is no less than the applicable minimum percentage* of the corresponding 25-year average segment rate for the calendar year that contains the first day of the plan year and no more than the applicable maximum percentage of that 25-year average segment rate. The 25-year average cannot be less than 5.0% prior to application of the corridor.**

Asset valuation method

Plan assets for purposes of this actuarial valuation are valued under the asset averaging method, including, if applicable, discounted receivable contributions. The value is equal to the average of the fair market value of assets on the valuation date and the adjusted fair market value (including expected earnings) for the two earlier annual determination dates. Expected earnings are calculated using a rate no greater than the third segment rate of the segmented yield-curve in effect at the beginning of each valuation year. The resulting average value must be fall between 90 and 110 percent of the fair market value of assets on the valuation date.

---

* Minimum is 95% through 2030, decreasing 5% per year beginning in 2031 until 70% is reached in 2035

** Maximum is 105% through 2030 and increasing 5% per year beginning in 2031 until 130% is reached in 2035

Plan name:	Employees' Retirement Plan of The American Kennel Club	**EIN:**	13-4923060
Plan sponsor:	The American Kennel Club	**PN:**	001

Actuarial assumptions

Actuarial assumptions

Economic Assumptions

PPA Segment Rates	Funding Target	PBGC
- Segment 1: Up to Year 5	5.00%	5.00%
- Segment 2: Years 5-20	5.27%	5.27%
- Segment 3: Years 20+	5.50%	5.40%

Expected Return on plan assets: 5.25% (limited to PPA 3rd Segment Rate)
ASC 960 Discount Rate: 5.25%

Annual rates of increase:

- Salaries N/A
- Future Social Security wage bases N/A
- Statutory limits on compensation and benefits N/A

Demographic Assumptions

Mortality:

- Funding Target / PBGC
- ASC 960

IRS Generational Mortality Table for the Current Plan Year
Pri-2012 Mortality Table (Total Dataset) with Generational Projection (Scale MP-2021)

Termination: Illustrative annual rates of withdrawal are as follows:

Age	Male	Female
25	30.00%	30.00%
40	18.00%	18.00%
55	5.00%	5.00%

Disability: None

Retirement: Illustrative annual rates of retirement are as follows:

Age	Rate	Age	Rate
55	8%	64	25%
56-58	10%	65	30%
59	15%	66	10%
60	20%	67	25%
61	25%	68	20%
62	30%	69	15%
63	20%	70	100%

Actuarial assumptions

Miscellaneous Assumptions

Form of Payment:	Life Annuity
Expenses:	Equal to prior year's actual non-PBGC expenses plus current year's final PBGC expenses.
Percent Married:	80%
Spouse's Age:	Wives assumed to be 3 years younger than husbands

Rationale for significant assumptions

Economic assumptions

- **Expected return on plan assets:** The assumption was selected by the client with input from their investment advisor. We believe the assumption is reasonable as it falls within a reasonable range of expected returns for the plan's asset allocation based on capital market assumptions.

- **ASC 960 discount rate:** This assumption was selected by the plan sponsor and is based on the expected return on plan assets assumption.

Demographic Assumptions

- **ASC 960 mortality**: The mortality base table and projection scale is based on the most recent mortality table and improvement scale published by the Society of Actuaries and in our judgement, adequately reflects expected mortality rates as of the measurement date. The plan's size would not support a credible mortality study. The most recent improvement scale is from 2021 and does not include mortality data affected by the COVID-19 pandemic. The SOA will continue to study emerging mortality experience and assess what mortality improvement scale options might be considered to be implemented in the future. As such, we have decided not to reflect any adjustments to the most recent mortality improvement scale. The plan's relatively small size would not support a credible mortality study.

- **Termination:** We believe that this assumption is representative of anticipated future experience. Historically, this assumption has not produced significant gains or losses for the plan. In addition, based on discussions with the plan sponsor, significant changes in termination patterns are not expected.

- **Disability:** We believe that this assumption is representative of anticipated future experience. Historically, this assumption has not produced significant gains or losses for the plan. In addition, based on discussions with the plan sponsor, significant changes in disability patterns are not expected.

- **Retirement:** We believe that this assumption is representative of anticipated future experience. Historically, this assumption has not produced significant gains or losses for the plan. In addition, based on discussions with the plan sponsor, significant changes in retirement patterns are not expected.

Miscellaneous assumptions

- **Expenses:** The assumption is based on the expectation of expenses to be paid out during the plan year, based on actual PBGC expenses projected for the year, and assuming non-PBGC related expenses will be similar to the prior year.

- **Form of payment:** All optional forms are actuarially equivalent, and the assumption is based on the normal form of payment.

- **Spouse's age and percent married:** The employer does not have enough credible data to analyze spousal demographics. These assumptions are based on the actuary's experience with similar plans.

Multiple Employer Plan Participating Employer Information **Employees' Retirement Plan of The American Kennel Club EIN 13-4923060**		
(a) The American Kennel Club	(b) 13-4923060	(c) 95.50%
(a) American Kennel Club Reunite	(b) 13-3904402	(c) 2.49%
(a) American Kennel Club Canine Health Foundation, Inc.	(b) 13-3813813	(c) 2.01%

Employees' Retirement Plan of
The American Kennel Club

SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS

Year ended December 31, 2025

EMPLOYER ID NO: 13-4923060, PLAN #: 001

(a) Identity of Party	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense Incurred with Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction	(i) Net Gain or (Loss)
Category (i) - Individual transactions that exceeded 5% of plan assets as of the beginning of the Plan year:								
PIMCO	PIMCO Inv Grade Credit Bnd I	$ 3,700,000	$ -	$ -	$ -	$ 3,700,000	$ 3,700,000	$ -
Category (iii) - Series of transactions in the same security that exceeded 5% of plan assets as of the beginning of the Plan year:								
PIMCO 13 Series	PIMCO Long Dur Total Ret Inst 13 Series	$ 3,247,093	$ -	$ -	$ -	$ 3,247,093	$ 3,247,093	$ -
PIMCO 13 Series	PIMCO Inv Grade Credit Bnd I 13 Series	4,797,048		-	-	4,797,048	4,797,048	-
Shenkman 2 Series	Shenkman SD High Inc Instl 2 Series	-	(3,208,738)	-	-	(3,249,250)	(3,249,250)	(40,512)
Federated Hermes 36 Series	Federated Hermes US Trsy CR I 36 Series	-	(4,812,170)	-	-	(4,812,170)	(4,812,170)	-
Federated Hermes 24 Series	Federated Hermes US Trsy CR I 24 Series	4,211,414	-	-	-	4,211,414	4,211,414	-

***There were no category (ii), or (iv) reportable transactions during the year ended December 31, 2025.**

Category (ii) consists of series of transactions with the same broker that exceed 5% of beginning-of-year plan assets, while Category (iv) consists of individual transactions with the same broker that exceed 5% of beginning-of-year plan 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
EMPLOYEES' RETIREMENT PLAN OF AMERICAN KENNEL CLUB

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
American Kennel Club

D Employer Identification Number (EIN)
13-4923060

E Type of plan: ☐ Single ☒ Multiple-A ☐ Multiple-B

F Prior year plan size: ☐ 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**	62,340,090
b Actuarial value	**2b**	60,753,595

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	427	45,752,347	45,752,347
b For terminated vested participants	155	10,494,947	10,494,947
c For active participants	108	11,298,544	11,298,544
d Total	690	67,545,838	67,545,838

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**	5.32%
6 Target normal cost		
a Present value of current plan year accruals	**6a**	0
b Expected plan-related expenses	**6b**	667,650
c Target normal cost	**6c**	667,650

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 — Date: 9/23/2026

JEANNINE N. JODHAN — Type or print name of actuary

2607262 — Most recent enrollment number

MANULIFE JOHN HANCOCK — Firm name

781-619-2000 — Telephone number (including area code)

200 BERKELEY STREET

BOSTON MA 02116 — 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	4,569,366
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)		
9	Amount remaining (line 7 minus line 8)	0	4,569,366
10	Interest on line 9 using prior year's actual return of 6.04 %	0	275,990
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		696,257
	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 5.16 %		35,927
	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		732,184
	d Portion of (c) to be added to prefunding balance		732,184
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	5,577,540

Part III Funding Percentages

14	Funding target attainment percentage	14	81.68 %
15	Adjusted funding target attainment percentage	15	81.68 %
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	87.71 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/02/2025	12,666	0			
04/10/2025	617,106	0			
07/08/2025	12,666	0			
07/15/2025	617,106	0			
10/02/2025	12,666	0			
10/14/2025	617,106	0			
01/13/2026	629,772	0			
			Totals ► 18(b)	2,519,088	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	2,435,248

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:	
5.00 %	5.27 %	5.50%	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	0
22 Weighted average retirement age	**22**	63

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

Part VI Miscellaneous Items

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

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

26 Demographic and benefit information

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

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

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

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

a Target normal cost (line 6c)	**31a**	667,650
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	12,369,783	1,368,290
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	2,035,940

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

36 Additional cash requirement (line 34 minus line 35)	**36**	2,035,940
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	2,435,248

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

a Total (excess, if any, of line 37 over line 36)	**38a**	399,308
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

Attachment to 2025 Form 5500
Schedule SB, line 22: description of weighted average retirement age

Plan name: Employees' Retirement Plan of The American Kennel Club **EIN:** 13-4923060
Plan sponsor: The American Kennel Club **PN:** 001

Description of weighted average retirement age

Age	Expected Active Headcount	Retirement Rate	Expected Retirements	Weighted Age
55	32.8931	0.0800	2.6314	144.7297
56	38.2101	0.1000	3.8210	213.9767
57	36.3215	0.1000	3.6321	207.0325
58	37.6193	0.1000	3.7619	218.1917
59	38.7776	0.1500	5.8166	343.1820
60	35.8711	0.2000	7.1742	430.4537
61	35.6060	0.2500	8.9015	542.9909
62	32.6055	0.3000	9.7817	606.4625
63	29.7264	0.2000	5.9453	374.5525
64	24.6821	0.2500	6.1705	394.9132
65	21.4244	0.3000	6.4273	417.7755
66	18.9155	0.1000	1.8915	124.8421
67	18.9419	0.2500	4.7355	317.2775
68	17.1153	0.2000	3.4231	232.7677
69	13.6013	0.1500	2.0402	140.7739
70	12.4820	1.0000	12.4820	873.7371
71	0.0000	1.0000	0.0000	0.0000
72	3.0000	1.0000	3.0000	216.0000
73	0.0000	1.0000	0.0000	0.0000
74	1.0000	1.0000	1.0000	74.0000
Total			92.6359	5,873.6592
Average				63.41

Attachment to 2025 Schedule SB - Information for Each Individual Employer Lines 7-13 and 31-40

Employees' Retirement Plan of American Kennel Club

EIN 13-4923060 PN 001

Part II Beginning of year carryover and prefunding balances

		The American Kennel Club		Canine Health Foundation		The American Kennel Club Reunite	
		(a) Carryover Balance	(b) Prefunding Balance	(a) Carryover Balance	(b) Prefunding Balance	(a) Carryover Balance	(b) Prefunding Balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	4,320,420	0	120,479	0	128,467
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0	0	0	0	0
9	Amount remaining (line 7 minus line 8)	0	4,320,420	0	120,479	0	128,467
10	Interest on line 9 using prior year's actual return of 6.04 %	0	260,954	0	7,277	0	7,759
11	Prior year's excess contributions to be added to prefunding balance:						
a	Present Value of Excess contributions (line 38a from prior year)		657,688		25,249		13,320
b(1)	Interest on (a) using prior year's effective rate of 5.16 %		33,937		1,303		687
b(2)	Interest on line 38b from prior year Schedule SB, using prior year's actual return		-		-		-
c	Total available at beginning of current plan year to add to prefunding balance		691,625		26,552		14,007
d	Portion of (c) to be added to prefunding balance		691,625		26,552		14,007
12	Other reductions in balances due to elections or deemed elections	0	0	0	0	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	5,272,999	0	154,308	0	150,233

Part VIII Minimum required contribution for current year

		The American Kennel Club		Canine Health Foundation		The American Kennel Club Reunite	
31	Target normal cost and excess assets						
a	Target normal cost (line 6)		644,976		7,598		15,076
b	Excess assets, if applicable, but not greater than 31a						
32	Amortization installments:	Outstanding Balance	Installment	Outstanding Balance	Installment	Outstanding Balance	Installment
a	Net shortfall amortization installment	11,856,904	1,312,364	181,908	20,140	330,971	35,786
b	Waiver amortization installment	0	0	0	0	0	0
33	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						
34	Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b +32a +32b -33)		1,957,340		27,738		50,862
35	Balances used to offset funding requirement						
	Carryover Balance		0		0		0
	Prefunding Balance		0		0		0
	Total Balance		0		0		0
36	Additional cash requirement (line 34 *minus* line 35)		1,957,340		27,738		50,862
37	Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)		2,325,575		49,024		60,649
38	Present value of excess contributions for current year						
a	Total (excess, if any, of line 37 over line 36)		368,235		21,286		9,787
b	Portion included in line 38a attributable to use of prefunding and funding standard carryover balance		0		0		0
39	Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37))		0		0		0
40	Unpaid minimum required contributions for all years		0		0		0

Plan name:	Employees' Retirement Plan of The American Kennel Club	**EIN:**	13-4923060
Plan sponsor:	The American Kennel Club	**PN:**	001

Summary of plan provisions

Summary of plan provisions

Effective Date:	Original Plan: December 28, 1949	
Employee:	Any person employed by The American Kennel Club	
Eligible Employee:	Any Employee who meets the Eligibility Requirements except leased employees, contract employees and employees whose employment is governed by the terms of a collective bargaining agreement, unless such agreement expressly provides for coverage in this plan. Participation is closed to employees hired after February 15, 2010.	
Eligibility Requirements:	Attainment of age 21 and completion of one year of service, or attainment of age 35, if earlier.	
Plan Entry Date:	An Eligible Employee will enter the plan on the first day of the month coincident with or next following completion of the eligibility requirements.	
Year of Service:	Eligibility:	1,000 hours in a computation period.
	Benefit Accrual:	Elapsed time from date of hire to date of termination. Service for benefit accrual purposes is frozen effective December 31, 2011
	Vesting:	1,000 hours in a plan year
Normal Retirement Date:	First of the month coincident with or following the attainment of age 65 and 5 years of plan participation.	
Compensation:	Base compensation paid by the employer in the plan year including special lead pay (non highly-compensated employees only), shift differential and deferrals to Section 401(k) and 125 plans and excluding bonuses, overtime and other special compensation.	

Average Monthly Compensation:	For Participant who commences participation prior to January 1, 2009: 1/12th of the average annual compensation of a member during the 36 months in the last 10 or less years of Credited Service affording the highest such average, or during all the years of his Credited Service if less than 36 months. For Participant who commences participation on or after January 1, 2009: 1/12th of the average annual compensation of a member during the 60 months in the last 10 or less years of Credited Service affording the highest such average, or during all the years of his Credited Service if less than 60 months. Average Monthly Compensation is frozen effective December 31, 2011.
Normal Retirement Benefit:	For Participant who commences participation prior to January 1, 2009: The monthly retirement benefit, payable during the participant's lifetime, is equal to the sum of (i), (ii) and (iii) below: (i) 2.0% of final average earnings up to covered compensation multiplied by Credited Service not in excess of 30 years; plus (ii) 2.5% of final average earnings in excess of covered compensation multiplied by Credited Service not in in excess of 30 years; plus (iii) 2% of final average earnings multiplied by Credited Service in excess of 30 years. Provided, further, that in no event shall a Member's Accrued Benefit under the Plan exceed the greater of (i) sixty-five percent (65%) of the Member's Average Final Compensation or (ii) the Member's accrued percentage of Average Final Compensation as of December 31, 2003.

Summary of plan provisions

Normal Retirement Benefit:	For Participant who commences participation on or after January 1, 2009: The monthly retirement benefit, payable during the participant's lifetime, is equal to the product of (i) and (ii) below: (i) 1 percent of final average earnings, and (ii) Credited Service The monthly retirement benefit shall not exceed 25% of the participant's final average earnings. The plan is frozen for benefit accruals effective December 31, 2011
Normal Form of Benefit:	Life Annuity
Optional Forms of Benefit:	Joint and Survivor Annuities ranging from 25% to 100%, Certain and Continuous Options, and Social Security Equalization Annuity.
Accrued Benefit:	The Normal Retirement Benefit based on Average Compensation and Credited Service to date. The Accrued Benefit is frozen effective December 31, 2011.
Early Retirement Benefit:	Eligibility: Age 55 with 5 Years of Credited Service Benefit: The Normal Retirement Benefit reduced by .5% for each month the commencement date precedes age 62. For a Participant under the age of forty as of December 31, 2008 and for all Participants who commence participation on or after January 1, 2009, the reduced benefit shall be his Accrued Benefit, determined as of his Early Retirement Date, reduced actuarially based on an interest rate of 7% and the RP-2000 Combined Healthy Mortality Table (50% male, 50% female).

Summary of plan provisions

Disability Benefit:	A Participant who has completed 10 Years of Service and becomes disabled as defined by the Plan will receive an immediate benefit equal to the Accrued Benefit at date of disability. In addition, the participant may receive a supplemental allowance equal to .6% of final average compensation not in excess of $5,000 multiplied by Years of Service prior to 1/1/89. The Supplemental Allowance is payable until the earlier of age 65 or the date the Participant is no longer eligible for Social Security Disability benefits.
Death Benefit:	Spouse Benefit: (i) If a Participant dies while employed, the monthly benefit payable to the spouse will be equal to 50% of the benefit the Participant would have received had he retired or left the Club, but not less than the Lump Sum Death Benefit described below. (ii) If the Participants dies after terminating employment, the monthly benefit payable to the spouse will be the survivor's portion of the 50% Joint & Survivor Annuity. Lump Sum Death Benefit (i) If a Participant dies while employed and is not vested or does not have an eligible spouse, the lump sum benefit payable to the beneficiary or estate, is equal to one year's compensation. (ii) If the Participants dies after terminating employment and is entitled to normal, early, late or disability retirement, the lump sum benefit payable to the beneficiary or estate, is equal to $1,000 plus one year's retirement benefits, as if the Participant had elected a life annuity.
Vesting:	100% vested after 5 Years of Service. A vested terminated participant's benefit is reduced for the cost of death benefit protection during the deferral period.
Employee Contributions:	Prior to January 1, 1987, employees were required to contribute to the Plan. No contributions have been required or allowed after that date.

John Hancock Retirement Plan Services LLC provides administrative and/or recordkeeping services to sponsors or administrators of retirement plans as well as a platform of investment alternatives that is made available without regard to the individualized needs of any plan through an open-architecture platform. John Hancock Trust Company LLC provides trust and custodial services to such plans. Unless otherwise specifically stated in writing, John Hancock Retirement Plan Services LLC does not, and is not undertaking to, provide impartial investment advice or give advice in a fiduciary capacity.

© 2025 John Hancock. All rights reserved.

FOR PLAN SPONSOR USE ONLY. NOT FOR USE WITH PLAN PARTICIPANTS.

MS-PS 34391 01/22 46453

SUPPLEMENTAL SCHEDULES

Employees' Retirement Plan of
The American Kennel Club

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

December 31, 2025

EIN: #13-4923060, PLAN #: 001

	(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Shares	(e) Cost	(f) Current Value
	Cash and money market funds:					
*		Bank of New York Mellon	Collective Short-Term Investment Fund	196,974	196,974	$ 196,974
*		Federated US Treasury Cash Reserves	Money Market Fund	70	70	70
		Total cash and money market funds			197,044	197,044
	Corporate stocks:					
		AAON Inc.	Corporate Stock	598	46,704	45,598
		AeroVironment	Corporate Stock	648	99,876	156,745
		Azenta	Corporate Stock	1,850	74,210	61,531
		Bio Techne	Corporate Stock	1,136	81,397	66,808
		Cerence	Corporate Stock	5,551	43,575	59,340
		Cognyte Software	Corporate Stock	11,225	97,096	105,515
		CommVault Systems	Corporate Stock	896	135,215	112,323
		Costar Group	Corporate Stock	1,074	76,617	72,216
		CyberArk Software	Corporate Stock	313	104,276	139,617
		DexCom	Corporate Stock	719	55,140	47,720
		FactSet Research	Corporate Stock	121	58,114	35,113
		Fortinet	Corporate Stock	443	41,855	35,179
		Globus Medical Inc.	Corporate Stock	884	57,602	77,182
		Guidewire Software	Corporate Stock	530	89,347	106,535
		IDEXX Lab	Corporate Stock	130	53,747	87,949
		IPG Photonics Corp.	Corporate Stock	577	47,326	41,313
		Jack Henry & Associates	Corporate Stock	278	48,733	50,729
		Kratos Defense & Security Solu	Corporate Stock	1,687	46,805	128,060
		Liveramp Holdings Inc	Corporate Stock	1,660	53,474	48,754
		Manhattan Assocs	Corporate Stock	357	91,626	61,872
		Medpace Holdings	Corporate Stock	254	84,386	142,659
		Morningstar	Corporate Stock	254	81,167	55,197
		NCINO INC	Corporate Stock	3,038	84,523	77,894
		Neogen	Corporate Stock	5,016	50,232	35,062
		NICE	Corporate Stock	325	55,198	36,738
		Novanta Inc.	Corporate Stock	510	58,360	60,685
		Proto Labs Inc.	Corporate Stock	1,067	54,369	53,979
		Qualys	Corporate Stock	455	63,800	60,469
		RBC Bearings	Corporate Stock	362	108,472	162,332
		Repligen	Corporate Stock	516	72,779	84,552
		ResMed	Corporate Stock	298	68,150	71,779
		SEI Investments Co.	Corporate Stock	538	44,515	44,127
		SPS Commerce	Corporate Stock	597	82,967	53,211
		STAAR Surgical	Corporate Stock	2,132	44,344	49,228
		Tradeweb Markets	Corporate Stock	375	49,095	40,327
		Varonis Systems Inc	Corporate Stock	2,213	94,610	72,586
		Veeva Systems	Corporate Stock	308	66,140	68,755
		Total corporate stocks			2,565,843	2,709,679
	Mutual funds:					
		Columbia Small Cap Val I Inst	Mutual Fund	60,270	3,227,982	3,157,520
		First Eagle Overseas Fund I	Mutual Fund	104,668	2,451,113	3,278,213
		PIMCO Inv Grade Credit Bnd I	Mutual Fund	2,669,399	26,773,514	24,558,474
		PIMCO Long Dur Total Ret Inst	Mutual Fund	2,054,950	20,148,498	14,898,387
		PIMCO L-T Credit Bond Inst	Mutual Fund	306,720	3,584,274	2,729,811
		Vanguard Instit Index (Inst)	Mutual Fund	16,859	5,489,244	9,307,330
		WCM Focused Intl Growth Inst	Mutual Fund	108,446	1,608,895	2,698,132
		Total mutual funds			63,283,521	60,627,867
	Alternative investments:					
		Ironwood	Limited Partnership		2,183,217	2,183,217
		Total investments			$ 68,229,625	$ 65,717,807

* Indicates a party in interest to the Plan.

Attachment to 2025 Form 5500
Schedule SB, line 32: schedule of amortization bases

Plan name: Employees' Retirement Plan of The American Kennel Club **EIN:** 13-4923060
Plan sponsor: The American Kennel Club **PN:** 001

Schedule of amortization bases

Type of base	Present value of remaining installments	Valuation date	Years remaining	Amortization installment
Shortfall	4,496,658	1/1/2025	15	418,213
Shortfall	(1,829,946)	1/1/2024	14	(178,273)
Shortfall	6,878,571	1/1/2023	13	705,354
Shortfall	(4,247,903)	1/1/2022	12	(461,127)
Shortfall	(586,452)	1/1/2021	11	(67,848)
Shortfall	7,658,855	1/1/2020	10	951,971
Shortfall	0	1/1/2019	9	0
	Total 12,369,783			1,368,290

Plan name:	Employees' Retirement Plan of The American Kennel Club	**EIN:**	13-4923060
Plan sponsor:	The American Kennel Club	**PN:**	001

Changes in actuarial assumptions and methods

There were no changes in assumptions and methods other than those mandated to remain in compliance with IRS standards.