Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

A This return/report is for:
- [ ] a multiemployer plan
- [ ] a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
- [X] a single-employer plan
- [ ] a DFE (specify) _____

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

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

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

E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. . . . . ▶ [ ]

Part II Basic Plan Information—enter all requested information

1a Name of plan
ROGERS FOAM CORPORATION 401(K)/PROFIT SHARING PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 12/31/1964

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)
ROGERS FOAM CORPORATION

20 VERNON ST
SOMERVILLE, MA 02145

2b Employer Identification Number (EIN) 04-2042125

2c Plan Sponsor's telephone number 617-623-3010

2d Business code (see instructions) 326100

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	SCOTT LEE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

5	Total number of participants at the beginning of the plan year	**5**	427
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)**	373
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	371
b	Retired or separated participants receiving benefits	**6b**	5
c	Other retired or separated participants entitled to future benefits	**6c**	49
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	425
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	2
f	Total. Add lines **6d** and **6e**.	**6f**	427
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)**	406
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)**	418
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	10
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:

2E 2F 2G 2J 2K 2T 3D 3F 3H

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

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

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

a Pension Schedules

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

b General Schedules

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [ ] **A** (Insurance Information) – Number Attached 0
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [ ] **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 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
ROGERS FOAM CORPORATION 401(K)/PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
04-2042125

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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

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

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

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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
37 60 64 65	RECORDKEEPER	66697	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

CAPFINANCIAL PARTNERS

26-0058143

(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	EMPLOYEE OF EMPLOYER	20896	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

LITMAN

04-2694095

(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	EMPLOYEE OF EMPLOYER	14040	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)

STRATEGIC ADVISERS LLC

04-2654524

(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	ADVISOR	11507	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

THE ANGELL PENSION GROUP

04-2530412

(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	EMPLOYEE OF EMPLOYER	6750	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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
TRP DIV GROWTH - T. ROWE PRICE SER 52-2269240	0.15%	

(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

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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
ROGERS FOAM CORPORATION 401(K)/PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
04-2042125

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	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	3915313	2285000
(2) Participant contributions	1b(2)	0	0
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	1240212	800833
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	722249	896129
(9) Value of interest in common/collective trusts	1c(9)	0	0
(10) Value of interest in pooled separate accounts	1c(10)	0	0
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	57485057	67520436
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	0	0
(15) Other	1c(15)	0	0

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)	0	0
(2) Employer real property	1d(2)	0	0
1e Buildings and other property used in plan operation	1e	0	0
1f Total assets (add all amounts in lines 1a through 1e)	1f	63362831	71502398
Liabilities			
1g Benefit claims payable	1g	0	0
1h Operating payables	1h	0	0
1i Acquisition indebtedness	1i	0	0
1j Other liabilities	1j	0	0
1k Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	63362831	71502398

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)	2289180	
(B) Participants	2a(1)(B)	1863866	
(C) Others (including rollovers)	2a(1)(C)	30745	
(2) Noncash contributions	2a(2)	0	
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		4183791
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	46810	
(B) U.S. Government securities	2b(1)(B)	0	
(C) Corporate debt instruments	2b(1)(C)	0	
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans	2b(1)(E)	60927	
(F) Other	2b(1)(F)	0	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		107737
(2) Dividends: **(A)** Preferred stock	2b(2)(A)	0	
(B) Common stock	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	3313983	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		3313983
(3) Rents	2b(3)		0
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	0	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	0	
(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)	0	
(B) Other	2b(5)(B)	0	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		0
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		7256807
c Other income	2c		0
d Total income. Add all **income** amounts in column (b) and enter total	2d		14862318
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	6593925	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		6593925
f Corrective distributions (see instructions)	2f		0
g Certain deemed distributions of participant loans (see instructions)	2g		8933
h Interest expense	2h		0
i Administrative expenses:			
(1) Salaries and allowances	2i(1)	0	
(2) Contract administrator fees	2i(2)	0	
(3) Recordkeeping fees	2i(3)	66697	
(4) IQPA audit fees	2i(4)	14040	
(5) Investment advisory and investment management fees	2i(5)	11507	
(6) Bank or trust company trustee/custodial fees	2i(6)	0	
(7) Actuarial fees	2i(7)	0	
(8) Legal fees	2i(8)	0	
(9) Valuation/appraisal fees	2i(9)	0	
(10) Other trustee fees and expenses	2i(10)	0	
(11) Other expenses	2i(11)	27649	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		119893
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		6722751
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		8139567
l Transfers of assets:			
(1) To this plan	2l(1)		0
(2) From this plan	2l(2)		0

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: CITRIN COOPERMAN & COMPANY LLP **(2)** EIN: 22-2428965

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		340282
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.) ..... ☐ Yes ☐ No ☐ Not determined

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

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
ROGERS FOAM CORPORATION 401(K)/PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
04-2042125

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** |

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

EIN(s): 04-6568107

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** |

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 06 / 30 / 2020 (MM/DD/YYYY) and the Opinion Letter serial number Q702438A .

Rogers Foam Corporation
401(k)/Profit Sharing Plan

Financial Statements
and Supplemental Schedules

As of December 31, 2025 and 2024 and
for the Year Ended December 31, 2025

Rogers Foam Corporation
401(k)/Profit Sharing Plan

Financial Statements and Supplemental Schedules
As of December 31, 2025 and 2024 and
for the Year Ended December 31, 2025

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CITRINCOOPERMAN®

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Independent Auditor's Report

To the Administrative Committee of
Rogers Foam Corporation 401(k)/Profit Sharing Plan
Somerville, Massachusetts

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit of the 2025 Financial Statements

We have performed an audit of the financial statements of Rogers Foam Corporation 401(k)/Profit Sharing Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statement of net assets available for benefits as of December 31, 2025, and the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audit of Rogers Foam Corporation 401(k)/Profit Sharing Plan's 2025 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 audit 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 a certification from a qualified institution as of and for the year ended December 31, 2025, stating that the certified investment and notes receivable from participants information, as described in Note 4 to the financial statements, is complete and accurate.

Opinion on the 2025 Financial Statements

In our opinion, based on our audit and on the procedures performed as described in the Auditor's Responsibilities for the Audit of the 2025 Financial Statements section:

- the amounts and disclosures in the accompanying 2025 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 2025 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).

"Citrin Cooperman" is the brand under which Citrin Cooperman & Company, LLP, a licensed independent CPA firm, and Citrin Cooperman Advisors LLC serve clients' business needs. The two firms operate as separate legal entities in an alternative practice structure. The entities of Citrin Cooperman & Company, LLP and Citrin Cooperman Advisors LLC are independent member firms of the Moore North America, Inc. (MNA) Association, which is itself a regional member of Moore Global Network Limited (MGNL). All the firms associated with MNA are independently owned and managed entities. Their membership in, or association with, MNA should not be construed as constituting or implying any partnership between them.

Basis for Opinion on the 2025 Financial Statements

We conducted our audit in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the 2025 Financial Statements section of our report. We are required to be independent of Rogers Foam Corporation 401(k)/Profit Sharing Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audit. 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 2025 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 Rogers Foam Corporation 401(k)/Profit Sharing Plan's ability to continue as a going concern for one year following the date that 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 2025 Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit of the 2025 Financial Statements section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- exercise professional judgment and maintain professional skepticism throughout the audit.
- identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.

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- 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 Rogers Foam Corporation 401(k)/Profit Sharing 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 Rogers Foam Corporation 401(k)/Profit Sharing Plan's ability to continue as a going concern for a reasonable period of time.

Our audit 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 2025 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 Matters – 2025 Supplemental Schedules Required by ERISA

The supplemental schedules of schedule H, line 4a – schedule of delinquent participant contributions for the year ended December 31, 2025, and schedule H, line 4i – schedule of assets (held at end of year) as of 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 information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the 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.

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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).

Auditors' Report on the 2024 Financial Statements

The financial statements of Rogers Foam Corporation 401(k)/Profit Sharing Plan as of December 31, 2024, were audited by predecessor auditors. 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, the prior year audit did not extend to any statements or information related to assets held for investment of the plan that were certified by a qualified institution. Their report dated October 1, 2025, indicated that in their opinion (a) the amounts and disclosures in the 2024 financial statements, other than those agreed to or derived from the certified investment information, were presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America, and (b) the information in the 2024 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). Their report also indicated that the form and content of the 2024 supplemental schedules, other than the information in the 2024 supplemental schedules that agreed to or is derived from the certified investment information, were presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA; and the information in the 2024 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).

Citrin Cooperman & Company, LLP

Woburn, Massachusetts
October 14, 2026

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Rogers Foam Corporation 401(k)/Profit Sharing Plan

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

	2025	2024
Assets		
Investments, at fair value	**$ 68,321,269**	$ 58,725,269
Receivables:		
Employer contributions	**2,285,000**	3,915,313
Notes receivable from participants	**896,129**	722,249
Total receivables	**3,181,129**	4,637,562
Net assets available for benefits	**$ 71,502,398**	$ 63,362,831

See accompanying notes to financial statements.

Rogers Foam Corporation 401(k)/Profit Sharing Plan

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

Additions to net assets attributed to:	
Investment income:	
Net appreciation in fair value of investments	$ 7,256,807
Interest and dividends	3,360,793
Total investment income	10,617,600
Interest on notes receivable from participants	60,927
Contributions:	
Employer	2,289,180
Participant	1,863,866
Rollover	30,745
Total contributions	4,183,791
Total additions	14,862,318
Deductions from net assets attributed to:	
Benefits paid to participants	6,602,858
Administrative expenses	119,893
Total deductions	6,722,751
Net increase	8,139,567
Net assets available for benefits:	
Beginning of year	63,362,831
End of year	$ 71,502,398

See accompanying notes to financial statements.

1. Description of the Plan

The following description of the Rogers Foam Corporation 401(k)/Profit Sharing Plan (the Plan) provides general information only. Plan participants should refer to the plan document for a more complete description of the Plan's provisions.

General
The Plan is a defined contribution plan sponsored by Rogers Foam Corporation (the Plan Sponsor) and covers substantially all employees who have completed one month of service at Rogers Foam Corporation, Majann, Inc., or Rogers Foam Automotive Corporation (collectively referred to as the Company), which are commonly controlled entities. The Plan excludes co-op students who have not attained the age of 21 and have not completed at least 1,000 hours of service during a 12-consecutive-month period beginning with the applicable employee's employment commencement date, residents of Puerto Rico, leased employees, and nonresident aliens. The Administrative Committee is responsible for oversight of the Plan, determining the appropriateness of the Plan's investment offerings, and monitoring investment performance. The Company appoints one or more individuals, usually certain executives of the Company, to serve as the Administrative Committee of the Plan. The Administrative Committee appoints the Plan's trustee, which holds and is responsible for the investment of the Plan's assets.

As of December 31, 2025, the Plan was most recently amended effective February 26, 2024 to permit participants who are still employed by the Company to convert fully vested amounts held in their employee deferral, discretionary nonelective employer contribution, and safe harbor matching contribution accounts to designated Roth contributions, subject to the limitations established by the Plan.

The Plan is subject to the provisions of the Internal Revenue Code of 1986 (IRC) and the Employee Retirement Income Security Act of 1974 (ERISA).

Setting Every Community Up for Retirement Enhancement (SECURE) Act and SECURE 2.0 Act
On June 15, 2026, the pre-approved plan document (see Note 5) was formally amended to incorporate applicable provisions of the SECURE Act and the SECURE 2.0 Act of 2022. The amendments include changes to the eligibility requirements for certain long-term, part-time employees, including a reduction in the number of consecutive 12-month computation periods during which certain long-term, part-time employees must complete at least 500 hours of service from three to two such periods. The amendments also reflect changes to the required minimum distribution rules, including increases in the applicable required minimum distribution age based on a participant's date of birth and the exclusion of designated Roth account balances from required minimum distribution calculations during a participant's lifetime for distribution calendar years beginning on or after January 1, 2024. In addition, the amendments increased the mandatory cash out limit from $5,000 to $7,000 effective January 1, 2024. Effective January 1, 2025, the Plan provides for the increased catch-up contribution limit applicable to eligible participants who attain ages 60 through 63 during the calendar year. Effective January 1, 2026, catch-up contributions made by participants whose prior-year FICA wages exceed the applicable statutory threshold must be made as Roth 401(k) contributions. The amendment includes provision-specific effective dates beginning in 2020.

Contributions
Each year, participants may contribute pre-tax and Roth contributions up to 75% of eligible compensation, as defined in the Plan, beginning on the first day of the month coinciding with or subsequent to completing one month of service. Participants who have attained age 50 before the end of the plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans (rollover). Participants direct the investment of their contributions into various investment options offered by the Plan.

1. Description of the Plan…continued

Contributions…continued
The Plan includes an auto-enrollment provision whereby all newly eligible employees are automatically enrolled in the Plan. Automatically enrolled participants have their pre-tax deferral rate set at 4% of eligible compensation and their contributions invested in a designated target date fund until changed by the applicable participant. During March of each year, the automatic deferral percentage is increased by 1%, up to a maximum of 10%, unless the automatic increase is within the first six months of the applicable participant's automatic enrollment. These provisions do not apply to employees hired prior to January 1, 2016 or to rehires. Employees have the option to opt out of both the automatic enrollment upon attaining eligibility and the automatic annual increase.

The Company contributes safe harbor matching contributions equal to 100% of the first 4% of eligible compensation that a participant contributes to the Plan on an annual basis, provided the participant has completed one year of service, defined as at least 1,000 hours during a 12-consecutive-month period beginning with the employee's employment commencement date. During the year ended December 31, 2025, the Company's safe harbor matching contribution to the Plan totaled $901,180.

Additional profit-sharing amounts may be contributed at the option of the Company's Board of Directors to participants who have completed one year of service (as defined above), attained 1,000 hours of service during the plan year, and are employed by the Company on the last day of the plan year. The profit-sharing contributions are invested in a portfolio of investments as directed by the participant. During the year ended December 31, 2025, the Company made a profit-sharing contribution to the Plan totaling $1,383,820. A participant who has attained the respective eligibility requirements becomes eligible to receive employer contributions on the first day of the next January, April, July, or October subsequent to attaining the eligibility requirements.

Certain corrective contributions funded during the year ended December 31, 2025 totaled $4,180, and were included in employer contributions on the accompanying statement of changes in net assets available for benefits.

The Company also identified errors surrounding the application of participant-elected contribution rates and timeliness of enrollment. Such errors require corrective contributions for missed participant contributions totaling approximately $750, $39,000, and $7,000 for the years ended December 31, 2025, 2024, and 2023, respectively, and corrective contributions for missed employer contributions totaling approximately $100, $6,000, and $3,000 for the years ended December 31, 2025, 2024, and 2023, respectively. Such corrective contributions have not yet been funded, but management is evaluating the extent to which available forfeitures may be used for permissible corrective contributions in accordance with the Plan and applicable correction guidance. The forfeiture balance totaled approximately $33,000 as of the issuance date of these financial statements; however, the ultimate balance of forfeitures available to fund the corrections is unable to be determined and could change significantly prior to the funding of corrective contributions to participant accounts. Based on management's evaluation of the corrective contributions attributable to periods through December 31, 2025, the amount not recognized was not material to the financial statements taken as a whole.

1. Description of the Plan…continued

Contributions…continued
These errors also resulted in participant contributions made in excess of the participants' elections totaling approximately $1,000, $41,000 and $21,000 for the years ended December 31, 2025, 2024, and 2023, respectively; however, management is evaluating the required corrective treatment under the Plan and applicable correction guidance. Based on its evaluation to date, management expects the majority of such amounts to remain in the respective participant accounts. The amount not recognized was not material to the financial statements taken as a whole and therefore has not been recognized on the accompanying statements of net assets available for benefits and statement of changes in net assets available for benefits. Related excess employer contributions totaling approximately $7,000 and $2,000 for the years ended December 31, 2024 and 2023, respectively, are expected to be forfeited from participant accounts.

All contributions and compensation are subject to certain Internal Revenue Service (IRS) limitations.

Participant Accounts
Each participant's account is credited with the participant's contributions and the Company's safe harbor matching contributions as well as allocations of the Company's profit-sharing contribution and the Plan's earnings. Participant accounts are charged with an allocation of administrative expenses that are paid by the Plan. The allocation of earnings is based on a participant's account balance, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Notes Receivable from Participants
The Plan permits its participants to obtain loans against their account balances. A participant may borrow from his or her vested accounts a minimum of $1,000, up to a maximum equal to the lesser of $50,000 reduced by the highest outstanding loan balance within the last 12 months or 50% of his or her vested account balance. The notes receivable from participants bear interest at the prevailing market rate at the date each loan application is processed. A participant may only have one loan outstanding at any given time and must wait 30 days after payoff of a prior loan to apply for a new loan. All loans must be repaid in level payments at least quarterly over a period not exceeding five years, except that a loan used to purchase the participant's principal residence may have a repayment period of up to ten years from the date of the loan. The level repayment requirement may be waived for a period of one year or less if a participant is on a leave of absence; however, the loan must still be repaid in full on the maturity date. The Plan Administrator considers a loan in default if a scheduled repayment remains unpaid as of the last business day of the calendar quarter following the calendar quarter in which the repayment was initially considered past due. In the event of default or termination of employment, the entire outstanding principal balance and accrued interest shall be immediately due and payable. Certain other restrictions apply to notes receivable from participants as defined in the plan documents. As of December 31, 2025, the interest rates on outstanding notes receivable from participants ranged from 3.25% to 8.50% with various maturity dates through 2030.

Vesting
Participants are immediately vested in their pre-tax and Roth deferral contributions, including catch-up contributions, rollover contributions, qualified nonelective employer contributions, qualified matching employer contributions, and safe harbor matching employer contributions, plus related earnings.

1. Description of the Plan…continued

Vesting…continued
Effective January 2007, participants vest in discretionary employer profit-sharing contributions based on years of vesting service (as defined) determined under the elapsed time method, starting with the employee's second year of employment, and become fully vested after six years of credited service. Participants terminated prior to October 2007 vest in discretionary employer profit-sharing contributions based on the general method (1,000 hours in a plan year), starting with the employee's third year of service, and become fully vested after seven years of service.

A participant becomes fully vested upon attaining the Plan's normal retirement age (62) while employed, upon disability retirement (as defined), or upon death while employed or performing qualified military service.

Forfeitures
As of December 31, 2025 and 2024, forfeited nonvested accounts totaled $53,891 and $37,834, respectively. These accounts will be used to reduce future employer contributions as well as pay certain administrative expenses. During the year ended December 31, 2025, administrative expenses were funded with $41,686 of forfeited nonvested accounts and employer contributions were not reduced by forfeited nonvested accounts.

Payment of Benefits
A participant's vested account balance is available for distribution following termination of employment with the Company due to death, normal retirement, disability retirement, or another termination of employment. Disability retirement requires the participant to satisfy the Plan's disability definition and terminate employment. A participant may withdraw all or any portion of the participant's rollover contribution account at any time. A distributee may elect to have all or any portion of an eligible rollover distribution paid directly to an eligible retirement plan specified by the distributee. A direct rollover may not be elected for a portion of an eligible rollover distribution totaling less than $500. The normal form of payment under the Plan is a single lump-sum distribution. Required minimum distributions (RMDs) are required for non-Roth accounts at age 70½ if born before July 1, 1949, age 72 if born between July 1, 1949 and December 31, 1950, age 73 if born between 1951 and 1959, and age 75 if born during or after 1960 (for participants other than 5% owners, RMDs generally may be delayed until retirement if retirement occurs after the applicable RMD age). Eligible participants may receive hardship withdrawals from their deferral contribution accounts, including related earnings, subject to a minimum withdrawal amount of $500 and the other requirements of the Plan. Participants who have attained age 59½ while employed by the Company may elect to withdraw all or a portion of their vested accounts. Following termination of employment, the Plan automatically distributes a participant's vested account balance when it does not exceed $7,000; a balance of $1,000 or less is paid directly to the participant, while a balance greater than $1,000 but less than or equal to $7,000 is rolled over to an individual retirement plan designated by the Plan Administrator.

All distributions are subject to the applicable provisions of the Plan.

Investment Elections
Each participant shall direct the investment of his or her account and shall elect among various mutual funds. Each participant has the ability to change his or her investment allocations at any time.

2. Summary of Significant Accounting Policies

Basis of Accounting
The financial statements of the Plan are prepared on the accrual basis of accounting. The financial statements have been prepared in accordance with accounting standards set by the Financial Accounting Standards Board (FASB). The FASB sets generally accepted accounting principles in the United States of America (GAAP) to ensure net assets available for benefits and changes in net assets available for benefits are consistently reported. References to GAAP issued by the FASB in these notes are to the FASB Accounting Standards Codification (ASC).

Use of Estimates
The preparation of financial statements in conformity with GAAP requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Accordingly, actual results may differ from those estimates.

Investment Valuation and Income Recognition
The Plan's investments are stated at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's Administrative Committee determines the Plan's valuation policies utilizing information provided by investment advisers and the trustee. See Note 3 for a discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Contributions
Contributions from participants and the matching contributions from the employer are recorded in the year in which the related participant contributions are withheld from compensation. Discretionary profit-sharing contributions, if any, are recognized in the year designated by the Company.

Notes Receivable from Participants
Notes receivable from participants are measured at their unpaid principal balance plus any accrued, but unpaid interest. Interest from notes receivable from participants is recorded on an accrual basis. As of December 31, 2025 and 2024, accrued but unpaid interest has been deemed insignificant to the Plan. Related fees are recorded as administrative expenses when they are incurred. If a participant ceases to make loan repayments and the Plan Administrator deems the note receivable from participant to be a distribution, notes receivable from participants are reduced, and a benefit payment is recorded within the statement of changes of net assets available for benefits.

Payment of Benefits
Benefit payments are recorded when paid.

Expenses
Certain expenses of maintaining the Plan are paid by the Plan, unless otherwise paid by the Company. Expenses that are paid by the Company are excluded from these financial statements. Fees related to the administration of notes receivable from participants are charged directly to the applicable participant's account and are included in administrative expenses. Investment related expenses are included in net appreciation of fair value of investments.

3. Fair Value Measurements

The Plan discloses the fair value of investments in accordance with FASB ASC Topic No. 820, *Fair Value Measurement* (ASC 820). The framework under ASC 820 provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1) and the lowest priority to unobservable inputs (level 3). The three levels of the fair value hierarchy under ASC 820 are described as follows:

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

Level 2 - Inputs to the valuation methodology include:

- quoted prices for similar assets or liabilities in active markets;
- quoted prices for identical or similar assets or liabilities in inactive markets;
- inputs other than quoted prices that are observable for the asset or liability;
- inputs that are derived principally from or corroborated by observable market data by correlation or other means; or
- If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.

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

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

Following is a description of the valuation methodology used for assets measured at fair value. There have been no changes in the methodology used as of December 31, 2025 and 2024.

Mutual funds - Valued at the daily closing price as reported by the applicable mutual fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the U.S. Securities and Exchange Commission, which are required to publish their daily net asset value and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

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

3. Fair Value Measurements…continued

The following table sets forth by level, within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2025:

	Level 1	Level 2	Level 3	Total
Mutual funds	$ 68,321,269	$ -	$ -	$68,321,269

The following table sets forth by level, within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2024:

	Level 1	Level 2	Level 3	Total
Mutual funds	$ 58,725,269	$ -	$ -	$58,725,269

4. Information Prepared and Certified by Plan's Trustee

The Plan Administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, the trustee of the Plan, Fidelity Management Trust Company (Fidelity), has certified to the completeness and accuracy of all investments and notes receivable from participants reflected on the accompanying statements of net assets available for benefits as of December 31, 2025 and 2024, and schedule H, line 4i – schedule of assets (held at end of year) as of December 31, 2025, and the related investment activity and interest income on notes receivable from participants activity reflected in the statement of changes in net assets available for benefits for the year ended December 31, 2025.

5. Tax Status

The Plan has adopted a pre-approved plan in which the IRS determined, by an opinion letter dated June 30, 2020, that the Plan is designed in accordance with applicable sections of the IRC. Although the Plan has been amended since receiving the opinion letter, the Plan Administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC and, therefore, believes that the Plan is qualified and the related trust is tax-exempt.

GAAP requires management to evaluate tax positions taken by the Plan and recognize a tax asset or liability 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 tax positions taken or expected to be taken that would require recognition of an asset or liability 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.

6. Plan Termination

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of the Plan's termination, participants will become fully vested in their accounts.

7. Party-in-Interest Transactions

Certain investments of the Plan are shares of mutual funds managed by affiliates of Fidelity and therefore, these transactions qualify as party-in-interest transactions as that term is defined in Section 3(14) of ERISA. In addition, the Plan issues loans to participants, which are secured by the balances in participant accounts and constitute party-in-interest transactions. Certain service providers to the Plan are parties-in-interest as defined by ERISA. During the year ended December 31, 2025, the Plan paid fees to these parties for various services. These transactions qualify as exempt party-in-interest transactions under ERISA, but have been deemed to not be material to the financial statements.

8. Risks and Uncertainties

The Plan invests in various investment securities that 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 the investment securities will occur in the near term and that such changes could materially affect participant account balances and the amounts reported in the statements of net assets available for benefits.

9. Late Remittances

During the Plan years ended December 31, 2025, 2024, and 2023, the Plan sponsor failed to remit participant contributions and loans totaling $47,735, $101,709, and $190,839, respectively, to the Plan on a timely basis as prescribed in the applicable Department of Labor Regulations. These transactions constitute prohibited transactions as defined by ERISA. Of the $47,735 in late remittances related to the year ended December 31, 2025, $47,734 was remitted to the Plan during the year ended December 31, 2025. The late remittances related to the year ended December 31, 2024 were remitted to the Plan during the year ended December 31, 2024. The late remittances related to the year ended December 31, 2023 were remitted to the Plan during the year ended December 31, 2023. Lost earnings to correct the prohibited transactions have not yet been funded.

10. Subsequent Events

The Plan has evaluated subsequent events for potential disclosure or recognition through October 14, 2026, the date the financial statements were available to be issued.

On June 15, 2026, the pre-approved plan document was formally amended to incorporate certain provisions of the SECURE Acts (see Note 1).

Effective August 3, 2026, the Plan was amended to permit terminated participants with outstanding loans to continue repaying those loans under their existing terms. The Plan's loan procedures were also updated to require participants to make loan repayments through recurring automated clearing house payments from their bank accounts. Failure to establish or maintain the required repayments may result in loan default.

Supplemental Schedules

Schedule H, Line 4a – Schedule of Delinquent Participant Contributions
For the Year Ended December 31, 2025

Participant Contributions Transferred Late to the Plan			Total that Constitute Nonexempt Prohibited Transactions			
Check here if Late Participant Loan Repayments are Included:	☒	Participant Contributions Transferred Late to the Plan	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	Total Fully Corrected Under VFCP and PTE 2002-51
For the Year Ended December 31, 2025	☒	$ 47,735	$ 47,735	$ -	$ -	$ -
For the Year Ended December 31, 2024	☒	101,709	101,709	-	-	-
For the Year Ended December 31, 2023	☒	190,839	190,839	-	-	-
Totals		$ 340,283	$ 340,283	$ -	$ -	$ -

See independent auditor's report.

Rogers Foam Corporation 401(k)/Profit Sharing Plan

Employer Identification Number 04-2042125
Plan Number 001

Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
December 31, 2025

(a)	(b)	(c) Description of Asset				(d)	(e)
	Identity of Issuer, Borrower, Lessor or Similar Party	Type of Asset	Maturity Date	Rate of Interest	Collateral	Par or Maturity Value	Cost	Current Value
*	Fidelity Freedom 2030 Fund K6	Mutual fund	n/a	n/a	n/a	n/a	n/a	$ 11,848,637
*	Fidelity Freedom 2035 Fund K6	Mutual fund	n/a	n/a	n/a	n/a	n/a	8,429,516
*	Fidelity Freedom 2025 Fund K6	Mutual fund	n/a	n/a	n/a	n/a	n/a	8,343,369
*	Fidelity 500 Index Fund	Mutual fund	n/a	n/a	n/a	n/a	n/a	8,255,956
*	Fidelity Freedom 2040 Fund K6	Mutual fund	n/a	n/a	n/a	n/a	n/a	5,405,662
*	Fidelity Freedom 2045 Fund K6	Mutual fund	n/a	n/a	n/a	n/a	n/a	4,400,938
*	Fidelity Freedom 2020 Fund K6	Mutual fund	n/a	n/a	n/a	n/a	n/a	3,765,650
*	Fidelity Freedom 2050 Fund K6	Mutual fund	n/a	n/a	n/a	n/a	n/a	2,882,609
*	Fidelity International Index Fund	Mutual fund	n/a	n/a	n/a	n/a	n/a	2,857,819
*	Fidelity Total Bond Fund K6	Mutual fund	n/a	n/a	n/a	n/a	n/a	1,895,617
*	Fidelity Freedom 2015 Fund K6	Mutual fund	n/a	n/a	n/a	n/a	n/a	1,864,693
	T. Rowe Price Blue Chip Growth Fund I	Mutual fund	n/a	n/a	n/a	n/a	n/a	1,634,721
*	Fidelity Freedom 2055 Fund K6	Mutual fund	n/a	n/a	n/a	n/a	n/a	1,629,850
*	Fidelity Government Money Market Fund K6	Mutual fund	n/a	n/a	n/a	n/a	n/a	800,833
	Victory Sycamore Established Value Fund Class R6	Mutual fund	n/a	n/a	n/a	n/a	n/a	701,636
	ClearBridge Small Cap Growth Fund IS	Mutual fund	n/a	n/a	n/a	n/a	n/a	514,713
	JPMorgan U.S. Value Fund R6	Mutual fund	n/a	n/a	n/a	n/a	n/a	468,034
*	Fidelity U.S. Bond Index Fund	Mutual fund	n/a	n/a	n/a	n/a	n/a	449,103
*	Fidelity Freedom 2065 Fund K6	Mutual fund	n/a	n/a	n/a	n/a	n/a	416,215
*	Fidelity Extended Market Index Fund	Mutual fund	n/a	n/a	n/a	n/a	n/a	327,375
*	Fidelity Freedom 2060 Fund K6	Mutual fund	n/a	n/a	n/a	n/a	n/a	317,454
	T. Rowe Price Dividend Growth Fund I	Mutual fund	n/a	n/a	n/a	n/a	n/a	282,305
	Neuberger Berman Mid Cap Growth Fund R6	Mutual fund	n/a	n/a	n/a	n/a	n/a	246,684
*	Fidelity Freedom Income Fund K6	Mutual fund	n/a	n/a	n/a	n/a	n/a	222,285
*	Fidelity Freedom 2010 Fund K6	Mutual fund	n/a	n/a	n/a	n/a	n/a	165,307
*	Fidelity Mid Cap Index Fund	Mutual fund	n/a	n/a	n/a	n/a	n/a	148,726
*	Fidelity Small Cap Index Fund	Mutual fund	n/a	n/a	n/a	n/a	n/a	44,580
*	Fidelity Freedom 2070 Fund K6	Mutual fund	n/a	n/a	n/a	n/a	n/a	982
*	Participant Loans	Notes receivable from participants	various	3.25% - 8.50%	n/a	n/a	-	896,129
								$ 69,217,398

*Represent parties in interest.

See independent auditor's report.

Rogers Foam Corporation 401(k)/Profit Sharing Plan
Employer Identification Number 04-2042125
Plan Number 001

Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
December 31, 2025

(a)	(b)	(c) Description of Asset				(d)	(e)
	Identity of Issuer, Borrower, Lessor or Similar Party	Type of Asset	Maturity Date	Rate of Interest	Collateral	Par or Maturity Value	Cost	Current Value
*	Fidelity Freedom 2030 Fund K6	Mutual fund	n/a	n/a	n/a	n/a	n/a	$ 11,848,637
*	Fidelity Freedom 2035 Fund K6	Mutual fund	n/a	n/a	n/a	n/a	n/a	8,429,516
*	Fidelity Freedom 2025 Fund K6	Mutual fund	n/a	n/a	n/a	n/a	n/a	8,343,369
*	Fidelity 500 Index Fund	Mutual fund	n/a	n/a	n/a	n/a	n/a	8,255,956
*	Fidelity Freedom 2040 Fund K6	Mutual fund	n/a	n/a	n/a	n/a	n/a	5,405,662
*	Fidelity Freedom 2045 Fund K6	Mutual fund	n/a	n/a	n/a	n/a	n/a	4,400,938
*	Fidelity Freedom 2020 Fund K6	Mutual fund	n/a	n/a	n/a	n/a	n/a	3,765,650
*	Fidelity Freedom 2050 Fund K6	Mutual fund	n/a	n/a	n/a	n/a	n/a	2,882,609
*	Fidelity International Index Fund	Mutual fund	n/a	n/a	n/a	n/a	n/a	2,857,819
*	Fidelity Total Bond Fund K6	Mutual fund	n/a	n/a	n/a	n/a	n/a	1,895,617
*	Fidelity Freedom 2015 Fund K6	Mutual fund	n/a	n/a	n/a	n/a	n/a	1,864,693
	T. Rowe Price Blue Chip Growth Fund I	Mutual fund	n/a	n/a	n/a	n/a	n/a	1,634,721
*	Fidelity Freedom 2055 Fund K6	Mutual fund	n/a	n/a	n/a	n/a	n/a	1,629,850
*	Fidelity Government Money Market Fund K6	Mutual fund	n/a	n/a	n/a	n/a	n/a	800,833
	Victory Sycamore Established Value Fund Class R6	Mutual fund	n/a	n/a	n/a	n/a	n/a	701,636
	ClearBridge Small Cap Growth Fund IS	Mutual fund	n/a	n/a	n/a	n/a	n/a	514,713
	JPMorgan U.S. Value Fund R6	Mutual fund	n/a	n/a	n/a	n/a	n/a	468,034
*	Fidelity U.S. Bond Index Fund	Mutual fund	n/a	n/a	n/a	n/a	n/a	449,103
*	Fidelity Freedom 2065 Fund K6	Mutual fund	n/a	n/a	n/a	n/a	n/a	416,215
*	Fidelity Extended Market Index Fund	Mutual fund	n/a	n/a	n/a	n/a	n/a	327,375
*	Fidelity Freedom 2060 Fund K6	Mutual fund	n/a	n/a	n/a	n/a	n/a	317,454
	T. Rowe Price Dividend Growth Fund I	Mutual fund	n/a	n/a	n/a	n/a	n/a	282,305
	Neuberger Berman Mid Cap Growth Fund R6	Mutual fund	n/a	n/a	n/a	n/a	n/a	246,684
*	Fidelity Freedom Income Fund K6	Mutual fund	n/a	n/a	n/a	n/a	n/a	222,285
*	Fidelity Freedom 2010 Fund K6	Mutual fund	n/a	n/a	n/a	n/a	n/a	165,307
*	Fidelity Mid Cap Index Fund	Mutual fund	n/a	n/a	n/a	n/a	n/a	148,726
*	Fidelity Small Cap Index Fund	Mutual fund	n/a	n/a	n/a	n/a	n/a	44,580
*	Fidelity Freedom 2070 Fund K6	Mutual fund	n/a	n/a	n/a	n/a	n/a	982
*	Participant Loans	Notes receivable from participants	various	3.25% - 8.50%	n/a	n/a	-	896,129
								$ 69,217,398

*Represent parties in interest.

See independent auditor's report.

Rogers Foam Corporation 401(k)/Profit Sharing Plan
Employer Identification Number 04-2042125
Plan Number 001

Schedule H, Line 4a – Schedule of Delinquent Participant Contributions
For the Year Ended December 31, 2025

Participant Contributions Transferred Late to the Plan			Total that Constitute Nonexempt Prohibited Transactions			
Check here if Late Participant Loan Repayments are Included:	☒	Participant Contributions Transferred Late to the Plan	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	Total Fully Corrected Under VFCP and PTE 2002-51
For the Year Ended December 31, 2025	☒	$ 47,735	$ 47,735	$ -	$ -	$ -
For the Year Ended December 31, 2024	☒	101,709	101,709	-	-	-
For the Year Ended December 31, 2023	☒	190,839	190,839	-	-	-
Totals		$ 340,283	$ 340,283	$ -	$ -	$ -

See independent auditor's report.