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. . . . . ▶ [X]

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
VIBRANTZ CORPORATION PENSION PLAN FOR LEGACY EMPLOYEES

1b Three-digit plan number (PN) ▶ 007

1c Effective date of plan 10/31/2017

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)
VIBRANTZ CORPORATION

16945 NORTHCHASE DR STE 2000
HOUSTON, TX 77060-2135

2b Employer Identification Number (EIN)
34-0217820

2c Plan Sponsor's telephone number
216-875-5600

2d Business code (see instructions)
327900

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2026	MITCHELL MCCRAW
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2026	MITCHELL MCCRAW
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

5	Total number of participants at the beginning of the plan year	**5**	1119
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)**	103
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	105
b	Retired or separated participants receiving benefits	**6b**	144
c	Other retired or separated participants entitled to future benefits	**6c**	385
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	634
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	64
f	Total. Add lines **6d** and **6e**.	**6f**	698
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

1A 1I 3H

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

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

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

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

Receipt Confirmation Code_____

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

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

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

A Name of plan
VIBRANTZ CORPORATION PENSION PLAN FOR LEGACY EMPLOYEES

B Three-digit plan number (PN) ▶ 007

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

D Employer Identification Number (EIN)
34-0217820

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

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

Part I Basic Information

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

2 Assets:

a Market value	**2a**	124863214
b Actuarial value	**2b**	124863214

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	681	102916203	102916203
b For terminated vested participants	467	23234689	23234689
c For active participants	105	7711719	7848618
d Total	1253	133862611	133999510

4 If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ]

a Funding target disregarding prescribed at-risk assumptions	**4a**	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	**4b**	

5 Effective interest rate	**5**	5.30 %
6 Target normal cost		
a Present value of current plan year accruals	**6a**	177605
b Expected plan-related expenses	**6b**	900000
c Target normal cost	**6c**	1077605

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE

Signature of actuary

Date

JAMES TROTIER
Type or print name of actuary

23-08425
Most recent enrollment number

MERCER
Firm name

216-830-8027
Telephone number (including area code)

200 PUBLIC SQUARE STE 3760
CLEVELAND, OH 44114
Address of the firm

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions [ ]

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)		1545391
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)		1545391
9	Amount remaining (line 7 minus line 8)		
10	Interest on line 9 using prior year's actual return of 7.51 %		
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.09 %		
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		
	c Total available at beginning of current plan year to add to prefunding balance		
	d Portion of (c) to be added to prefunding balance		
12	Other reductions in balances due to elections or deemed elections		
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages

14	Funding target attainment percentage	14	93.18 %
15	Adjusted funding target attainment percentage	15	95.50 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	95.46 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/15/2025	683000	0			
07/15/2025	683000	0			
01/15/2026	450700	0			
04/15/2026	507200	0			
			Totals ► 18(b)	2323900	18(c)

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
	a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
	b Contributions made to avoid restrictions adjusted to valuation date	19b	
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	2239240

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year

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

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

21 Discount rate:

a Segment rates:	1st segment: 5.00 %	2nd segment: 5.27 %	3rd segment: 5.50 %	☐ N/A, full yield curve used

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

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

Part VI Miscellaneous Items

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

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

26 Demographic and benefit information

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

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

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

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

a Target normal cost (line 6c)	**31a**	1077605
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	9136296	950833
b Waiver amortization installment		

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____)_and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	2028438

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

36 Additional cash requirement (line 34 minus line 35)	**36**	2028438
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	2239240
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	**38a**	210802
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	

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

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

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

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

A Name of plan
VIBRANTZ CORPORATION PENSION PLAN FOR LEGACY EMPLOYEES

B Three-digit plan number (PN) ▶ 007

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

D Employer Identification Number (EIN)
34-0217820

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

U.S. BANK

31-0841368

(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)

CBIZ BENEFITS & INSURANCE

(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?
13 15	NONE	359112	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

MERCER INVESTMENTS

30-0282430

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51 52	NONE	173914	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

TAFT STETTINIUS HOLLISTER LLP

(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?
13	NONE	76662	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

(complete as many entries as needed)

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

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

A Name of plan
VIBRANTZ CORPORATION PENSION PLAN FOR LEGACY EMPLOYEES

B Three-digit plan number (PN) ▶ 007

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

D Employer Identification Number (EIN)
34-0217820

Part I **Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)**
(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: MERCER US LARGE CAP CORE PASSIVE EQ

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
03-0566613-005	C	8327504

a Name of MTIA, CCT, PSA, or 103-12 IE: MERCER OPPORT. FIXED INCOME PORT

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
36-7630030-020	C	5006335

a Name of MTIA, CCT, PSA, or 103-12 IE: MERCER ACTIVE INTERM. CR. FIX. INC.

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
85-2621954-048	C	8060432

a Name of MTIA, CCT, PSA, or 103-12 IE: MERCER ACTIVE LONG CORP FIX INC.

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
45-6178743-004	C	13155264

a Name of MTIA, CCT, PSA, or 103-12 IE: MERCER PASSIVE LONG GOV'T FIX INC

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
51-0560117-010	C	9293580

a Name of MTIA, CCT, PSA, or 103-12 IE: SEI CORE PROPERTY INV TR

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
27-3224429-045	C	772145

a Name of MTIA, CCT, PSA, or 103-12 IE: MERCER NON-US CORE EQUITY PORT

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
03-0566617-009	C	3988610

a Name of MTIA, CCT, PSA, or 103-12 IE: MERCER EM EQUITY PORTFOLIO

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

c EIN-PN 32-6219484-017	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1635604

a Name of MTIA, CCT, PSA, or 103-12 IE: MERCER US SMALL/MID CAP EQUITY PORT

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

c EIN-PN 03-0566611-003	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1121232

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

A Name of plan
VIBRANTZ CORPORATION PENSION PLAN FOR LEGACY EMPLOYEES

B Three-digit plan number (PN) ▶ 007

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

D Employer Identification Number (EIN)
34-0217820

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	214632	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	1001000	957900
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	1452379	1210715
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	3139308	1742774
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)	29082864	10640694
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	91364818	51360706
(10) Value of interest in pooled separate accounts	1c(10)	0	0
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	0	0
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
1e Buildings and other property used in plan operation	1e		
1f Total assets (add all amounts in lines 1a through 1e)	1f	126255001	65912789
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h		
1i Acquisition indebtedness	1i		
1j Other liabilities	1j		
1k Total liabilities (add all amounts in lines 1g through1j)	1k		
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	126255001	65912789

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)	2323900	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		2323900
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	65936	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		65936
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	51356	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		51356
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		11647410
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		1542878
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		15631480
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	13514537	
(2) To insurance carriers for the provision of benefits	2e(2)	59852559	
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		73367096
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)	359112	
(4) IQPA audit fees	2i(4)	57970	
(5) Investment advisory and investment management fees	2i(5)	600100	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)	84543	
(8) Legal fees	2i(8)	33692	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)	52246	
(11) Other expenses	2i(11)	1418933	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		2606596
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		75973692
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		-60342212
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) [X] Unmodified **(2)** [ ] Qualified **(3)** [ ] Disclaimer **(4)** [ ] Adverse

b Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) [X] DOL Regulation 2520.103-8 **(2)** [ ] DOL Regulation 2520.103-12(d) **(3)** [ ] neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: WEYRICH, CRONIN & SORRA, LLC **(2)** EIN: 81-4643077

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	**4a**		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	**4b**		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	**4c**		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	**4d**		X	
e Was this plan covered by a fidelity bond?	**4e**	X		5000000
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**		X	

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

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

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 595286.

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
VIBRANTZ CORPORATION PENSION PLAN FOR LEGACY EMPLOYEES

B Three-digit plan number (PN) ▶ 007

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

D Employer Identification Number (EIN)
34-0217820

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): 31-0841368

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year ..... | **3** | 0

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

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

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

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

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

6	**a** Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	**6a**	
	b Enter the amount contributed by the employer to the plan for this plan year	**6b**	
	c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)	**6c**	

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

a Enter the percentage of plan assets held as:
Public Equity: 23.7 % Private Equity: _____ % Investment-Grade Debt and Interest Rate Hedging Assets: 56.6 %
High-Yield Debt: 5.7 % Real Assets: 1.2 % Cash or Cash Equivalents: 2.7 % Other: 10.1 %

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation._____

Part VII IRS Compliance Questions

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

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

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☐ N/A

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

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Independent Auditors' Report

To the Investment Administration Committee and Participants of
Vibrantz Corporation Pension Plan for Legacy Employees

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

We have performed audits of the accompanying financial statements of the Vibrantz Corporation Pension Plan for Legacy Employees, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) [ERISA Section 103(a)(3)(C) audit]. The financial statements comprise the statements of net assets available for benefits as of December 31, 2025 and 2024, and the related statements of changes in net assets available for benefits for the years then ended and the related notes to the financial statements.

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

Management has obtained certifications from qualified institutions as of December 31, 2025, and for the year then ended, stating that the certified investment information, as described in Note 4 to the financial statements, is complete and accurate.

Opinion

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

- The amounts and disclosures in the financial statements referred to above, 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 financial statements referred to above related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

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

Auditors' Responsibilities for the Audit of the Financial Statements

Except as described in the *Scope and Nature of the ERISA Section 103(a)(3)(C) Audit for the 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.

- 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 Vibrantz Corporation Pension Plan for Legacy Employees' 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 Vibrantz Corporation Pension Plan for Legacy Employees' ability to continue as a going concern for a reasonable period of time.

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

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

Auditors' Responsibilities for the Audit of the Financial Statements (continued)

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 - Supplemental Schedules Required by ERISA

The supplemental schedule of assets (held at end of year) and supplemental schedule of reportable transactions 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 its form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion:

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

- The information in the supplemental schedules related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Wojick, Cronin & Sosa, LLC

October 14, 2026
Bel Air, Maryland

Schedule SB, Part V — Summary of Plan Provisions

Summary of Major Plan Provisions

Former Ferro Corporation Pension Plan for Legacy Employees

Effective date and plan year	**Former Corporate Plan**	**Former Hourly Plan**
	Original plan: December 31, 1976	Original plan: January 1, 1981
	Restated plan: January 1, 2023	Restated plan: January 1, 2023
	Plan year: the twelve-month period commencing each January 1 and terminating each subsequent December 31	Plan year: the twelve-month period commencing each January 1 and terminating each subsequent December 31
	The plan, Ferro Corporation Pension Plan for Legacy Employees, was spun-off from the Ferro Corporation Pension Plan effective October 31, 2017.	
Status of the plan	The plan is frozen to all new participants and benefit accruals are frozen for all locations.	
Significant events that occurred during the year	Effective December 31, 2024, Vibrantz Technologies merged the Vibrantz Specialty Products LLC Baltimore Plant Bargaining Unit Employees Pension Plan and the New Johnsonville Electrolytic Manganese Plant Pension Plan of Vibrantz Specialty Products, LLC into the Vibrantz Corporation Pension Plan for Legacy Employees. A lump sum window was offered in December 2024 to deferred vested participants and active participants who were eligible for in-service distributions who had lump sums greater than $100,000. Annuities were purchased for a portion of the population during 2024.	

Schedule SB, Part V — Summary of Plan Provisions

Definitions

- Covered employees

All hourly employees of the Toccoa, Orrville, Edison (PDI), Shreve (Diamonite), Evansville, Stryker, Baton Rouge, Penn Yan, Wayside, Walton Hills, Buffalo, and Crooksville plants of Vibrantz Technologies (other than leased workers and independent contractors).

All bargaining unit employees of the Cleveland, East 56th Plant of Vibrantz Technologies, who have completed one year of credited vesting service.

Any salaried covered employee, plus members of certain groups of hourly paid employees hired before July 1, 2003.

Locations closed to new participants:

Location Name	Closed to new participants after:
Baton Rouge	December 31, 2007
Buffalo	October 30, 1992
Cleveland (E. 56th St.)	October 12, 1998
Crooksville	June 29, 2003
East Liverpool	October 31, 2002
Edison	December 31, 2007
Evansville	December 31, 2007
Niagara Falls	August 26, 2001
Orrville	December 31, 2010
Penn Yan	December 31, 2007
Stryker	April 26, 1999
Toccoa	January 23, 2001
Wayside	June 30, 2004
Walton Hills	September 10, 2005

All locations are closed as of December 31, 2010.

- Employee contributions

Baton Rouge Participants:

Effective September 1, 1990, employee contributions shall no longer be permitted.

Niagara Falls Participants:

For periods on and after November 1, 2001, each active participant employed at the employer's Niagara Falls, New York plant shall contribute toward the cost of his benefits $28.00 for each of the first 180 months of his participation in the plan.

All other locations:

Participants shall make no contributions under the plan.

Schedule SB, Part V — Summary of Plan Provisions

• Service considered	For the Crooksville location: All service measured in full and fractional years from the employee's last hiring date. For Service prior to June 1, 1976, a full year was earned for each year with at least 1,600 hours. A fractional year was earned if hours worked were between 400 and 1,600. No service was credited for less than 400 hours. For Service after June 1, 1976, a full year is earned for each year with at least 1,000 hours. A fractional year is earned if hours worked are between 250 and 1,000. No service is credited for less than 250 hours. For past service before June 1, 1969, Service is limited to 25 years. Benefit accruals were frozen on June 29, 2003 for Crooksville, and October 31, 2002 for East Liverpool. For all other locations: All service measured in full and fractional years from the employee's last hiring date. All benefit accruals are frozen as of December 31, 2010.	
• Pensionable earnings	**Former Corporate Plan** Includes regular salary or wages and overtime, but excludes bonuses, commissions, and incentive pay.	**Former Hourly Plan** Earnings are defined as all wages including incentive compensation and reduced for certain reimbursements and fringe benefits. Earnings are limited in accordance with Internal Revenue Code Section 401(a)(17).
• Final average earnings	**Former Corporate Plan** Highest average monthly basic compensation over any 5 consecutive calendar years of employment. If compensation in the year of termination or retirement is used, the final rate of pay is projected to the end of the year.	**Former Hourly Plan** Highest 60 consecutive calendar months of Earnings, divided by 60.

Schedule SB, Part V — Summary of Plan Provisions

• Accrued benefit for Former Corporate Plan	The product of (i) and (ii): (i) the greater of 60% of Credited Basic Compensation minus 50% of the Primary Social Security Benefit, and $750; and (ii) The fraction whose numerator is Credited Benefit Service at the determination date (not greater than 30), and whose denominator is 30. Benefit accruals are frozen as of March 31, 2006. Former TAM Plan participants: benefits previously earned under the TAM Plan based on credited service accrued under that plan, plus benefits earned under the Retirement Plan based on credited service accrued after December 31, 1999. Former DMC2 Plan participants: benefits previously earned under the DMC2 Plan based on credited service accrued under that plan, plus benefits earned under the Retirement Plan based on credited service accrued after September 7, 2001.
• Accrued benefit for Former Hourly Plan	<u>For the Penn Yan plant:</u> Greater of $36.00 or 1.1% of average monthly earnings, multiplied by Credited Benefit Service at any date of determination. Average monthly earnings are computed by dividing total earnings for the 60 full consecutive calendar months prior to termination by 60. Special rules apply if the participant has worked fewer than 60 months, or if breaks in service have occurred. <u>For the Cleveland location:</u> Average monthly earnings times 33% plus 1.2% for each year of service in excess of 30 if 30 or more years of service, or 1.1% for each year of service if less than 30. This amount determined above is then increased by 15% effective October 12, 1993. Average monthly earnings times present benefit level based on years of service. <u>Minimum pension for Cleveland location equal to:</u> $17.50 for each of the 1st 15 years of service plus $19.00 for each of the next 15 years plus $20.50 for each additional year.

Schedule SB, Part V — Summary of Plan Provisions

- Accrued benefit for Former Hourly Plan (continued)

For all other locations:

The accrued benefit is service multiplied by the appropriate benefit level outlined below:

Plant	Level	Effective
Baton Rouge:	$21.50	July 4, 1999
	$23.50	July 2, 2000
Buffalo: (sold location)	$25.00	August 28, 1992
Crooksville:	$32.50	December 1, 1999
(sold location)	$34.00	December 1, 2000
	$36.00	December 1, 2001
	$36.50	December 1, 2002
	$37.00	December 1, 2003
East Liverpool:	$27.50	June 24, 2000
(sold location)	$29.50	June 24, 2001
	$30.50	June 24, 2002
Edison (PDI):	$27.50	June 1, 1998
Stryker:	$22.50	April 19, 2001
	$23.50	April 19, 2002
	$24.50	April 19, 2003
	$25.50	April 19, 2004
Evansville:	$15.50	January 1, 1995
	$18.00	January 1, 2001
Niagara Falls:	$36.00	November 1, 2000
(sold location)	$37.00	November 1, 2002
	$38.00	November 1, 2003
	$39.00	November 1, 2004
	$40.00	November 1, 2005
Orrville:	$21.00	December 10, 2000
	$23.00	December 10, 2001
	$24.00	December 10, 2002
	$25.00	December 10, 2003
	$27.00	December 10, 2004
Toccoa:	$14.50	January 1, 1998
Wayside: (sold location)	$25.00	July 1, 2003
Walton Hills:	$35.00	September 10, 1999
(sold location)	$38.00	September 10, 2000
	$41.00	September 10, 2001
	$45.00	September 10, 2002
	$50.00	September 10, 2003

Schedule SB, Part V — Summary of Plan Provisions

• Accrued benefit for Former Hourly Plan (continued)	Locations where benefit accruals were frozen and the effective date of the freeze are summarized as follows: **Location Name** — **Effective Date:** Buffalo — October 30, 1992 Toccoa — February 10, 2001 Cleveland (E. 56th St.) — August 31, 2007 Penn Yan — December 31, 2007 Edison — December 31, 2007 Baton Rouge — December 31, 2007 Evansville — December 31, 2007 Wayside — December 31, 2007 Stryker — December 31, 2008 Walton Hills — December 31, 2008 Orrville — December 31, 2010
Normal retirement	
• Eligibility	First of the month coinciding with or next following 65th birthday. (For Cleveland, 30 years of service regardless of age)
• Benefit	Accrued benefit, payable on the normal retirement date
Early retirement	
• Eligibility	**Former Corporate Plan** Age 55 with 10 years of vesting service **Former Hourly Plan** Age 55 with 10 years of vesting service, except as noted below: For the Buffalo, Cleveland, and Niagara Falls plants: Age 60 with 15 years of Credited Vesting Service For the Baton Rouge plant: Age 60 with 10 years of Credited Vesting Service For the Walton Hills plant: Age 60 with 5 years of Credited Vesting Service

Schedule SB, Part V — Summary of Plan Provisions

• Benefit	**Former Corporate Plan** Non-DMC2 participants: The Accrued Benefit, fractionally reduced by 1/2% per month for each month prior to age 65 to a maximum of 30%, plus 1/3% per month for each month prior to age 60. DMC2 participants: The Accrued Benefit, fractionally reduced by 1/4% per month for each month prior to age 65.	**Former Hourly Plan** For the Baton Rouge and Crooksville plants Retirements: Accrued benefit, deferred to age 65 or reduced amount (by 5/9 of 1% for each month early) starting immediately. For the Cleveland plant Retirements: Accrued benefit, deferred to age sixty-five or actuarially reduced amount starting immediately. For the Wayside plant Retirements: Accrued benefit, deferred to age sixty-five or reduced amount (by 5/9ths of 1% for each month early up to 60 and by 5/18ths of 1% for each month early in excess of 60). For Walton Hills plant Retirements: Accrued benefit, deferred to age sixty-five or starting immediately, reduced by 1/4 of a percent for each month benefits start before age sixty five. For all other plants Retirements: Accrued benefit, deferred to age 65 or reduced amount (by .5% for each month early) starting immediately.
Age 59 1/2 in-service distribution		
• Eligibility	Currently an Employee, at least age 59 1/2 and would be eligible for Normal Retirement or Early Retirement if employment terminated	
• Benefit	Benefit payable under Normal Retirement or Early Retirement as defined above, depending on eligibility if employment terminated	
Deferred vested		
• Eligibility	Five years of vesting service.	
• Benefit	Accrued benefit at termination, payable at age 65.	

Schedule SB, Part V — Summary of Plan Provisions

Disability		
• Eligibility	**Former Corporate Plan** Ten years of vesting service.	**Former Hourly Plan** For the Crooksville, Wayside, and Walton Hills plants: Totally and permanently disabled with at least 5 years of Credited Vesting Service. For the Cleveland plant: Totally and permanently disabled with at least 15 years of Credited Vesting Service. For all other plants: Totally and permanently disabled with at least 10 years of Credited Vesting Service.
• Benefit	**Former Corporate Plan** Accrued benefit as of the termination date.	**Former Hourly Plan** For the Cleveland plant: Accrued benefit as of date of disability increased by $230/mo. until age 62 and unreduced for early commencement. For all other plants: Accrued benefit as of date of disability unreduced for early commencement.

Schedule SB, Part V — Summary of Plan Provisions

Pre-retirement death		
• Eligibility	Five years of vesting service.	
• Primary death benefit	**Former Corporate Plan** Ten years certain annuity, payable to the named beneficiary on the earliest date the participant would have been eligible to receive a benefit (or deferred to no later than the participant's Normal Retirement Date). In the event of the death of an active vested participant, the monthly payments will equal the amount the participant would have been eligible to receive on the Commencement Date had employment been terminated on the date of death. Otherwise, the benefit will equal the amount the participant would have been eligible to receive on the Commencement Date had the death not occurred.	**Former Hourly Plan** The benefit is equal to one half of the benefit the employee could have received by electing early retirement payments under a 50% joint and survivor option commencing on the earliest retirement age. This benefit will commence following the month in which the earliest retirement age occurs and will continue until the death of the spouse.
• Supplemental spouse's benefit	**Former Corporate Plan** Single life annuity payable to the Qualified Spouse, equal to one-half of the Primary Death Benefit amount, commencing with the month following the final payment of the Primary Death Benefit.	**Former Hourly Plan** For the Cleveland Plant only: An employee with 15 years of service who is eligible to retire with an immediate benefit, or a participant who is receiving retirement benefits, who at the date of death has been married to his spouse continuously for one year will be entitled to a supplemental spouse's death benefit. The benefit will be equal to one-half of the accrued benefit as of the date of death. The benefit will commence following the month in which death occurs and will continue until the month in which the death of the spouse occurs.

Schedule SB, Part V — Summary of Plan Provisions

Form of benefits		
• Automatic form for unmarried participants	**Former Corporate Plan** Ten year certain and life.	**Former Hourly Plan** Single life annuity.
• Automatic form for married participants	Joint and 50% Survivor with ten years certain.	Joint and 50% survivor annuity.
• Optional forms	**Former Corporate Plan** • Joint and 75% Survivor. No other optional forms are available, except as follows: TAM participants (only with respect to the TAM portion of the accrued benefit): • Life annuity, 10 year certain and life annuity, life and 50% or 100% continued. DMC2 participants (only with respect to the DMC2 portion of the accrued benefit): • Life annuity; Joint and 50% or 100% Survivor; 5, 10, or 15 years certain and life annuity; life with level income annuity. DMC2 participants who are former participants in the Degussa Corporation Retirement Plan have further options available.	**Former Hourly Plan** Optional forms differ by location: • Joint and Survivor-Full, Two-thirds, or half. • Niagara Falls participants also have the option of Joint and Survivor– specified percentage where the specified percentage is between 50% and 100%. • Penn Yan participants also have the option of Ten or Five years certain.
• Lump sum benefit	Participants with lump sum values of $100,000 or less are eligible to receive their pension benefit as a lump sum.	Participants with lump sum values of $100,000 or less are eligible to receive their pension benefit as a lump sum.

Schedule SB, Part V — Summary of Plan Provisions

• Optional form conversion factors	**Former Corporate Plan** • Interest - "applicable interest rate" under code Section 417(e)(3)(C), which is the adjusted first, second, and third segment rates applied under rules similar to the rules of Code Section 430(h)(2)(C) for the second full calendar month immediately preceding the start of the calendar quarter in which the distribution is made. • Mortality - the applicable mortality table published by the Internal Revenue Service under Code Section 417(e)(3). • TAM participants use an interest rate of 7%. • DMC2 participants use adjustment factors from the normal form of a life annuity.	**Former Hourly Plan** For the Buffalo and Cleveland plants: Amount of an alternative form of benefit (other than a lump sum) which has a value equivalent to the benefit or benefits otherwise payable under the plan, computed on the basis of an 8% compound annual interest rate and the 1971 Group Annuity Mortality Table with a two-year set-back for males and an eight-year set-back for females. For the Crooksville plant: Amount of an alternative form of benefit (other than a lump sum) which has a value equivalent to the benefit or benefits otherwise payable under the plan, computed on the basis of a 2.5% compound annual interest rate and the 1951 Group Annuity Table with six-year set-back. All other members of the Former Hourly Plan: Amount of an alternative form of benefit (other than a lump sum) which has a value equivalent to the benefit or benefits otherwise payable under the plan, computed on the basis of a 7% compound annual interest rate and the Unisex Pension 1984 Mortality Table with no year set-back.
Miscellaneous		
• Maximum benefits	Annual benefits may not exceed the limits in IRC Section 415. This limit is indexed annually. For 2025, the limit is $280,000.	

Schedule SB, Part V — Summary of Plan Provisions

Chromaflo Technologies Corporation Defined Benefit Pension Plan for Employees Represented by International Brotherhood of Teamsters, Truck Drivers, Chauffeurs and Helpers

Effective date and plan year	Original plan: May 1, 2012 Restated plan: January 1, 2023 Plan year: the twelve-month period commencing each January 1 and terminating each subsequent December 31
Status of the plan	Open to new entrants with ongoing accruals
Definitions	
• Accrued Benefit	A Participant's Normal Retirement Benefit payable at his Normal Retirement Date based on his Years of Credited Service as of the date for which the Accrued Benefit is being determined.
• Actuarial Equivalent	1994 Group Annuity Reserving Table and the 30-year Treasury security for the month of September of the Plan Year preceding the Plan Year of Commencement.
• Average Monthly Compensation	Average Monthly Earnings as an Employee during the highest 5 consecutive years out of the last 10 years.
• Year of Credited Service	A Year of Credited Service means the twelve month period of time beginning on the date of participation in the plan. Non-successive periods of service and less than whole year periods of service will be added together, pursuant to plan rules. Service earned in the Evonik Degussa Corporation Hourly Retirement Plan prior to the Effective Date of the Plan is included in Years of Credited Service.
• Year of Vesting Service	A Year of Vesting Service is any Plan Year during which an employee completes 1,000 hours of service. 190 hours of service is earned with each month or partial month of service
• Eligibility	All Union employees of Chromaflo Technologies Corporation employed at the Lockland, Ohio location are eligible to participate in the Plan following the completion of one year of service.

Schedule SB, Part V — Summary of Plan Provisions

NORMAL RETIREMENT

- Eligibility

The first of the month coincident with or next following the attainment of age 65.

- Benefit

The Normal Retirement Benefit is a benefit payable monthly for life in an amount equal to Years of Credited Service times the benefit rate, as shown below.

Participants that become an eligible employee at the Lockland, Ohio location in the Evonik Degussa Corporation Hourly Retirement Plan before October 10, 2001, the following table applies:

Retirement on or After	But Before	Benefit Rate
5/1/2012	12/31/2012	$ 55.00
1/1/2013	12/31/2013	56.00
1/1/2014	12/31/2014	57.00
1/1/2015	12/31/2015	58.00
1/1/2017	12/31/2020	59.00
1/1/2021	12/31/2021	59.50
1/1/2022	12/31/2022	60.25
1/1/2023		60.75

Otherwise, the following table applies:

Retirement on or After	But Before	Benefit Rate
5/1/2012	12/31/2012	$ 48.00
1/1/2013	12/31/2013	49.00
1/1/2014	12/31/2014	50.00
1/1/2015	12/31/2015	51.00
1/1/2017	12/31/2020	52.00
1/1/2021	12/31/2021	52.50
1/1/2022	12/31/2022	53.25
1/1/2023		53.75

The Benefit Rate used is the rate in effect at the participant's actual termination date. The participant's Accrued Benefit is reduced by the benefits payable under the Evonik Degussa Corporation Retirement Plan. The Evonik Degussa Corporation Retirement Plan Accrued Benefit is the benefit earned through December 31, 2010.

DEFERRED VESTED

- Eligibility

A Participant who terminates employment for reasons other than Disability, Retirement or Death will be Vested in his Accrued Benefit upon the earlier of attainment of 5 years of Vesting Service or attainment of Normal Retirement Age (age 65) while an employee.

Schedule SB, Part V — Summary of Plan Provisions

• Benefit	Years of Credited Service accrue after Normal Retirement Date. The Accrued Benefit is the greater of the amount calculated at the benefit rate in effect at actual retirement and the actuarial equivalent benefit as of the participant's Normal Retirement Date.
EARLY RETIREMENT	
• Eligibility	First day of the month on or after attainment of age 55 and completion of 10 years of service.
• Benefit	Benefit can commence on first day of the month on or following Early Retirement Date. The Accrued Benefit is reduced by 6% per year for the first 3 years and 4% per year for the next 7 years prior to the participant's Normal Retirement Date.
DISABILITY	
• Disability Eligibility	Total and permanent disability for at least 6 months after 10 years of service.
• Disability Benefit	Commences first of month on or next following the date Participant is certified disabled. Benefit is equal to Accrued Benefit at date of termination of employment due to disability without reduction.
DEATH BENEFIT	Company paid Qualified Pre-Retirement Spouse benefit
• Automatic form for unmarried participants	5 year Certain and Life
• Automatic form for married participants	Joint and 50% survivor annuity.
• Other Optional Forms	Life annuity; Joint and 50%, 75% or 100% Survivor; 5 or 10 years certain and life annuity. Amount of an alternative form of benefit (other than a lump sum) which has a value equivalent to the benefit or benefits otherwise payable under the plan, computed using the 1994 Group Annuity Reserving Mortality Table and the annual rate of interest on 30-year Treasury securities for the month of September of the Plan Year immediately preceding the Plan Year in which a participant commences benefits.
MISCELLANEOUS	
• Maximum benefits	Annual benefits may not exceed the limits in IRC Section 415. This limit is indexed annually. For 2025, the limit is $280,000.

Schedule SB, Part V — Summary of Plan Provisions

Vibrantz Specialty Products LLC Baltimore Plant Bargaining Unit Employees Pension Plan

Effective date and plan year	Original plan: June 9, 1978 Restated plan: January 1, 2017 Plan year: The twelve-month period ending December 31
Status of the plan	Closed to new participants as of January 1, 2008
Definitions	
• Coverage and Participation	Each employee at the location actively employed within the Bargaining Unit participates immediately upon the earlier of attainment of full-time status or age 21. The plan is closed to new participants January 1, 2008
• Continuous service	One year is credited for each Plan Year as governed by the terms of the basic collective bargaining agreement between the company and the Union for the purposes of determining seniority.
• Credited service	One year is credited for each Plan Year computed on an elapsed-time basis.
• Benefit service	One year is credited for each Plan Year computed on an elapsed-time basis, rounded to the nearest 1/12.
• Accrued benefit	A monthly pension, if paid on a straight-life basis, equal to years of Benefit Service multiplied by the appropriate benefit unit:

Date of Retirement	Benefit Unit
Prior to 12/1/1989	$ 16.00
12/01/1989 through 11/30/1990	17.00
12/01/1990 through 11/22/1992	18.00
11/23/1992 through 11/22/1993	19.00
11/23/1993 through 11/22/1994	20.00
11/23/1994 through 12/15/1995	21.00
12/16/1995 through 11/22/1996	22.00
11/23/1996 through 11/22/1997	23.00
11/23/1997 through 12/31/1999	25.00
1/1/2000 through 12/31/2000	27.00
1/1/2001 through 12/31/2001	28.00
1/1/2002 through 12/31/2002	29.00
1/1/2003 through 12/31/2003	30.00
1/1/2004 through 12/31/2007	33.00
After 1/1/2008	36.00

The benefit determined above is offset by $8.00 times years of Benefit Service to June 9, 1978, for former vested employees of Diamond Shamrock Corporation.

Normal retirement	
• Eligibility	The later of age 65 and the fifth anniversary of plan participation.

Schedule SB, Part V — Summary of Plan Provisions

• Benefit	The accrued normal retirement benefit paid at NRD.
Early retirement	
• Eligibility	Retirement before NRD and on or after both attaining age 55 with 10 years of Continuous Service.
• Benefit	The accrued normal retirement benefit is payable at age 62 or, alternatively, payable immediately in an actuarially reduced amount.
Deferred vested	
• Eligibility	Termination for reasons other than death or retirement after completing 5 years of Credited Service.
• Benefit	The accrued normal retirement benefit is payable at age 62 or, if the employee has at least 10 years of Continuous Service, payable as early as age 55 in an actuarially reduced amount.
Disability	
• Eligibility	Upon total and permanent disability after 15 years of Continuous Service.
• Benefit	The accrued normal retirement benefit is payable immediately. The benefit is recalculated annually to reflect additional benefit service granted during the term of disability.
Pre-retirement death	
• Eligibility	An employee may elect to receive a reduced benefit so that a benefit will be paid to his spouse if he should die prior to retirement but after completion of 5 years of Credited Service, provided that the employee has been married to his current spouse for at least one year.
• Benefit prior to early retirement	If death occurs prior to eligibility for early retirement, the surviving spouse will receive the benefit that would have been paid had the employee terminated on the day of his death, survived to the earliest age for retirement, retired under the 50% Joint & Survivor option, and then died.
• Benefit after retirement	If the employee dies while eligible for early retirement, the surviving spouse will receive 50% of the benefit that would have been paid if the employee had retired on the day prior to his death and elected an immediate straight-life benefit.
Form of benefits	
• Automatic form for unmarried participants	Single life annuity
• Automatic form for married participants	Joint and 50% survivor annuity
• Optional forms	An employee may elect to receive his benefit on a straight-life basis or on an actuarially equivalent 50%, 75% or 100% Joint and Survivor basis. If the present value of the participant's retirement benefit does not exceed $15,000, it may be paid in a lump sum. Actuarial equivalence is based on the RP 2000 Blended Table and 6.0% interest except for lump sums which are based on 417(e) applicable interest rates and mortality.

Schedule SB, Part V — Summary of Plan Provisions

Miscellaneous	
• Maximum benefits	Annual benefits may not exceed the limits in IRC Section 415. This limit is indexed annually. For 2025, the limit is $280,000.

New Johnsonville Electrolytic Manganese Plant Pension Plan of Vibrantz Specialty Products, LLC

Effective date and plan year	Restated plan: January 1, 2017 Plan year: The twelve-month period ending December 31
Status of the plan	Closed to new entrants as of December 31, 2005
Definitions	
• Coverage and Participation	Each hourly rated employee at the New Johnsonville plant actively employed within the Bargaining Unit participates immediately upon the attainment of age 21. An employee who was not a participant on December 31, 2005 shall not be eligible to participate
• Continuous service	One year is credited for each computation period during which the employee completes 1,000 hours. Such service shall be credited for eligibility and vesting purposes
• Benefit service	For purposes of accruing benefits, all continuous service shall be credited, with service during the last fractional year credited at a rate of 1/12th year for each 173 hours of service
• Accrued benefit	A monthly pension, if paid on a straight-life basis, equal to years of Benefit Service multiplied by the appropriate benefit unit.

Date of Retirement	Benefit Unit
Prior to 7/1/1986	$10.00
7/1/86 through 6/30/89	12.00
7/1/89 through 6/30/91	16.00
7/1/91 through 6/30/92	17.00
7/1/92 through 6/30/93	18.00
7/1/93 through 6/30/97	19.00
7/1/97 through 6/30/98	23.00
7/1/98 through 6/30/99	25.00
7/1/99 through 6/30/00	26.00
7/1/00 through 6/30/01	27.00
7/1/01 through 6/30/02	29.00
7/1/02 through 6/30/03	30.00
After 7/1/03	31.00

An employee rehired after January 1, 2006 shall only receive the accrued benefit earned prior to January 1, 2006.

Schedule SB, Part V — Summary of Plan Provisions

<table>
<tr><td colspan="2">Normal retirement</td></tr>
<tr><td>• Eligibility</td><td>The later of age 62 and fifth anniversary of plan participation</td></tr>
<tr><td>• Benefit</td><td>The accrued normal retirement benefit paid at NRD.</td></tr>
<tr><td colspan="2">Early retirement</td></tr>
<tr><td>• Eligibility</td><td>Retirement before NRD and on or after both attaining age 55 with 10 years of Continuous Service.</td></tr>
<tr><td>• Benefit</td><td>The accrued normal retirement benefit is payable at age 62 or, alternatively, payable immediately in a reduced amount as follows:
<table>
<tr><th>Age</th><th>Early Retirement Factor</th></tr>
<tr><td>55</td><td>0.55</td></tr>
<tr><td>56</td><td>0.60</td></tr>
<tr><td>57</td><td>0.65</td></tr>
<tr><td>58</td><td>0.71</td></tr>
<tr><td>59</td><td>0.77</td></tr>
<tr><td>60</td><td>0.84</td></tr>
<tr><td>61</td><td>0.92</td></tr>
<tr><td>62</td><td>1.00</td></tr>
</table></td></tr>
<tr><td colspan="2">Deferred vested</td></tr>
<tr><td>• Eligibility</td><td>Termination for reasons other than death or retirement after completing 5 years of Credited Service.</td></tr>
<tr><td>• Benefit</td><td>The accrued normal retirement benefit is payable at age 62 or, if the employee has at least 10 years of Continuous Service, payable as early as age reduced by the Plan’s early retirement factors (above) prior to age 62.</td></tr>
<tr><td colspan="2">Disability</td></tr>
<tr><td>• Eligibility</td><td>Upon total and permanent disability after 10 years of Continuous Service.</td></tr>
<tr><td>• Benefit</td><td>The accrued normal retirement benefit is payable immediately.</td></tr>
<tr><td colspan="2">Pre-retirement death</td></tr>
<tr><td>• Eligibility</td><td>The surviving spouse is eligible upon the death of an employee after five years of Continuous Service.</td></tr>
<tr><td>• Benefit prior to early retirement</td><td>If death occurs prior to eligibility for early retirement, the surviving spouse will receive the benefit that would have been paid had the employee terminated on the day of his death, survived to the earliest age for retirement, retired under the 50% Joint & Survivor option, and then died.</td></tr>
<tr><td>• Benefit after early retirement</td><td>If the employee dies while eligible for early retirement, the surviving spouse will receive 50% of the benefit that would have been paid if the employee had retired on the day prior to his death and elected a 50% Joint & Survivor benefit.</td></tr>
</table>

Schedule SB, Part V — Summary of Plan Provisions

Form of benefits	
• Automatic form for unmarried participants	Single life annuity
• Automatic form for married participants	Joint and 50% survivor annuity
• Optional forms	An employee may elect to receive his benefit on a straight-life basis or on an actuarially equivalent 50%, 75% or 100% Joint and Survivor basis. If the present value of the participant's retirement benefit does not exceed $15,000, it may be paid in a lump sum. Actuarial equivalence is based on the RP -2000 Blended Table and 6.00% interest except for lump sums which are based on 417(e) applicable interest rates and mortality.
Miscellaneous	
• Maximum benefits	Annual benefits may not exceed the limits in IRC Section 415. This limit is indexed annually. For 2025, the limit is $280,000.

Benefits Included or Excluded

Unless noted below, all benefits provided by the plan, as effective January 1, 2025, are included in this valuation.

- **Most recent plan amendments included:** Amendments adopted by the valuation date or effective by the end of the plan year are included in this valuation.
- **Plan amendments excluded:** None
- **Late retirement increases:**
  - *Active participants:* The plan provides benefit suspension notices to participants who work beyond normal retirement; therefore, late retirement actuarial increases only apply to participants who defer retirement beyond age 70½. This valuation includes increases for current participants over age 70.
  - *Deferred vested participants:* Current deferred vested participants over normal retirement age are valued including the late retirement actuarial increase.
- **Internal Revenue Code limitations:** The limitations of Internal Revenue Code Sections 415(b) and 401(a)(17) have been incorporated into our calculations.
- **IRC Section 416 rules for top-heavy plans:** We did not test whether this plan is top-heavy (when the present value of benefits for key employees equals or exceeds 60 percent of the present value for all participants). However, we expect that the plan is not top-heavy due to the large number of rank-and-file participants; therefore, the funding target and target normal cost do not reflect any liability for top-heavy benefit accruals.
- **IRC Section 436 benefit restrictions:**
  - *Unpredictable contingent event benefits:* This valuation excludes restricted contingent event benefits that occurred before the valuation date but includes contingent event benefits which are expected to occur on or after the valuation date regardless of anticipated funding-based limitations.
  - *Plan amendments:* See above.

  - *Prohibited payments:* Limitations on prohibited benefits (if any) are reflected for annuity starting dates before the valuation date but are ignored for annuity starting dates on or after the valuation date.
  - *Benefit accruals:* The plan's funding target does not reflect any limitation on benefit accruals. The target normal cost does not reflect any limitation on benefit accruals.
- **Unpredictable contingent event benefits:** This valuation does not value the plan's unpredictable contingent event benefits because the likelihood of an event is de minimis.

Plan Provision Changes Since Prior Valuation

Maximum benefit amounts under IRS rules were updated from 2024 to 2025.

Effective December 31, 2024, Vibrantz Technologies merged the Vibrantz Specialty Products LLC Baltimore Plant Bargaining Unit Employees Pension Plan and the New Johnsonville Electrolytic Manganese Plant Pension Plan of Vibrantz Specialty Products, LLC into the Vibrantz Corporation Pension Plan for Legacy Employees.

VIBRANTZ CORPORATION
PENSION PLAN FOR LEGACY EMPLOYEES

Schedule of Assets (Held at End of Year)
Schedule H, Form 5500, Part IV, Line 4i
EIN: 34-0217820
Plan No. 007
December 31, 2025

(a)	(b) Identity of Issue, Borrower, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	First Am Treas Ob Fd Cl Z	Money market	$ 1,742,774	$ 1,742,774
*	Mercer Erisa Hedge Fund Ltd	Partnerships/joint ventures	5,106,907	6,468,116
*	Mercer Long Strips Fixed Income Port	Partnerships/joint ventures	4,363,021	4,172,578
			9,469,928	10,640,694
	SEI Core Property Cit	Common collective trust	470,557	772,145
*	Mercer Non US Core Eq Ct # 330	Common collective trust	3,123,505	3,988,610
*	Mercer Active Long Corp Inv Port	Common collective trust	12,349,682	13,155,264
*	Mercer US Large Cap Passive Equity	Common collective trust	6,703,844	8,327,504
*	Mercer Emerging Markets Equity	Common collective trust	1,368,411	1,635,604
*	Mercer Long Dur Passive Fixed Inc	Common collective trust	8,974,816	9,293,580
*	Mercer Opportunistic Fixed Inc	Common collective trust	4,312,364	5,006,335
*	Mercer Active Inter Cr Fixed Inc #350	Common collective trust	7,304,396	8,060,432
*	Mercer US Small/Mid Cap Equity	Common collective trust	974,257	1,121,232
			45,581,832	51,360,706
			$ 56,794,534	$ 63,744,174

* Party-In-Interest

The above information has been certified by U.S Bank National Association, the trustee, as complete and accurate.

Schedule SB, Line 26a — Schedule of Active Participant Data

Attained age	Years of credited service										
	Under 1	1–4	5–9	10–14	15–19	20–24	25–29	30–34	35–39	40 & up	Total
Under 25											
25–29											
30–34			1	1							2
35–39			2	1							3
40–44					1						1
45–49	1	2	5			2					10
50–54			9	3	3	3		1			19
55–59	1	1	5	7	10	6	5	5	2		42
60–64		2	1	4	2	7	3		2		21
65–69						2	1	1	1	1	6
70 & up								1			1
Total	2	5	23	16	16	20	9	8	5	1	105

In each cell, the number is the count of active participants for each age/service combination.

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

Actuarial Assumptions for January 1, 2025 Funding Valuation

Discount rate sponsor elections			
• Segment rates or full yield curve	Segment		
• Look-back months	0		
	STABILIZED	**NON-STABILIZED**	
• First 5 years	5.00%	5.00%	
• Next 15 years	5.27%	5.27%	
• Over 20 years	5.50%	5.40%	
Mortality sponsor elections			
• Healthy participants	Section 430(h)(3) prescribed separate generational annuitant and non-annuitant mortality tables. These tables are based on the Pri-2012 mortality tables projected with mortality improvements using the IRS-adjusted MP-2021 improvement scale which limits annual improvement to 0% for 2020-2023 and 0.78% thereafter.		
• Pre-1995 disabilities	N/A		
• Post-1994 disabilities	**Former Corporate Plan and Chromaflo Plan** Revenue Ruling 96-7 table for participants who became disabled after 1994 and are eligible for Social Security disability benefits.	**Former Baltimore Plan, NJV Plan and Hourly Plan** Same as healthy	
417(e) lump sums			
	Liabilities are determined based on the underlying annuity used by the plan to determine the lump sum amount, rather than valuing the lump sum payment. This annuity is valued based on funding interest rates rather than 417(e) rates and unisex generational mortality.		
Other economic assumptions			
• Salary increases	Not applicable.		
• Flat-dollar benefit increases	Not applicable.		
• Social Security wage base	Not applicable.		
• Inflation	Not applicable.		
• Expenses	$900,000 added to current year normal cost.		

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

Rationale for Economic Assumptions

- **Discount Rate –** These are the IRS prescribed rates. The plan sponsor elected this methodology from alternative IRS prescribed options.
- **Mortality sponsor elections –** These are the current IRS prescribed table and mortality improvement projection scale. The plan sponsor elected this methodology from alternative IRS prescribed options.
- **Expenses –** Expenses are based on year-by-year experience for actual administrative expenses paid from plan assets. Adjustments are made for any known significant changes.

Demographic assumptions

- Withdrawal for Former Chromaflo Plan

See table of sample rates.

- Withdrawal For Former Baltimore and NJV Plans

	Percentage	
Attained age	**Male**	**Female**
30	0.034	0.049
35	0.024	0.034
40	0.013	0.024
45	0.007	0.013
50	0.000	0.007
55	0.000	0.000
60 & over	0.000	0.000

- Withdrawal for Former Ferro Plan

Former Corporate Plan

See table of sample rates.

Former Hourly Plan

For employees with less than five years of service, 20% withdrawal rate is assumed for all ages. For employees with five to ten years of service, 10% withdrawal rate is assumed for all ages. For participants with more than ten years of service, see table of sample rates.

- Disability incidence for Former Baltimore and NJV Plans

The rates at the following ages illustrate the incidence of disability assumed (per 1,000 lives):

	Percentage	
Attained age	**Male**	**Female**
25	0.93	0.96
35	1.99	2.52
45	5.05	5.22
55	15.02	14.90

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

- Disability incidence for Former Ferro Plan

Former Corporate Plan

The assumed incidence of disability is based on rates from the 1985 Pension Disability Table, Class 1, for male and females. See table of sample rates.

Former Hourly Plan

The assumed incidence of disability is based on rates from the 1985 Pension Disability Table, Class 3, for male and females. See table of sample rates.

- Retirement age for Former Baltimore and NJV Plans

The following rates have been utilized as the assumed incidence of retirement:

Rates varying by age, average age 62.

ATTAINED AGE	RATE
55	2%
56	2%
57	3%
58	5%
59	5%
60	10%
61	10%
62	45%
63	45%
64	45%
65 and above	100%

- Retirement age for Former Corporate Plan

ATTAINED AGE	RATE
Under 55	0%
55	5%
56	5%
57	5%
58	5%
59	5%
60	15%
61	15%
62	15%
63	25%
64	25%
65	40%
66	40%
67 and above	100%

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

- Retirement age for Former Hourly Plan

ATTAINED AGE	ALL EMPLOYEES (EXCEPT CLEVELAND PARTICIPANTS WITH 30+ YEARS OF CREDIT BENEFIT SERVICE)	ATTAINED AGE	CLEVELAND PARTICIPANTS WITH 30+ YEARS OF CREDITED BENEFIT SERVICE
60	10.00%	55-59	15.00%
61	10.00%	60	15.00%
62	20.00%	61	15.00%
63	15.00%	62	40.00%
64	15.00%	63	40.00%
65	40.00%	64	40.00%
66	40.00%	65	100.00%
67	100.00%		

- Retirement age for Former Chromaflo Plan: 100% at age 65
- Benefit commencement age for
  - Future & Current vested deferred for Former Baltimore and NJV Plans: The later of age 62 or termination of employment.
  - Future & Current vested deferred for Former Corporate and Hourly Plans: 63
  - Future & Current vested deferred for Former Chromaflo Plan: 65

• Spouse assumptions	MALE PARTICIPANTS	FEMALE PARTICIPANTS
– Percentage married for Former Baltimore and NJV Plans	85%	85%
– Percentage married for Former Corporate Plan	70%	50%
– Percentage married for Former Hourly Plan	50%	50%
– Percentage married for Former Chromaflo Plan	80%	80%
– Spouse age difference for Former Baltimore, Chromaflo and NJV Plans	3 years younger	3 years older

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

– Spouse age difference for Former Corporate and Hourly Plans	1 years younger	2 years older
LUMP SUM FORM OF PAYMENT	50% of eligible participants will elect a lump sum	
ANNUITY FORM OF PAYMENT FOR FORMER BALTIMORE AND NJV PLANS	**SINGLE LIFE ANNUITY**	**75% JOINT & SURVIVOR**
• Active retirements	50%	50%
• Future vested deferred	50%	50%
• Future disabilities	50%	50%
• Future deaths	50%	50%
• Current vested deferred	50%	50%
ANNUITY FORM OF PAYMENT FOR FORMER CORPORATE PLAN	**LIFE ANNUITY WITH 10 YEARS CERTAIN**	**50% JOINT & SURVIVOR WITH 10 YEARS CERTAIN**
• Active retirements	30%	70%
• Future vested deferred	30%	70%
• Future disabilities	30%	70%
• Future deaths		
— Male participants	30%	70%
— Female participants	50%	50%
• Current vested deferred	30%	70%

ANNUITY FORM OF PAYMENT FOR FORMER HOURLY PLAN	**SINGLE LIFE**	**100% J&S**	**50% J&S**
• Active retirements	60%	40%	0%
• Future vested deferred	60%	40%	0%
• Future disabilities	100%	0%	0%
• Future deaths	0%	0%	100%
• Current vested deferred	60%	40%	0%

100% of Cleveland participants are assumed to take a life annuity for active retirement and future vested deferred benefits.

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

ANNUITY FORM OF PAYMENT FOR FORMER CHROMAFLO PLAN	Normal form of payment.
UNPREDICTABLE CONTINGENT EVENT ASSUMPTIONS	None.
AT-RISK ASSUMPTIONS	
• Special retirement rates	Not applicable.
• Most valuable form of payment	Not applicable.

Table of Sample Rates for Former Corporate Plan

	Percentage		
		Disability incidence	
Attained age	Withdrawal	Male	Female
20	24.00%	0.029%	0.030%
25	24.00	0.038	0.047
30	18.20	0.048	0.080
35	14.70	0.069	0.136
40	12.90	0.117	0.211
45	12.10	0.202	0.323
50	11.60	0.358	0.533
55	10.40	0.722	0.952
60	9.40	1.256	1.159
65	0.00	1.753	1.358

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

Table of Sample Rates for Former Hourly Plan

Attained age	Percentage		
	Withdrawal (with more than 10 years of service)	Disability incidence	
		Male	Female
20	12.30%	0.151%	0.089%
25	10.30	0.219	0.150
30	8.20	0.309	0.252
35	6.40	0.431	0.388
40	5.00	0.597	0.547
45	3.90	0.829	0.777
50	3.00	1.224	1.201
55	2.30	2.118	1.962
60	1.70	3.240	2.326
65	0.00	4.369	2.718

Table of Sample Rates for Former Chromaflo Plan (at least 5 years of service)

Attained age	Withdrawal (with at least 5 years of service)
20	7.94%
25	7.72
30	7.22
35	6.28
40	5.15
45	3.98
50	2.56
55	0.94
60	0.09
65	0.00

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

Table of Sample Rates for Former Chromaflo Plan (less than 5 years of service)

	Withdrawal (with less than 5 years of service)			
Attained age	**1**	**2**	**3**	**4**
20	42.9%	32.9%	22.8%	17.8%
25	42.7	32.6	22.5	17.4
30	42.1	31.9	21.7	16.5
35	41.1	30.8	20.6	15.4
40	39.9	29.7	19.5	14.2
45	38.7	28.5	18.2	12.9
50	37.2	26.9	16.5	11.2
55	35.7	25.5	15.3	10.2

Rationale for Demographic Assumptions

Legacy Vibrantz Plan

- **Retirement Age –** Retirement age assumption was updated based on the results of an experience study conducted during 2019 using data from the January 1, 2015 through January 1, 2019 valuations. The plan sponsor believes that this period will be representative of anticipated future experience.
- **Turnover Rates –** Turnover rates have been developed based on the historical experience of the plan. The turnover rates were reviewed based on an experience study conducted in 2019 using data from the January 1, 2015 through January 1, 2019 valuations. This assumption provided similar results to actual experience of the plan, thus no update was made. The plan sponsor believes that this period will be representative of anticipated future experience.
- **Retirement Rates –** Retirement rates have been developed based on the historical experience of the plan and the retirement subsidies the plan offers at various ages. The retirement rates were reviewed based on an experience study conducted in 2019 using data from the January 1, 2015 through January 1, 2019 valuations. This assumption provided similar results to actual experience of the plan, thus no update was made. The plans sponsor believes that this period will be representative of anticipated future experience.
- **Disability Rates –** Based on the 1985 Pension Disability Study rates, applicable to the populations of each former plan. Annual review of the experience has shown that these rates provide similar results to the actual rates of disability experienced under the plan.
- **Percent Married/Spouse Age Difference –** The assumptions regarding percent married/spouse age difference at benefit commencement were updated based on the results of an experience study conducted during 2019 using data from the January 1, 2015 through January 1, 2019 valuations. The plan sponsor believes that this period will be representative of anticipated future experience.
- **Form of Payment Election –** The assumptions regarding form of payment election at benefit commencement were updated based on the results of an experience study conducted during 2019 using data from the January 1, 2015 through January 1, 2019 valuations. The plan sponsor believes that this period will be representative of anticipated future experience.
- **Retirement rates, turnover rates, percent married/spouse age difference, and form of payment election for the former Chromaflo plan participants** – Assumptions provided by the prior actuary based on plan's anticipated future experience. We will compare actual experience with

prior actuary's assumptions to assess reasonability and will consider updating assumptions in the future.

Former Baltimore and NJV Plans

- **Termination rates**– Termination rates were based on a published table for pension participants believed to have similar characteristics to the plan population. Gains and losses caused by termination patterns different than assumed are observed and monitored. Assumed termination rates differ by age and gender because of observed and expected differences in termination rates by gender.
- **Disability rates** – Disability rates were based on a published table for pension participants believed to have reasonably similar characteristics participating in pension plans with similar disability provisions. Gains and losses caused by disability patterns different than assumed are observed and monitored.
- **Retirement rates** – Retirement rates are based on plan sponsor expectations for the future with periodic monitoring of observed gains and losses caused by retirement patterns different than assumed.
- **Benefit commencement age** – Deferred vested participants are assumed to begin benefits at age 62 (or current age if later) because the plan's experience is not considered to be credible, but it has been observed and it is expected that many participants will retire and begin benefits when Social Security benefits are first available.

ACTUARIAL METHODS FOR FUNDING

Asset Methods

The asset valuation method is the fair market value.

Participant Methods

Participants or former participants are included or excluded from the valuation as described below:

- **Participants included**: The plan sponsor provides us with data for only those employees who have completed the plan's eligibility requirements and are included in the valuation of liabilities.
- **Participants excluded**: No actuarial liability is included for nonvested participants who terminated prior to the valuation date. For this purpose, participants with a break in service on the valuation date are treated as terminated participants.
- **Insurance contracts**: None.

Minimum Funding Methods

The funding target for minimum funding calculations is computed using the traditional unit credit method of funding. The objective under this method is to fund each participant's benefits under the plan as they accrue. Thus, the total pension to which each participant is expected to become entitled at retirement is broken down into units, each associated with a year of past or future credited service.

A detailed description of the calculation follows:

- The plan's valuation date is the beginning of the plan year.
- An individual's **funding target** is the present value of future benefits based on credited service and average pay as of the beginning of the plan year, and an individual's **target normal cost** is the present value of the benefit expected to accrue in the plan year. If multiple decrements are used,

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

the funding target and the target normal cost for an individual are the sum of the component funding targets and target normal costs associated with the various anticipated separation dates.

- This plan provides benefits that are not a function of a participant's accrued benefit or years of service. This benefit is allocated to funding target based on the ratio of the participant's service at the beginning of the plan year to their service at each decrement age and is allocated to target normal cost based on the proportionate benefit attributable to the increase in the participant's service and compensation during the plan year.
- This plan provides disability/death benefits that are only partially based on a participant's accrued benefit or years of service. This benefit is allocated to funding target based on the accrued benefit on the valuation date plus a portion of the excess of the benefit over the accrued benefit multiplied by the ratio of the participant's service at the beginning of the plan year to their service at each decrement age. This benefit is allocated to target normal cost based on the proportionate benefit attributable to the increase in the participant's service and compensation during the plan year.
- The plan's **target normal cost** is the sum of the individual target normal costs, and the plan's **funding target** is the sum of the individual funding targets for all participants under the plan.

Schedule SB, Line 32 — Schedule of Amortization Bases

The total shortfall amortization charge is the sum of the individual shortfall amortization installments for each plan year since the IRC Section 430 changes made by ARPA took effect for the plan. Although an individual shortfall amortization installment can be negative, the combined shortfall amortization charge cannot be less than $0.

Shortfall bases					
Year established		Outstanding balance	Years remaining		2025 Installment
2023	$	12,079,185	13	$	1,238,643
2024		(3,195,379)	14		(311,293)
2025		252,490	15		23,483
Total	$	9,136,296		$	950,833

Schedule SB, Line 25 — Change in Method

The method used to determine the actuarial value of assets has changed from an average of the adjusted market value for each year during the last two years preceding the valuation date to fair market value. This method change is automatically approved under Revenue Procedure 2017-56, 2017-44 IRB 465 since the method had not been changed in the previous four years.

Schedule SB, Line 24 — Change in Actuarial Assumptions

Actuarial assumption changes since prior valuation

- Interest discounts and mortality rates were updated from 2024 to 2025 in accordance with PPA.
- The expected administrative expenses added to the normal cost decreased from $1,700,000 to $900,000.

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

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

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

A Name of plan
VIBRANTZ CORPORATION PENSION PLAN FOR LEGACY EMPLOYEES

B Three-digit plan number (PN) ▶ 007

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

D Employer Identification Number (EIN)
34-0217820

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

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

Part I Basic Information

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

2 Assets:

a Market value	**2a**	124,863,214
b Actuarial value	**2b**	124,863,214

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	681	102,916,203	102,916,203
b For terminated vested participants	467	23,234,689	23,234,689
c For active participants	105	7,711,719	7,848,618
d Total	1,253	133,862,611	133,999,510

4 If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ]

a Funding target disregarding prescribed at-risk assumptions	**4a**	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	**4b**	
5 Effective interest rate	**5**	5.30%
6 Target normal cost		
a Present value of current plan year accruals	**6a**	177,605
b Expected plan-related expenses	**6b**	900,000
c Target normal cost	**6c**	1,077,605

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE

JFT
Signature of actuary

9/24/2026
Date

JAMES TROTIER
Type or print name of actuary

2608425
Most recent enrollment number

MERCER
Firm name

216-830-8027
Telephone number (including area code)

200 PUBLIC SQUARE
STE 3760
CLEVELAND OH 44114
Address of the firm

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions [ ]

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	1,545,391
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	1,545,391
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of 7.51%	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		712
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.09%		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		53
	c Total available at beginning of current plan year to add to prefunding balance		765
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages

14	Funding target attainment percentage	14	93.18%
15	Adjusted funding target attainment percentage	15	95.50%
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	95.46%
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/15/2025	683,000	0			
07/15/2025	683,000	0			
01/15/2026	450,700	0			
04/15/2026	507,200	0			
			Totals ► 18(b)	2,323,900	18(c) 0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
	a Contributions allocated toward unpaid minimum required contributions from prior years.	19a	0
	b Contributions made to avoid restrictions adjusted to valuation date	19b	0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	2,239,240

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? ☒ Yes ☐ No

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

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

Liquidity shortfall as of end of quarter of this plan year

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

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

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	
5.00 %	5.27 %	5.50%	☐ N/A, full yield curve used

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

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

Part VI Miscellaneous Items

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

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

26 Demographic and benefit information

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

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

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

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

a Target normal cost (line 6c)	**31a**	1,077,605
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	9,136,296	950,833
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	2,028,438

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

36 Additional cash requirement (line 34 minus line 35)	**36**	2,028,438
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	2,239,240
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	**38a**	210,802
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

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

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

Line 15, Reconciliation of Differences Between Valuation Results and Amounts Used to Calculate AFTAP

The following schedule shows the AFTAP that was certified for the 2025 plan year along with the certification date.

Certification date	AFTAP
9/30/2025	95.50%

The following chart shows a comparison of the final 2025 AFTAP and the FTAP shown on the 2025 Schedule SB, line 14.

		Final certified AFTAP	Schedule SB Line 14 FTAP	Difference (explained below)
1.	Adjusted plan assets			
a.	Actuarial value of plan assets	$ 124,863,214	$ 124,863,214	$ 0
b.	Credit balances subtracted	0	0	0
c.	Annuity purchases for non-HCEs in prior two plan years	$ 69,153,838[1]	0	$ 69,153,838
d.	Earmarked contributions during plan year	0	0	0
e.	Adjusted plan assets: *(a.) – (b.) + (c.) + (d.)*	$ 194,017,052	$ 124,863,214	$ 69,153,838
2.	Adjusted funding target			
a.	Funding target	$ 133,999,510	$ 133,999,510	$ 0
b.	Funding target increases not already reflected in (a.) due to amendments, UCEBs, etc.	0	0	0
c.	Annuity purchases for non-HCEs in prior two plan years	$ 69,153,838[1]	0	$ 69,153,838
d.	Adjusted funding target: (a.) + (b.) + (c.)	$ 203,153,348	$ 133,999,510	$ 69,153,838
3.	2025 AFTAP/FTAP: (1.e.) ÷ (2.d.)	95.50%	93.18%	

The difference is due to reflecting the annuities purchased for non-HCEs in the prior two plan years as required for the AFTAP determination.

[1] Assumes all of the annuity purchases are attributable to NHCEs since the AFTAP range would be the same regardless of the proportion of the annuity purchases that relate to NHCEs.

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

Each employee is assumed to retire in accordance with the table of retirement rates. The proportion of employees expected to retire at each potential retirement age is shown below. The average retirement age is 63.

Group A Retirement Rate for Participants at all former Various Plan Locations

(A) Retirement age	(B) Retirement Percent	(C) Lx	(D) Number of employees expected to retire (B) x (C)	(E) (A) x (D)
55	0%	100,000	0	0
56	0%	100,000	0	0
57	0%	100,000	0	0
58	0%	100,000	0	0
59	0%	100,000	0	0
60	10%	100,000	10,000	600,000
61	10%	90,000	9,000	549,000
62	20%	81,000	16,200	1,004,400
63	15%	64,800	9,720	612,360
64	15%	55,080	8,262	528,768
65	40%	46,818	18,727	1,217,268
66	40%	28,091	11,236	741,597
67	100%	16,854	16,854	1,129,250
Total			100,000	6,382,643
Average				63.83

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

Group B Retirement Rate for Participants of former Corporate Plan

(A) Retirement age	(B) Retirement Percent	(C) Lx	(D) Number of employees expected to retire (B) x (C)	(E) (A) x (D)
55	5%	100,000	5,000	275,000
56	5%	95,000	4,750	266,000
57	5%	90,250	4,513	257,213
58	5%	85,738	4,287	248,639
59	5%	81,451	4,073	240,279
60	15%	77,378	11,607	696,403
61	15%	65,771	9,866	601,808
62	15%	55,906	8,386	519,923
63	25%	47,520	11,880	748,437
64	25%	35,640	8,910	570,238
65	40%	26,730	10,692	694,977
66	40%	16,038	6,415	423,402
67	100%	9,623	9,623	644,725
Total			100,000	6,187,044
Average				61.87

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

Group C Retirement Rate for Participants of former Chromaflo Plan.

Former Chromaflo plan participants are assumed to retire 100% at age 65.

Group D Retirement Rate for Participants of former Baltimore and NJV Plans

(A) Retirement age	(B) Retirement Percent	(C) Lx	(D) Number of employees expected to retire (B) x (C)	(E) (A) x (D)
55	2.0%	10,000	200	11,000
56	2.0%	9,800	196	10,976
57	3.0%	9,604	288	16,416
58	5.0%	9,316	466	27,028
59	5.0%	8,850	443	26,137
60	10.0%	8,407	841	50,460
61	10.0%	7,566	757	46,177
62	45.0%	6,809	3,064	189,968
63	45.0%	3,745	1,685	106,155
64	45.0%	2,060	927	59,328
65	100.0%	1,133	1,133	73,645
Total			10,000	617,290
Average				61.73

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

Development of average retirement rate

	(1) Number of Active Participants	(2) Weighted Average Retirement Age	(3) (1) x (2)
Group A	34	63.83	2,170.22
Group B	19	61.87	1,175.53
Group C	22	65.00	1,430.00
Group D	30	61.73	1,851.90
Total	105		6,627.65

Item 22:	**Weighted Average Retirement Age = Total (3)/Total (1)**	**63.12**

Schedule SB, Line 26b – Schedule of Projection of Expected Benefit Payments

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2025	95,056	652,844	11,294,455	12,042,355
2026	195,177	916,878	10,892,410	12,004,465
2027	254,937	1,121,627	10,512,439	11,889,002
2028	335,064	1,262,262	10,104,534	11,701,860
2029	387,390	1,375,881	9,663,974	11,427,245
2030	426,816	1,516,245	9,185,472	11,128,533
2031	506,799	1,598,302	8,708,387	10,813,488
2032	554,213	1,691,612	8,239,760	10,485,586
2033	586,373	1,747,612	7,761,455	10,095,440
2034	625,285	1,824,820	7,274,973	9,725,078
2035	638,822	1,809,949	6,778,778	9,227,549
2036	655,553	1,840,977	6,293,762	8,790,292
2037	659,939	1,844,740	5,820,281	8,324,960
2038	660,888	1,831,153	5,355,313	7,847,354
2039	656,815	1,828,613	4,902,150	7,387,578
2040	669,270	1,797,827	4,463,874	6,930,971
2041	664,389	1,782,125	4,043,263	6,489,777
2042	656,214	1,743,814	3,642,702	6,042,730
2043	643,715	1,703,716	3,264,106	5,611,537
2044	629,324	1,648,485	2,908,896	5,186,705
2045	610,577	1,592,715	2,577,989	4,781,281
2046	590,551	1,529,505	2,271,816	4,391,872
2047	569,294	1,463,078	1,990,385	4,022,756
2048	546,036	1,394,458	1,733,361	3,673,854
2049	521,853	1,325,059	1,500,119	3,347,031
2050	496,067	1,250,396	1,289,824	3,036,287
2051	469,489	1,177,512	1,101,479	2,748,481
2052	441,924	1,097,691	933,955	2,473,570
2053	421,887	1,016,793	786,041	2,224,721
2054	399,182	934,610	656,450	1,990,241
2055	375,739	852,565	543,861	1,772,166
2056	346,006	767,935	446,939	1,560,880
2057	316,386	689,323	364,325	1,370,035
2058	286,786	613,581	294,656	1,195,023
2059	261,838	541,604	236,553	1,039,995
2060	234,048	473,994	188,656	896,697
2061	207,900	411,245	149,644	768,790
2062	183,379	358,380	118,252	660,010

Schedule SB, Line 26b – Schedule of Projection of Expected Benefit Payments

2063	160,667	306,238	93,285	560,190
2064	139,697	259,543	73,649	472,889
2065	120,882	222,236	58,362	401,480
2066	104,070	186,036	46,563	336,670
2067	89,214	154,452	37,515	281,181
2068	76,224	131,576	30,598	238,398
2069	64,979	108,744	25,300	199,023
2070	55,331	89,583	21,214	166,129
2071	47,121	73,667	18,017	138,805
2072	40,181	60,579	15,458	116,218
2073	34,340	49,916	13,353	97,610
2074	29,434	41,305	11,571	82,310

VIBRANTZ CORPORATION PENSION PLAN FOR LEGACY EMPLOYEES

AUDITED FINANCIAL STATEMENTS

YEARS ENDED DECEMBER 31, 2025 AND 2024

VIBRANTZ CORPORATION PENSION PLAN
FOR LEGACY EMPLOYEES

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WCS
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Independent Auditors' Report

To the Investment Administration Committee and Participants of
Vibrantz Corporation Pension Plan for Legacy Employees

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

We have performed audits of the accompanying financial statements of the Vibrantz Corporation Pension Plan for Legacy Employees, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) [ERISA Section 103(a)(3)(C) audit]. The financial statements comprise the statements of net assets available for benefits as of December 31, 2025 and 2024, and the related statements of changes in net assets available for benefits for the years then ended and the related notes to the financial statements.

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

Management has obtained certifications from qualified institutions as of December 31, 2025, and for the year then ended, stating that the certified investment information, as described in Note 4 to the financial statements, is complete and accurate.

Opinion

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

- The amounts and disclosures in the financial statements referred to above, 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 financial statements referred to above related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

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

Auditors' Responsibilities for the Audit of the Financial Statements

Except as described in the *Scope and Nature of the ERISA Section 103(a)(3)(C) Audit for the 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.

- 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 Vibrantz Corporation Pension Plan for Legacy Employees' 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 Vibrantz Corporation Pension Plan for Legacy Employees' ability to continue as a going concern for a reasonable period of time.

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

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

Auditors' Responsibilities for the Audit of the Financial Statements (continued)

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 - Supplemental Schedules Required by ERISA

The supplemental schedule of assets (held at end of year) and supplemental schedule of reportable transactions 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 its form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion:

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

- The information in the supplemental schedules related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Wojick, Cronin & Sosa, LLC

October 14, 2026
Bel Air, Maryland

VIBRANTZ CORPORATION
PENSION PLAN FOR LEGACY EMPLOYEES

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

	2025	2024
ASSETS		
Cash, noninterest-bearing	$ - 0 -	$ 214,632
Investments, at fair value		
Money market fund	1,742,774	3,139,308
Partnerships/joint ventures	10,640,694	29,082,864
Common collective trust	51,360,706	91,364,818
	63,744,174	123,586,990
Receivables:		
Employer contributions	957,900	1,001,000
Repricing receivable from insurance company	1,207,441	1,377,580
Accrued income	3,274	74,799
Total Receivables	2,168,615	2,453,379
NET ASSETS AVAILABLE FOR BENEFITS	$ 65,912,789	$ 126,255,001

See accompanying notes to financial statements.

VIBRANTZ CORPORATION
PENSION PLAN FOR LEGACY EMPLOYEES

Statements of Changes in Net Assets Available for Benefits
For the Years Ended December 31, 2025 and 2024

	2025	2024
ADDITIONS TO NET ASSETS ATTRIBUTED TO:		
Investment income:		
Net appreciation in fair value of investments	$ 13,190,288	$ 10,927,387
Interest and dividends	117,292	453,681
	13,307,580	11,381,068
Contributions:		
Employer	2,323,900	1,362,000
Total Additions	15,631,480	12,743,068
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:		
Benefits paid to participants	13,514,537	26,358,867
Purchase of annuity contracts	59,852,559	63,115,009
Administrative expenses	2,606,596	1,294,339
Total Deductions	75,973,692	90,768,215
NET DECREASE IN NET ASSETS AVAILABLE FOR BENEFITS	(60,342,212)	(78,025,147)
TRANSFERS INTO PLAN	- 0 -	10,362,490
NET ASSETS AVAILABLE FOR BENEFITS, BEGINNING OF YEAR	126,255,001	193,917,658
NET ASSETS AVAILABLE FOR BENEFITS, END OF YEAR	$ 65,912,789	$ 126,255,001

See accompanying notes to financial statements.

1. Description of the Plan

The following description of the Vibrantz Corporation Pension Plan for Legacy Employees (the Plan) provides only general information. Participants should refer to the plan document for a more complete description of the Plan's provisions.

A. General - The Plan was established on October 31, 2017, as a result of a spin-off from the Ferro Corporation Pension Plan and is a frozen defined benefit pension plan sponsored by Ferro Corporation under which certain salaried and hourly rate employees at various facilities of the Company have frozen accrued benefits. Assets and benefit obligations were transferred to the Plan from the Ferro Corporation Pension Plan (the predecessor plan) as part of a spin-off. Participants and beneficiaries meeting certain requirements were transferred to the Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA) as amended. During April 2022, Ferro Corporation, Prince International Corporation and Chromaflo Technologies were acquired by Vibrantz Corporation (the Company or Employer). At this date, Vibrantz Corporation became the Plan Sponsor. The Plan previously held Ferro Corporation stock as a Plan investment. As a result of the acquisition the Ferro Corporation stock was removed as an investment option and the stock was sold. Effective December 31, 2022 (merger date), the Plan was amended to merge the Chromaflo Technologies Corporation Defined Benefit Plan for Employees Represented by International Brotherhood of Teamsters, Truck Drivers, Chauffeurs and Helpers (Chromaflo Plan) into this Plan. Effective January 1, 2023, the Plan name changed to Vibrantz Corporation Pension Plan for Legacy Employees. Effective June 21, 2023, the Plan entered into a Master Trust Agreement with U.S. Bank National Association whereby the Plan and two defined benefit plans sponsored by Prince International Corporation would be maintained under a master trust agreement known as the Master Trust for Vibrantz Pension Plans. Assets from all plans were transferred to the Master Trust in August 2023. Additionally, the Chromaflo Plan assets were transferred into the Plan in August 2023 when all assets were transferred to the Master Trust. The Plan was amended and restated effective January 1, 2023 to incorporate the four prior amendments to the October 31, 2017 Plan document, reflect the merger of the Chromaflo Plan into the Plan, and reflect the acquisition of Ferro Corporation. Effective December 31, 2024, the Vibrantz Specialty Products LLC Baltimore Plant Bargaining Unit Employees Pension Plan and New Johnsonville Electrolytic Manganese Plant Pension Plan of Vibrantz Specialty Products LLC plans merged into the Plan. The Plan was amended and restated effective January 1, 2025 to incorporate this merger. As a result of the merger of the Vibrantz Specialty Products LLC Baltimore Plant Bargaining Unit Employees Pension Plan and the New Johnsonville Electrolytic Manganese Plant Pension Plan of Vibrantz Specialty Products LLC into the Plan effective December 31, 2024, all assets held under the Master Trust for Vibrantz Pension Plans are assets of the Plan. Accordingly, the Plan's investments as of December 31, 2025 and 2024 are presented directly in the accompanying financial statements rather than as an interest in a master trust.

1. Description of the Plan (continued)

B. Eligibility - The Plan is organized into separate parts, each covering the former participants of a predecessor plan:

- Part A covers former participants of the Ferro Corporation Retirement Plan. Participation closed July 1, 2003. No employee could become a participant on or after April 1, 2006.
- Part B covers former participants of the Retirement Plan for Hourly-Rate Employees of Ferro Corporation at Various Plants. Participation was closed at various plant-specific dates, and there have been no active participants since January 1, 2011.
- Part C covers former participants of the Chromaflo Plan. Part C remains open. Union employees at the Lockland, Ohio location become participants after completing one year of eligibility service.
- Part D covers former participants of the Baltimore Plan. It was closed to new participants effective January 1, 2008.
- Part E covers former participants of the New Johnsonville Plan. It was closed to new participants effective January 1, 2006.

C. Pension Benefits - Benefits under Parts A and B are frozen. Part A accruals ceased April 1, 2006, and Part B accruals ceased January 1, 2011. Participants in Parts C, D and E who remain in covered employment continue to accrue benefits, except for employees rehired into Part E on or after January 1, 2006, who keep only the benefits they earned before that date. Normal monthly benefits are generally determined by multiplying years of credited benefit service by a monthly benefit rate, or by a final-average-compensation formula for Part A participants.

Normal and early retirement:

- Parts A, B and C: Normal retirement is at age 65. Early retirement benefits are available on or after age 55 with at least 10 years of credited vesting service. Certain plants allow for differing normal retirement ages and service requirements.
- Part D: Normal retirement is the later of age 65 or the fifth anniversary of participation. Early retirement requires at least 10 years of continuous service.
- Part E: Normal retirement is the later of age 62 or the fifth anniversary of participation. Early retirement is available at age 55 with 10 benefit accrual years of service.
- Early retirement benefits are reduced for commencement before normal retirement.

In-service distributions: Participants who have attained age 59½ and would be eligible for a normal or early retirement benefit may elect to begin benefits while still employed.

1. Description of the Plan (continued)

Vesting: Participants generally become vested after five to fifteen years of vesting service, depending on the part and facility.

Disability: Disability retirement benefits are payable to eligible participants who become disabled while in covered employment, as provided in each part of the Plan.

Death benefits: If a vested participant dies before benefit payments begin, the surviving spouse may be entitled to a preretirement survivor benefit. The benefit is generally equal to the survivor portion of a joint and 50% survivor annuity.

Small benefit cash-outs: If the present value of a terminated participant's vested benefit did not exceed $5,000 under Parts A, B and C, or $1,000 under Parts D and E, the Plan distributed the benefit in a lump sum. Effective September 1, 2025, the threshold is $7,000 for all parts.

2. Significant Accounting Policies

Basis of Accounting - The financial statements of the Plan have been prepared on the accrual basis of accounting.

Use of Estimates - The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, and changes therein; disclosure of contingent assets and liabilities; and the actuarial present value of accumulated plan benefits at the date of the financial statements and changes therein. Actual results could differ from those estimates. The Plan uses an actuary to determine the actuarial present value of accumulated plan benefits. A change in the actuarial assumptions used could significantly change the amount of the actuarial present value of accumulated plan benefits reported in the accompanying financial statements.

Investment Valuation and Income Recognition - Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Vibrantz Benefits Plan Investment Admin Committee determines the Plan’s valuation policies utilizing information provided by its investment advisors and trustees. See Note 4 for discussion of fair value measurements.

2. Significant Accounting Policies (continued)

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded as earned on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation in the fair value of investments, as presented in the statements of changes in net assets available for benefits, includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Actuarial Present Value of Accumulated Plan Benefits - Accumulated plan benefits (see Note 6) are estimated future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions to services rendered by the employees to the valuation date. Accumulated plan benefits include benefits expected to be paid to: (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Benefits for retired or terminated employees or their beneficiaries and accumulated plan benefits for active employees are based on employees' compensation during their years of credited service. Benefits payable under all circumstances—retirement, death, disability and termination of employment—are included in accumulated plan benefits to the extent they are deemed attributable to employee service rendered to the valuation date.

Payment of Benefits - Benefits are recorded when paid.

Expenses - The Plan's expenses are paid either by the Plan or the Company, as provided by the plan document. Expenses that are paid directly by the Company are excluded from these financial statements. Certain expenses incurred in the administration of the Plan that are paid by the Plan are recorded as deductions in the accompanying statements of changes in net assets available for benefits. In addition, certain investment-related expenses are included in net appreciation in fair value of investments presented in the accompanying statements of changes in net assets available for benefits.

3. Funding Policy

Employer contributions are made in amounts sufficient, on an actuarial basis, to fund at a minimum, the Plan's normal cost on a current basis and to fund the actuarial liability for past service costs in accordance with Department of Treasury Regulations. The Employer's contributions to the Plan during the year ended December 31, 2025 satisfied the minimum funding requirements established by ERISA and did not exceed the Employer's maximum allowable contributions for that Plan year. The Employer recorded a contribution receivable to the Plan of $957,900 and $1,001,000 for the year ended December 31, 2025 and 2024, respectively.

4. Information Prepared and Certified by U.S. Bank National Association

The following information included in the accompanying financial statements and ERISA-required supplemental schedules, including all investments held at December 31, 2025 and 2024, and net appreciation in fair value of investments, interest and dividends for the year ended December 31, 2025, was obtained by management and agreed to or derived from data certified as complete and accurate by U.S. Bank National Association, the trustee of the Plan.

	2025	2024
Cash, noninterest-bearing	$ - 0 -	$ 214,632
Investments, at fair value		
Money market funds	1,742,774	3,139,308
Common collective trusts	51,360,706	91,364,818
Partnerships/joint ventures	10,640,694	29,082,864
Investment income:		
Net appreciation in fair value of investments	13,190,288	10,927,387
Interest and dividends	117,292	453,681

5. Fair Value Measurements

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

Level 1 Fair Value Measurements

Inputs to the valuation methodology are unadjusted quoted prices in active markets for identical assets or liabilities that the reporting entity has the ability to access at the measurement date.

Level 2 Fair Value Measurements

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

5. Fair Value Measurements (continued)

Level 3 Fair Value Measurements

Inputs to the valuation methodology are unobservable for the asset or liability, significant to the fair value measurement, and include situations where there is little, if any, market activity for the asset or liability. The inputs into the determination of fair value are based upon the best information in the circumstances and may require significant management judgment or estimation.

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

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

Level 1 Fair Value Measurements

Money market fund: Equivalent to cash and valued at $1 per share, which approximates fair value.

Investments Measured at Net Asset Value (NAV)

Common collective trusts funds: Valued at the NAV of units of a collective trust. The NAV, as provided by the trustee, is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the fund less its liabilities. This practical expedient would not be used if it is determined to be probable that the fund will sell the investment for an amount different from the reported NAV. Participant transactions (purchases and sales) may occur daily. Were the Plan to initiate a full redemption of the collective trust, the issuer reserves the right to temporarily delay withdrawal from the trust in order to ensure that securities liquidations will be carried out in an orderly business manner.

Partnerships/joint ventures: Consists of limited partnerships, private investment funds, and other funds and are valued at fair value as determined by the fund managers or general partner using NAV as a practical expedient. In determining the fair value of the funds, the funds' managers or general partner utilizes the estimated fair values of underlying investment entities. In those instances where prices of securities of underlying companies are not readily available, the estimated fair values of the underlying entities are generally determined by the investment managers of the underlying entities. These fair values may be based upon (1) the funds' net capital contribution to the underlying entity and (2) the allocation of undistributed profits and losses, including realized and unrealized gains and losses, as well as management expenses of the funds.

5. Fair Value Measurements (continued)

The funds' managers may utilize audited financial statements of the underlying entities to determine amounts needed to estimate fair value or, in the absence of audited financial statements, other methods that the manager reasonably chooses. Due to the inherent uncertainty of these estimates, the values of the underlying entities may differ from the values that would have been used had a ready market for these investments existed, and such differences could be material.

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

Gains and losses included in the statement of changes in net assets available for benefits for the year ended December 31, 2025 are reported in net appreciation in fair value of investments.

The Plan's policy is to recognize transfers between Level 1 and 2 and into and out of Level 3 at the end of the reporting period. For the year ended December 31, 2025, there were no significant transfers between Level 1 and Level 2 or into or out of Level 3.

The following tables set forth, by level within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2025 and 2024:

	Fair Value Measurements at the End of the Reporting Period Using:	
	Fair Value	Quoted Prices in Active Markets for Identical Assets (Level 1)
December 31, 2025		
Money market fund	$ 1,742,774	$ 1,742,774
Total assets in fair value hierarchy	1,742,774	$ 1,742,774
Investments, measured at NAV	62,001,400	
Investments, at fair value	$ 63,744,174	
December 31, 2024		
Money market fund	$ 3,139,308	$ 3,139,308
Total assets in fair value hierarchy	3,139,308	$ 3,139,308
Investments, measured at NAV	120,447,682	
Investments, at fair value	$ 123,586,990	

5. Fair Value Measurements (continued)

The following table summarizes investments measured at fair value based on NAV per share as of December 31:

Investment		Fair Value 2025	Fair Value 2024	Unfunded Commitment	Redemption Frequency	Redemption Notice Period
Common collective trusts	(a)	51,360,706	91,364,818	N/A	Daily	None
Mercer ERISA Hedge Fund Ltd	(b)	6,468,116	17,314,906	None	Quarterly	100 days
Partnerships/joint ventures, other than Mercer ERISA Hedge Fund Ltd.	(c)	4,172,578	16,430,713	N/A	Daily	None

(a) The collective trusts invest primarily in equity or fixed income securities, with the objective of maintaining exposure to a specific asset class as indicated in the name of each individual fund.

(b) The Mercer ERISA Hedge Fund Ltd. invests with an objective of producing consistent capital appreciation with controlled volatility and reduced risk of major drawdowns by allocating assets across a diversified group of investment managers and investing in less liquid private investment funds that may offer potential for higher long-term returns with diversification benefits.

(c) The partnerships/joint ventures invest primarily in equity or fixed income securities, with the objective of maintaining exposure to the specific asset class as indicated in the name of each individual fund.

6. Accumulated Plan Benefits

The actuarial present value of accumulated plan benefits is determined by an actuary from Mercer and is the amount resulting from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment. The actuarial assumptions are based on the assumption that the Plan will continue. If the Plan were to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

The information presented below for accumulated plan benefits as of January 1, 2025 and the changes in accumulated plan benefits are obtained from information provided by the actuary as of January 1, 2025 and for the year then ended. There were no significant changes in the Plan's provisions or coverage from December 31, 2024 to January 1, 2025.

6. Accumulated Plan Benefits (continued)

The Plan's actuary has estimated the actuarial present value of accumulated plan benefits as follows as of January 1, 2025:

	2025
Actuarial present value of accumulated plan benefits	
Vested benefits:	
Active participating employees	$ 6,332,736
Retirees and beneficiaries	95,468,073
Deferred vested benefits	19,955,653
	121,756,462
Nonvested benefits	107,566
Total actuarial present value of accumulated plan benefits	$ 121,864,028

The Plan's actuary has estimated the changes in the actuarial present value of accumulated plan benefits as follows for the year ended January 1, 2025:

	2025
Actuarial present value of accumulated plan benefits, beginning of year	$ 187,968,293
Changes during the year attributed to:	
Interest related to decrease in discount period	11,723,610
Benefits paid	(26,372,630)
Annuities purchased	(64,492,589)
Change in assumptions	- 0 -
Benefits accumulated and (gains) losses	6,373,839
Other changes	6,663,505
Net decrease	(66,104,265)
Total actuarial present value of accumulated plan benefits, end of year	$ 121,864,028

6. Accumulated Plan Benefits (continued)

Actuarial Assumptions:

Interest Rate	The discount rate for ASC 960, Accounting and Reporting by Defined Benefit Plans was 6.75% as of January 1, 2025.
Regular Mortality	Pri-2012 generational mortality tables, adjusted for the characteristics of the participant population and projected with mortality improvements using the MP-2021 projection scale.
Compensation Increase	Not applicable.
Retirement Age	Rates of retirement varying by age, generally between ages 55 and 67.
Percentage Married	Assumed a range of 50% - 85% of participants are married. Male participants are assumed to be between one and three years older than their spouses and female participants are assumed to be between two and three years younger than their spouses.
Form of Payment	50% of participants eligible to receive a lump-sum distribution are assumed to elect a lump sum. All other participants are assumed to elect annuity forms of payment, based on the Plan's historical experience.

There were no changes to ASC 960 actuarial assumptions since the prior valuation.

7. Tax Status

The Plan obtained its latest determination letter on August 27, 2025, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code (IRC). Although the Plan has been amended since the determination letter was received, the Vibrantz Benefits Plan Investment Admin Committee believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC.

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

8. Plan Termination

The Company has the right, under the Plan, to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. All employees are 100% vested in their accumulated retirement benefits upon the Plan's termination. In the event the Plan terminates, the net assets of the Plan will be allocated, as prescribed by ERISA and its related regulations, and the Plan document.

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivors' pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination. There is a statutory ceiling which is adjusted periodically, on the amount of an individual's monthly benefit that the PBGC guarantees.

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

9. Related Party and Party-In-Interest Transactions

Mercer is the plan actuary and manages certain plan investments. The Company provides certain accounting and administrative services to the Plan for which no fees are charged. The Plan has a number of services providers. Such providers are parties-in-interest under ERISA. Such transactions qualify as party-in-interest transactions which are exempt from the prohibited transaction rules.

10. Risks and Uncertainties

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

Interest rate risk refers to the impact of interest rate changes on the Plan's financial position. Interest rate changes directly impact the fair value of fixed income securities held in the Plan. Interest rate changes also have an indirect impact on the other plan investments. Market risk is the risk that the market value of an investment will fluctuate as a result of changes in market price. Credit risk arises from the potential for an issuer or other counterparty to default on its contractual obligations to the Plan. Investments are recorded at fair value. This represents the maximum credit risk exposure of the Plan.

10. Risks and Uncertainties (continued)

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

11. Lump Sum and Annuity Payouts

During 2024, the Plan offered a lump sum window for certain participants in the Vibrantz Corporation Pension Plan for Legacy Employees.

In 2025, the Plan made distributions of $61,060,000 to purchase the annuity contracts for certain participants. The Company purchased nonparticipating annuity contracts from an insurance company (Global Atlantic) to transfer certain of its accumulated plan benefit obligations, and assets related to participants currently receiving benefits as part of the Plan. These actions relieve the Company of primary responsibility for the future benefits associated with these participants. As the insurer is obligated to pay the related pension benefits, the annuities are excluded from plan assets.

The Plan will receive $1,207,441 back from the insurance company in 2026 as a result of repricing adjustments, which is recorded as a repricing receivable from the insurance company on the statements of net assets available for benefits. Therefore, the net purchase of annuity contracts reflected on the statement of changes in net assets available for benefits is $59,852,559. See Note 12.

12. Subsequent Events

In 2026, the Plan received a refund from Global Atlantic in the amount of $1,207,441 as a result of repricing adjustments related to the purchase of the annuity contracts described in Note 11.

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

SUPPLEMENTARY FINANCIAL INFORMATION

VIBRANTZ CORPORATION
PENSION PLAN FOR LEGACY EMPLOYEES

Schedule of Assets (Held at End of Year)
Schedule H, Form 5500, Part IV, Line 4i
EIN: 34-0217820
Plan No. 007
December 31, 2025

(a)	(b) Identity of Issue, Borrower, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	First Am Treas Ob Fd Cl Z	Money market	$ 1,742,774	$ 1,742,774
*	Mercer Erisa Hedge Fund Ltd	Partnerships/joint ventures	5,106,907	6,468,116
*	Mercer Long Strips Fixed Income Port	Partnerships/joint ventures	4,363,021	4,172,578
			9,469,928	10,640,694
	SEI Core Property Cit	Common collective trust	470,557	772,145
*	Mercer Non US Core Eq Ct # 330	Common collective trust	3,123,505	3,988,610
*	Mercer Active Long Corp Inv Port	Common collective trust	12,349,682	13,155,264
*	Mercer US Large Cap Passive Equity	Common collective trust	6,703,844	8,327,504
*	Mercer Emerging Markets Equity	Common collective trust	1,368,411	1,635,604
*	Mercer Long Dur Passive Fixed Inc	Common collective trust	8,974,816	9,293,580
*	Mercer Opportunistic Fixed Inc	Common collective trust	4,312,364	5,006,335
*	Mercer Active Inter Cr Fixed Inc #350	Common collective trust	7,304,396	8,060,432
*	Mercer US Small/Mid Cap Equity	Common collective trust	974,257	1,121,232
			45,581,832	51,360,706
			$ 56,794,534	$ 63,744,174

* Party-In-Interest

The above information has been certified by U.S Bank National Association, the trustee, as complete and accurate.

VIBRANTZ CORPORATION
PENSION PLAN FOR LEGACY EMPLOYEES

Schedule of Reportable Transactions
Single Transactions Exceeding 5% of Plan Assets
Schedule H, Form 5500, Part IV, Line 4j
EIN: 34-0217820
Plan No. 007
For the Year Ended December 31, 2025

(a) Identity of Party Involved	(b) Description of Assets	(c) Purchase Price	(d) Sales Price	(g) Cost of Asset	(h) Current Value on Transaction Date	(i) Net Gain or (Loss)
First Am Treas Ob Fd Cl Z	Money Market Fund	$ 59,183,879	$ - 0 -	$ 59,183,879	$ 59,183,879	$ - 0 -
First Am Treas Ob Fd Cl Z	Money Market Fund	$ - 0 -	$ 61,060,000	$ 61,060,000	$ 61,060,000	$ - 0 -
* Mercer Active Inter Cr Fixed	Common collective trust	$ - 0 -	$ 6,588,909	$ 5,712,058	$ 5,712,058	$ 876,851
* Mercer Active Long Corp Inv Port	Common collective trust	$ - 0 -	$ 7,103,908	$ 6,178,104	$ 6,178,104	$ 925,804
* Mercer Erisa Hedge Fund Ltd	Common collective trust	$ - 0 -	$ 9,000,000	$ 7,611,805	$ 7,611,805	$ 1,388,195
* Mercer Long Dur Passive Fixed Inc	Common collective trust	$ - 0 -	$ 9,003,386	$ 8,483,216	$ 8,483,216	$ 520,170
* Mercer Non US Core Eq CT 330	Common collective trust	$ - 0 -	$ 6,407,470	$ 4,450,650	$ 4,450,650	$ 1,956,820
* Mercer Opportunistic Fixed Inc	Common collective trust	$ - 0 -	$ 8,372,724	$ 6,834,437	$ 6,834,437	$ 1,538,287
* Mercer US Large Cap Passive Equity	Common collective trust	$ - 0 -	$ 12,516,265	$ 8,937,681	$ 8,937,681	$ 3,578,584

* Party-In-Interest Transaction as defined by ERISA

VIBRANTZ CORPORATION
PENSION PLAN FOR LEGACY EMPLOYEES

Schedule of Reportable Transactions
Aggregate Transactions Exceeding 5% of Plan Assets
Schedule H, Form 5500, Part IV, Line 4j
EIN: 34-0217820
Plan No. 007
For the Year Ended December 31, 2025

(a) Identity of Party Involved	(b) Description of Assets	(c) Purchase Price	(d) Sales Price	(g) Cost of Asset	(h) Current Value on Transaction Date	(i) Net Gain or (Loss)
First Am Treas Ob Fd Cl Z	Money Market Fund	$ 83,500,325	$ - 0 -	$ 83,500,325	$ 83,500,325	$ - 0 -
* Mercer Active Long Corp Inv Port	Common collective trust	$ 9,070,722	$ - 0 -	$ 9,070,722	$ 9,070,722	$ - 0 -
* Mercer Long Dur Passive Fixed Inc	Common collective trust	$ 10,384,345	$ - 0 -	$ 10,384,345	$ 10,384,345	$ - 0 -
First Am Treas Ob Fd Cl Z	Money Market Fund	$ - 0 -	$ 84,896,860	$ 84,896,860	$ 84,896,860	$ - 0 -
* Mercer Active Inter Cr Fixed	Common collective trust	$ - 0 -	$ 13,166,338	$ 11,691,979	$ 11,691,979	$ 1,474,359
* Mercer Active Long Corp Inv Port	Common collective trust	$ - 0 -	$ 8,227,071	$ 7,224,642	$ 7,224,642	$ 1,002,429
* Mercer Erisa Hedge Fund Ltd	Common collective trust	$ - 0 -	$ 14,000,000	$ 11,593,096	$ 11,593,096	$ 2,406,904
* Mercer Long Dur Passive Fixed Inc	Common collective trust	$ - 0 -	$ 11,352,319	$ 10,731,618	$ 10,731,618	$ 620,701
* Mercer Non US Core Eq CT 330	Common collective trust	$ - 0 -	$ 8,404,037	$ 5,848,903	$ 5,848,903	$ 2,555,134
* Mercer Opportunistic Fixed Inc	Common collective trust	$ - 0 -	$ 12,913,633	$ 10,595,684	$ 10,595,684	$ 2,317,949
* Mercer US Large Cap Passive Equity	Common collective trust	$ - 0 -	$ 16,807,547	$ 11,991,234	$ 11,991,234	$ 4,816,313

* Party-In-Interest Transaction as defined by ERISA

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.)
☒ 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: ☒ 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
VIBRANTZ CORPORATION PENSION PLAN
FOR LEGACY EMPLOYEES

1b Three-digit plan number (PN) ▶ 007

1c Effective date of plan 10/31/2017

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)
VIBRANTZ CORPORATION

16945 NORTHCHASE DR STE 2000

HOUSTON TX 77060-2135

2b Employer Identification Number (EIN) 34-0217820

2c Plan Sponsor's telephone number 216-875-5600

2d Business code (see instructions) 327900

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	[signature]	10/14/26	MITCHELL MCCRAW
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	[signature]	10/14/26	MITCHELL MCCRAW
	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 ☒ 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	1,119
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)	103
a (2) Total number of active participants at the end of the plan year	6a(2)	105
b Retired or separated participants receiving benefits	6b	144
c Other retired or separated participants entitled to future benefits	6c	385
d Subtotal. Add lines **6a(2), 6b,** and **6c**	6d	634
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e	64
f Total. Add lines **6d** and **6e**	6f	698
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)	
(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g(2)	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
1A 1I 3H

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

9a Plan funding arrangement (check all that apply)	9b Plan benefit arrangement (check all that apply)
(1) ☒ Insurance	(1) ☒ Insurance
(2) ☐ Code section 412(e)(3) insurance contracts	(2) ☐ Code section 412(e)(3) insurance contracts
(3) ☒ Trust	(3) ☒ 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) ☒ **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) ☒ **H** (Financial Information)
(2) ☐ **I** (Financial Information - Small Plan)
(3) ☐ **A** (Insurance Information) - Number Attached ____
(4) ☒ **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 _____

VIBRANTZ CORPORATION
PENSION PLAN FOR LEGACY EMPLOYEES

Schedule of Reportable Transactions
Single Transactions Exceeding 5% of Plan Assets
Schedule H, Form 5500, Part IV, Line 4j
EIN: 34-0217820
Plan No. 007
For the Year Ended December 31, 2025

(a) Identity of Party Involved	(b) Description of Assets	(c) Purchase Price	(d) Sales Price	(g) Cost of Asset	(h) Current Value on Transaction Date	(i) Net Gain or (Loss)
First Am Treas Ob Fd Cl Z	Money Market Fund	$ 59,183,879	$ - 0 -	$ 59,183,879	$ 59,183,879	$ - 0 -
First Am Treas Ob Fd Cl Z	Money Market Fund	$ - 0 -	$ 61,060,000	$ 61,060,000	$ 61,060,000	$ - 0 -
* Mercer Active Inter Cr Fixed	Common collective trust	$ - 0 -	$ 6,588,909	$ 5,712,058	$ 5,712,058	$ 876,851
* Mercer Active Long Corp Inv Port	Common collective trust	$ - 0 -	$ 7,103,908	$ 6,178,104	$ 6,178,104	$ 925,804
* Mercer Erisa Hedge Fund Ltd	Common collective trust	$ - 0 -	$ 9,000,000	$ 7,611,805	$ 7,611,805	$ 1,388,195
* Mercer Long Dur Passive Fixed Inc	Common collective trust	$ - 0 -	$ 9,003,386	$ 8,483,216	$ 8,483,216	$ 520,170
* Mercer Non US Core Eq CT 330	Common collective trust	$ - 0 -	$ 6,407,470	$ 4,450,650	$ 4,450,650	$ 1,956,820
* Mercer Opportunistic Fixed Inc	Common collective trust	$ - 0 -	$ 8,372,724	$ 6,834,437	$ 6,834,437	$ 1,538,287
* Mercer US Large Cap Passive Equity	Common collective trust	$ - 0 -	$ 12,516,265	$ 8,937,681	$ 8,937,681	$ 3,578,584

* Party-In-Interest Transaction as defined by ERISA

VIBRANTZ CORPORATION
PENSION PLAN FOR LEGACY EMPLOYEES

Schedule of Reportable Transactions
Aggregate Transactions Exceeding 5% of Plan Assets
Schedule H, Form 5500, Part IV, Line 4j
EIN: 34-0217820
Plan No. 007
For the Year Ended December 31, 2025

(a) Identity of Party Involved	(b) Description of Assets	(c) Purchase Price	(d) Sales Price	(g) Cost of Asset	(h) Current Value on Transaction Date	(i) Net Gain or (Loss)
First Am Treas Ob Fd Cl Z	Money Market Fund	$ 83,500,325	$ - 0 -	$ 83,500,325	$ 83,500,325	$ - 0 -
* Mercer Active Long Corp Inv Port	Common collective trust	$ 9,070,722	$ - 0 -	$ 9,070,722	$ 9,070,722	$ - 0 -
* Mercer Long Dur Passive Fixed Inc	Common collective trust	$ 10,384,345	$ - 0 -	$ 10,384,345	$ 10,384,345	$ - 0 -
First Am Treas Ob Fd Cl Z	Money Market Fund	$ - 0 -	$ 84,896,860	$ 84,896,860	$ 84,896,860	$ - 0 -
* Mercer Active Inter Cr Fixed	Common collective trust	$ - 0 -	$ 13,166,338	$ 11,691,979	$ 11,691,979	$ 1,474,359
* Mercer Active Long Corp Inv Port	Common collective trust	$ - 0 -	$ 8,227,071	$ 7,224,642	$ 7,224,642	$ 1,002,429
* Mercer Erisa Hedge Fund Ltd	Common collective trust	$ - 0 -	$ 14,000,000	$ 11,593,096	$ 11,593,096	$ 2,406,904
* Mercer Long Dur Passive Fixed Inc	Common collective trust	$ - 0 -	$ 11,352,319	$ 10,731,618	$ 10,731,618	$ 620,701
* Mercer Non US Core Eq CT 330	Common collective trust	$ - 0 -	$ 8,404,037	$ 5,848,903	$ 5,848,903	$ 2,555,134
* Mercer Opportunistic Fixed Inc	Common collective trust	$ - 0 -	$ 12,913,633	$ 10,595,684	$ 10,595,684	$ 2,317,949
* Mercer US Large Cap Passive Equity	Common collective trust	$ - 0 -	$ 16,807,547	$ 11,991,234	$ 11,991,234	$ 4,816,313

* Party-In-Interest Transaction as defined by ERISA

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

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

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

A Name of plan
VIBRANTZ CORPORATION PENSION PLAN FOR LEGACY EMPLOYEES

B Three-digit plan number (PN) ▶ 007

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

D Employer Identification Number (EIN)
34-0217820

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

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

Part I Basic Information

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

2 Assets:

a Market value	**2a**	124,863,214
b Actuarial value	**2b**	124,863,214

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	681	102,916,203	102,916,203
b For terminated vested participants	467	23,234,689	23,234,689
c For active participants	105	7,711,719	7,848,618
d Total	1,253	133,862,611	133,999,510

4 If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ]

a Funding target disregarding prescribed at-risk assumptions	**4a**	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	**4b**	
5 Effective interest rate	**5**	5.30%
6 Target normal cost		
a Present value of current plan year accruals	**6a**	177,605
b Expected plan-related expenses	**6b**	900,000
c Target normal cost	**6c**	1,077,605

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE

JFT
Signature of actuary

9/24/2026
Date

JAMES TROTIER
Type or print name of actuary

2608425
Most recent enrollment number

MERCER
Firm name

216-830-8027
Telephone number (including area code)

200 PUBLIC SQUARE
STE 3760
CLEVELAND OH 44114
Address of the firm

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions [ ]

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	1,545,391
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	1,545,391
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of 7.51%	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		712
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.09%		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		53
	c Total available at beginning of current plan year to add to prefunding balance		765
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages

14	Funding target attainment percentage	14	93.18%
15	Adjusted funding target attainment percentage	15	95.50%
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	95.46%
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/15/2025	683,000	0			
07/15/2025	683,000	0			
01/15/2026	450,700	0			
04/15/2026	507,200	0			
			Totals ► 18(b)	2,323,900	18(c) 0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
	a Contributions allocated toward unpaid minimum required contributions from prior years.	19a	0
	b Contributions made to avoid restrictions adjusted to valuation date	19b	0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	2,239,240

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? ☒ Yes ☐ No

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

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

Liquidity shortfall as of end of quarter of this plan year

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

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

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	
5.00 %	5.27 %	5.50%	☐ N/A, full yield curve used

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

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

Part VI Miscellaneous Items

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

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

26 Demographic and benefit information

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

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

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

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

a Target normal cost (line 6c)	**31a**	1,077,605
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	9,136,296	950,833
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	2,028,438

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

36 Additional cash requirement (line 34 minus line 35)	**36**	2,028,438
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	2,239,240
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	**38a**	210,802
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

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

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