Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

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

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
AXEL JOHNSON INC. RETIREMENT PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1975

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)
AXEL JOHNSON INC.

1 LANDMARK SQUARE, STE 407
STAMFORD, CT 06901-3530

2b Employer Identification Number (EIN) 06-1600707

2c Plan Sponsor's telephone number 646-291-2445

2d Business code (see instructions) 424700

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2026	LAWRENCE HAYNES
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

5	Total number of participants at the beginning of the plan year	**5**	1632
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)**	87
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	82
b	Retired or separated participants receiving benefits	**6b**	1009
c	Other retired or separated participants entitled to future benefits	**6c**	319
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	1410
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	194
f	Total. Add lines **6d** and **6e**.	**6f**	1604
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**	
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) [X]	Trust	**(3)** [X]	Trust
(4) [ ]	General assets of the sponsor	**(4)** [ ]	General assets of the sponsor

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

a Pension Schedules

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

b General Schedules

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [ ] **A** (Insurance Information) – Number Attached 0
- **(4)** [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
AXEL JOHNSON INC. RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
AXEL JOHNSON INC.

D Employer Identification Number (EIN)
06-1600707

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**	78653172
b Actuarial value	**2b**	77191516

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	1166	69656880	69656880
b For terminated vested participants	379	18769279	18769279
c For active participants	87	4518752	4554616
d Total	1632	92944911	92980775

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**	5.34 %
6 Target normal cost		
a Present value of current plan year accruals	**6a**	0
b Expected plan-related expenses	**6b**	1250000
c Target normal cost	**6c**	1250000

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

10/08/2026
Date

DAVID SCHARF
Type or print name of actuary

26-06191
Most recent enrollment number

BUCK GLOBAL, LLC
Firm name

201-912-6806
Telephone number (including area code)

200 JEFFERSON PARK, 2ND FLOOR
WHIPPANY, NJ 07981

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	220
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	220
10	Interest on line 9 using prior year's actual return of 5.58 %	0	12
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.06 %		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	232

Part III Funding Percentages

14	Funding target attainment percentage	14	83.01 %
15	Adjusted funding target attainment percentage	15	83.01 %
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	88.21 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

Part IV Contributions and Liquidity Shortfalls

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
03/27/2025	728009	0			
06/26/2025	728009	0			
09/25/2025	686651	0			
12/19/2025	686651	0			
09/15/2026	337101	0			
			Totals ► 18(b)	3166421	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	3051781

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year

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

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

21 Discount rate:

a Segment rates:	1st segment: 5.07 %	2nd segment: 5.31 %	3rd segment: 5.50 %	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	66

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**	1250000
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	15789491	1801781
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**	3051781

	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**	3051781
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	3051781
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	**38a**	0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

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

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

SCHEDULE C (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Service Provider 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
AXEL JOHNSON INC. RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
AXEL JOHNSON INC.

D Employer Identification Number (EIN)
06-1600707

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

ACADIAN ASSET MANAGEMENT LLC
260 FRANKLIN STREET
BOSTON, MA 02110

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

ANGELO GORDON
245 PARK AVENUE
NEW YORK, NY 10167

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

FIDELITY INVESTMENTS
245 SUMMER STREET
BOSTON, MA 02210

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

FORTRESS
1251 AVENUE OF THE AMERICAS
FL 16
NEW YORK, NY 10036

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

GLP CAPITAL PARTNERS

100 WILSHIRE BLVD
SUITE 1400
SANTA MONICA, CA 90401

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

HARBOR FUNDS

111 SOUTH WACKER DRIVE, 34TH FLOOR
CHICAGO, IL 60606-4302

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

INSIGHT PARTNERS

1114 AVENUE OF THE AMERICAS
36TH FL
NEW YORK, NY 10036

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

MARATHON ASSET MANAGEMENT

ONE BRYANT PARK
38TH FLOOR
NEW YORK, NY 90071

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

VANGUARD

P.O. BOX 982903
EL PASO, TX 79998-2903

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

WALTON STREET REAL ESTATE

900 NORTH MICHIGAN AVENUE
CHICAGO, IL 60611

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

WELLINGTON TRUST COMPANY

280 CONGRESS STREET
BOSTON, MA 02210

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

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

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

NEPC

26-1429809

(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?
28 51	NONE	150000	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

PRINCIPAL

42-1466678

(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?
21 50 63 25 51 28 59	NONE	67202	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

BUCK CONSULTANTS

83-1116912

(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?
11 50	NONE	40962	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

WELLINGTON TRUST COMPANY

04-6913417

(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?
28 51	NONE	36922	Yes [X] No [ ]	Yes [ ] No [X]	0	Yes [X] No [ ]

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

GRANT THORNTON LLP

36-6055558

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	27349	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

ACADIAN

20-0075649

(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?
28 51	NONE	12802	Yes [X] No [ ]	Yes [ ] No [X]	0	Yes [X] No [ ]

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

(complete as many entries as needed)

a Name: DAVID WEINREB
b EIN: 83-1116912
c Position: ACTUARY
d Address: 200 PLAZA DRIVE
1ST FLOOR
SECAUCUS, NJ 07094
e Telephone: 201-902-2300

Explanation: ENROLLED ACTUARY LEFT THE FIRM AND WAS REPLACED WITH ANOTHER ACTUARY AT THE SAME FIRM

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
AXEL JOHNSON INC. RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
AXEL JOHNSON INC.

D Employer Identification Number (EIN)
06-1600707

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: WTC CIF II US INVESTMENET GRADE COR

b Name of sponsor of entity listed in (a): WELLINGTON TRUST COMPANY, NA

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)
04-6913417-120	C	22696719

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

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

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

a Plan name

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

a Plan name

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

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
AXEL JOHNSON INC. RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
AXEL JOHNSON INC.

D Employer Identification Number (EIN)
06-1600707

Part I Asset and Liability Statement

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	104509	337101
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	719799	1277810
(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)	13424480	11345301
(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)	15743366	22696719
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	48719985	48472197
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
1e Buildings and other property used in plan operation	1e		
1f Total assets (add all amounts in lines 1a through 1e)	1f	78712139	84129128
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h	55679	61014
1i Acquisition indebtedness	1i		
1j Other liabilities	1j		
1k Total liabilities (add all amounts in lines 1g through1j)	1k	55679	61014
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	78656460	84068114

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)	3166421	
(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)		3166421
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	19286	
(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)		19286
(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)	1405339	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		1405339
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	3646612	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	4271719	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		-625107
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	1870427	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		1870427

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		1286889
(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)		6721873
c Other income	2c		92138
d Total income. Add all **income** amounts in column (b) and enter total	2d		13937266
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	7234974	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		7234974
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	29787	
(5) Investment advisory and investment management fees	2i(5)	201799	
(6) Bank or trust company trustee/custodial fees	2i(6)	67202	
(7) Actuarial fees	2i(7)	40962	
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	950888	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		1290638
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		8525612
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		5411654
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: GRANT THORNTON LLP **(2)** EIN: 36-6055558

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	**4a**		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	**4b**		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	**4c**		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	**4d**		X	
e Was this plan covered by a fidelity bond?	**4e**	X		10500000
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		11798993
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**			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	**4n**			

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

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

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 586744.

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
AXEL JOHNSON INC. RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
AXEL JOHNSON INC.

D Employer Identification Number (EIN)
06-1600707

Part I Distributions

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

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

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

EIN(s): 42-1466678

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** 3

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

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

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

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

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

6 **a** Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

a Enter the percentage of plan assets held as:
Public Equity: 32.8 % Private Equity: 0.0 % Investment-Grade Debt and Interest Rate Hedging Assets: 50.1 %
High-Yield Debt: 7.3 % Real Assets: 2.5 % Cash or Cash Equivalents: 1.5 % Other: 5.8 %

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_____.

Financial Statements and Report of Independent Certified Public Accountants

Axel Johnson Inc. Retirement Plan

December 31, 2025 and 2024

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

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REPORT OF INDEPENDENT CERTIFIED PUBLIC ACCOUNTANTS

Trustees
Axel Johnson Inc. Retirement Plan

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

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

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

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

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

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

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

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

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

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

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

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

- Exercise professional judgment and maintain professional skepticism throughout the audit.

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

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

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

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

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

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

In our opinion

- The form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- The information in the supplemental schedules related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Grant Thornton LLP

Philadelphia, Pennsylvania
October 14, 2026

Axel Johnson Inc. Retirement Plan

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

December 31,

	2025	2024
ASSETS		
Investments, at fair value		
Money market fund	$ 1,277,810	$ 719,799
Mutual funds	48,472,197	48,719,985
Limited partnerships	11,345,301	13,424,480
Common trust	22,696,719	15,743,366
Total investments, at fair value	83,792,027	78,607,630
Employer contributions receivable	337,101	104,509
Total assets	84,129,128	78,712,139
LIABILITIES		
Accrued administrative expenses	61,014	55,679
NET ASSETS AVAILABLE FOR BENEFITS	$ 84,068,114	$ 78,656,460

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

Axel Johnson Inc. Retirement Plan

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

Years ended December 31,

	2025	2024
Additions		
Employer contributions	$ 3,166,421	$ 3,003,489
Investment income		
Net appreciation in fair value of investments	8,210,098	2,344,933
Interest and dividend income	2,560,747	1,935,683
Net investment income	10,770,845	4,280,616
Total additions	13,937,266	7,284,105
Deductions		
Benefits paid to participants	7,234,974	7,232,670
Administrative expenses, including investment fees	1,290,638	1,648,663
Total deductions	8,525,612	8,881,333
NET INCREASE (DECREASE)	5,411,654	(1,597,228)
Net assets available for benefits		
Beginning of year	78,656,460	80,253,688
End of year	$ 84,068,114	$ 78,656,460

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

NOTE 1 - DESCRIPTION OF THE PLAN

The following brief description of the Axel Johnson Inc. Retirement Plan (the "Plan") is provided for general informational purposes only. Participants should refer to the Plan document for more complete information.

General

The Plan is a noncontributory defined benefit pension plan. Effective December 31, 2003, accrued benefits were frozen. Prior to December 31, 2003, eligible employees of Axel Johnson Inc. (the "Company") became eligible to participate in the Plan as of the first month following one year of service. Individuals who were members of any collective bargaining unit that did not provide for participation of such employees in the Plan were excluded. The Plan is subject to the Employee Retirement Income Security Act of 1974, as amended ("ERISA") and is administered by the administrative committee of the Plan. All of the assets of the Plan are held by Principal Bank, NA (the "Trustee").

Vesting

Prior to December 31, 2003, employees had to be credited with five years of service to be vested under the Plan. A year of service is any calendar year in which an employee is credited with 1,000 or more hours. Effective December 31, 2003, all participants were 100% vested in their accrued benefit. Non-vested benefits include subsidized early retirement, death and disability benefits that have not yet been accrued since the participant has not yet met the eligibility for such benefit.

Retirement Benefits

Plan benefits, regardless of when participants begin to receive them, are based on a formula using the participant's final average compensation (also known as final average pensionable earnings), credited service and Social Security-covered compensation prior to December 31, 2003. A participant's years of credited service (both before and after the Plan became frozen) are age determined when the participant qualifies for retirement benefits under the Plan.

In general, a participant must terminate employment with the Company before commencing his or her benefits. In general, if the cash value of the participant's vested annuity is $5,000 or less, it can be paid in a single lump sum. However, if the cash value of the benefit is more than $5,000, only an annuity benefit is payable.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The financial statements of the Plan are prepared under the accrual basis of accounting in accordance with accounting principles generally accepted in the United States ("U.S. GAAP").

Use of Estimates

The preparation of financial statements in conformity with U.S. GAAP requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities, and changes therein, and disclosure of contingent assets and liabilities, and the actuarial present value of accumulated plan benefits at the date of the financial statements. Actual results could differ from those estimates.

Investment Valuation and Income Recognition

Investments are stated at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Plan management determines the Plan's valuation policies utilizing information provided by the trustee and fund managers.

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

Administrative Expenses

Administrative expenses consist primarily of the Trustee, custodian and investment advisor fees, and Pension Benefit Guaranty Corporation premium and are generally paid from the Plan assets.

Funding Policy

The Company's policy is to annually fund at least the minimum contribution required by ERISA as determined by actuarial computation utilizing the unit credit method. For the years ended December 31, 2025 and 2024, the Plan has satisfied the minimum funding requirements of ERISA.

Benefit Payments

Benefits are recorded when paid.

NOTE 3 - ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS

Accumulated plan benefits are those future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to employees or their beneficiaries in the event of retirement, death, disability or termination of employment.

The actuarial present value of accumulated plan benefits is determined by an actuary and is that amount that results 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 such as for death, disability, withdrawal or retirement) between the valuation date and the expected date of payment. The computations of the actuarial present value of accumulated plan benefits were made as of January 1, 2025. Had the valuations been performed as of December 31, there would be no material differences.

The more significant actuarial assumptions used in the valuations as of December 31, 2024 and 2023 are as follows:

Discount rate	6.00% as of December 31, 2024; 6.50% as of December 31, 2023
Mortality basis	Pri-2012 Total Employee and Healthy Annuitant Mortality tables projected with Mortality Improvement Scale MP-2021
Retirement age	55 - 70

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

The table below sets forth the accumulated plan benefits as of December 31, 2024:

Actuarial present value of accumulated plan benefits	
Vested benefits	
Participants currently receiving benefit payments	$ 66,791,651
Other participants	21,698,793
Total vested benefits	88,490,444
Non-vested benefits	34,542
Total actuarial present value of accumulated plan benefits	$ 88,524,986

The table below sets forth the changes in accumulated plan benefits for the year ended December 31, 2024:

Actuarial present value of accumulated plan benefits, beginning of year	$ 86,820,622
Increase (decrease) during the year attributable to:	
Increase for interest due to decrease in discount period	5,411,979
Benefits accumulated (including the effect of non-investment experience) and other plan experience	(92,074)
Assumption changes	3,617,129
Benefits paid	(7,232,670)
Net decrease	1,704,364
Actuarial present value of accumulated plan benefits, end of year	$ 88,524,986

NOTE 4 - FAIR VALUE MEASUREMENTS

Financial assets and liabilities are required to be measured and reported on a fair value basis using the following three categories for classification and disclosure purposes:

Level 1 - Measurements that are most observable and are based on quoted prices of identical instruments obtained from the principal markets in which they are traded. Closing prices are both readily available and representative of fair value. Market transactions occur with sufficient frequency and volume to assure liquidity;

Level 2 - Measurements derived indirectly from observable inputs or from quoted prices from markets that are less liquid are considered Level 2; and

Level 3 - Measurements that are least observable are estimated from significant unobservable inputs determined from sources with little or no market activity for comparable contracts or for positions with longer durations.

The level in the fair value hierarchy within which the fair value measurement is classified is determined based on the lowest level input that is significant to the fair value measure in its entirety.

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

Money market fund - The money market fund is valued at the net asset value ("NAV") of shares held by the Plan at year end based upon quoted prices on nationally recognized exchanges.

Mutual funds - Mutual funds are valued at the daily closing price as reported by the fund. The mutual funds held by the Plan are deemed to be actively traded.

Common Trust - The Common Trust ("CCT") invests in international equity securities, debt securities and hedge funds that invest in a variety of investments that are valued using quoted prices in markets that are not active or financial instruments for which all significant inputs are observable, either directly or indirectly.

The CCT is carried at the estimated fair value, based on the NAV practical expedient, which is based on the fair value of the underlying assets held by the CCT. Unit values of the CCT is determined by dividing the funds' net assets at fair value by their units outstanding at the valuation dates.

Limited partnerships - The limited partnership funds are carried at their estimated fair value based on the NAV practical expedient as reported by the fund's manager. This is the value that the Plan would receive upon any redemption request or distribution and, as such, constitutes the exit price for the Plan. The Plan believes that the NAV or partnership interest, as provided by the fund manager, is the best indicator of fair value available. Some of these funds invest in illiquid investments whose value is derived from valuation models which the Plan is not privy to. Therefore, the Plan cannot independently value these assets. These investments are in hedge funds or limited partnerships, which report NAVs based on the aggregate estimated fair value of investments held by the funds in accordance with U.S. GAAP and have annual financial statements audited by independent accounting firms.

The methods described above may produce a fair value calculation that may not be reflective to 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.

The fair value hierarchy has three levels based on the reliability of the inputs used to determine fair value. The following present the Plan's assets using the fair value hierarchy as of December 31:

	2025			
	Level 1	Level 2	Level 3	Total
Money market fund	$ 1,277,810	$ -	$ -	$ 1,277,810
Mutual funds	48,472,197	-	-	48,472,197
Total assets in the fair value hierarchy	$ 49,750,007	$ -	$ -	49,750,007
Investments measured at NAV				34,042,019
Total investments, at fair value				$ 83,792,027

	2024			
	Level 1	Level 2	Level 3	Total
Money market fund	$ 719,799	$ -	$ -	$ 719,799
Mutual funds	48,719,985	-	-	48,719,985
Total assets in the fair value hierarchy	$ 49,439,784	$ -	$ -	49,439,784
Investments measured at NAV				29,167,846
Total investments, at fair value				$ 78,607,630

The following presents additional information for the Plan assets that have been valued using the NAV or its equivalent as calculated by the funds' investment managers as of December 31:

	2025			
	Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice
Acadian International Small Cap [a]	$ 1,658,232	$ -	Daily	10 days
Angelo-Gordon Super Fund LP [c]	66,292	-	Quarterly	90 days
Fortress Credit Opportunities Fund [d]	27,715	90,727	N/A	N/A
MSPS OS FD II LP [d]	1,565,284	300,000	N/A	N/A
Walton St. Real Estate Fund VI [e]	113,542	48,773	N/A	N/A
Marathon Emerging Markets [b]	2,723,933	-	Monthly	45 days
US Logistics Ptnrs IV-A LP [e]	2,013,736	1,044,168	N/A	N/A
Insight Partners Cayman XII LP [d]	3,176,567	127,500	N/A	N/A
WTC CIF II US [b]	22,696,718	-	Daily	2 days
	$ 34,042,019	$ 1,611,168		

	2024			
	Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice
Acadian International Small Cap [a]	$ 1,565,146	$ -	Daily	10 days
Angelo-Gordon Super Fund LP [c]	66,386	-	Quarterly	90 days
Fortress Credit Opportunities Fund [d]	32,969	90,727	N/A	N/A
MSPS OS FD II LP [d]	2,510,111	300,000	N/A	N/A
Walton St. Real Estate Fund VI [e]	693,898	48,773	N/A	N/A
Marathon Emerging Markets [b]	3,578,981	-	Monthly	45 days
US Logistics Ptnrs IV-A LP [e]	2,353,162	1,012,520	N/A	N/A
Insight Partners Cayman XII LP [d]	2,623,827	393,000	N/A	N/A
WTC CIF II US [b]	15,743,366	-	Daily	2 days
	$ 29,167,846	$ 1,845,020		

[a] Acadian International Small Cap seeks long-term capital appreciation through a diversified portfolio of international small-cap equities. The strategy exploits global market inefficiencies using quantitative and fundamental analysis to enhance return versus broader equity exposure.

[b] Marathon Emerging Markets seeks superior total returns through active investment in sovereign and corporate emerging market debt, emphasizing rigorous credit analysis and country selection. WTC CIF

II US seeks stable income and moderate capital appreciation through a diversified portfolio of high-quality U.S. fixed income securities, emphasizing capital preservation and liquidity.

(c) This investment is a hedge fund that pursues multiple strategies to diversify risks and reduce volatility. A redemption of $66,292 was requested as of December 31, 2025, and it is expected that this redemption will be received over the next year. Angelo-Gordon Super Fund LP aims to deliver attractive risk-adjusted returns through opportunistic and event-driven investments across credit, real estate, and special situations, with low correlation to traditional markets.

(d) This category consists of hedge funds that pursue multiple strategies to diversify risks and reduce volatility. Most of these investments can never be redeemed with the fund. Distributions from the funds will be received as the underlying investments are liquidated. It is estimated the underlying assets of the fund generally will be liquidated over the next five to seven years. Fortress Credit Opportunities Fund targets high current income and capital appreciation by investing in distressed and special-situation credit opportunities globally, capitalizing on market dislocations and restructurings. MSPS OS FD II LP seeks long-term total return through private credit and opportunistic lending, focusing on senior secured loans and special situations to enhance yield while managing downside risk. Insight Partners Cayman XII LP aims for high long-term returns by investing in growth-stage software and technology companies with scalable business models and recurring revenue streams.

(e) This category consists of real estate funds that invest primarily in U.S. real estate. These investments can never be redeemed with the funds. Distributions from the funds will be received as the underlying investments are liquidated. It is estimated that the underlying assets of the funds will be liquidated over the next five to seven years. US Logistics Ptnrs IV-A LP targets long-term capital appreciation and income by investing in logistics and industrial real estate assets positioned to benefit from e-commerce and supply chain trends. Walton St. Real Estate Fund VI aims to achieve attractive risk-adjusted returns through value-add and opportunistic U.S. real estate investments, generating both income and capital appreciation.

NOTE 5 - INFORMATION CERTIFIED BY THE TRUSTEE

The Plan Administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103 8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Principal Bank, NA, the trustee of the Plan, has certified that the following information included in the financial statements and supplemental schedules is complete and accurate:

- Investments, at fair value, as shown in the statements of net assets available for benefits as of December 31, 2025 and 2024.
- Investment income, as shown in the statements of changes in net assets available for benefits for the year ended December 31, 2025 and 2024.
- Schedule H, line 4i - schedule of assets (held at end of year) as of December 31, 2025.
- Schedule H, line 4j - schedule of reportable transactions for the year ended December 31, 2025.

NOTE 6 - TAX STATUS

The Plan has received a determination letter from the Internal Revenue Service ("IRS") dated November 14, 2013, stating that the Plan is qualified under Section 401(a) of the Internal Revenue Code (the "Code") and, therefore, the related trust is exempt from taxation. Once qualified, the Plan is required to operate in conformity with the Code to maintain its qualification. The Plan has been amended since receiving the letter.

The Plan Administrator believes the Plan is being operated in compliance with the applicable requirements of the Code and, therefore, believes that the Plan, as amended, is qualified and the related trust is tax-exempt.

U.S. GAAP requires plan management to evaluate uncertain tax positions taken by the Plan. The financial statement effects of a tax position are recognized when the position is, more likely than not, based on the technical merits, to be sustained upon examination by the IRS. The Plan Administrator has analyzed the tax positions taken by the Plan and has concluded that, as of December 31, 2025 and 2024, there are no uncertain positions taken or expected to be taken. The Plan has recognized no interest or penalties related to uncertain tax positions. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

NOTE 7 - PLAN TERMINATION

If the Plan is terminated, the funds held by the Trustee on behalf of the affected employees shall be allocated, subject to provisions for expenses of administration or liquidation, to provide the accrued benefits of members and retired and vested terminated employees based on their credited service to the date of termination of the Plan, in the manner and order specified in Section 4044 of ERISA.

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

After full satisfaction of all benefits to which members are entitled under the foregoing, any remaining balance shall revert to the Company, subject to the Internal Revenue Code.

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

Certain of the Plan's assets are invested in a money market fund managed by the Trustee of the Plan. These transactions qualify as party-in-interest transactions; however, they are exempt from the prohibited transactions rules under ERISA.

NOTE 9 - RISKS AND UNCERTAINTIES

Investments held by the Plan are exposed to various risks, such as interest rate, market volatility and credit risk. Due to the level of risk associated with certain investment securities, it is possible that changes in the values of investments may occur in the near term and that changes could materially affect the amounts reported in the statements of net assets available for benefits.

The 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 estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term could materially affect the amounts reported and disclosed in the financial statements.

NOTE 10 - SUBSEQUENT EVENTS

Plan management has evaluated the Plan's December 31, 2025 financial statements for subsequent events through October 14, 2026, the date the financial statements were available to be issued and determined that there were no circumstances that warranted recognition or disclosure of those events or transactions in the financial statements as of December 31, 2025.

SUPPLEMENTAL SCHEDULES

Axel Johnson Inc. Retirement Plan

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

December 31, 2025

EIN: 06-1600707, PLAN #: 001

(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
*	Allspring Gov't Fund	Money Market Fund	$ 1,277,810	$ 1,277,810
	Vanguard L T Gov't Bond Index Fund	Mutual Fund	24,233,461	19,249,041
	Harbor Convertible Sec - Inst	Mutual Fund	2,668,842	3,350,186
	Vanguard Institutional Index Fund	Mutual Fund	4,238,472	10,463,196
	Vanguard Extended Mkt Fund	Mutual Fund	1,244,758	3,043,210
	Vanguard Developed Mkts Index Fund	Mutual Fund	5,758,773	9,196,896
	Fidelity EMG MKTS Index- FAI	Mutual Fund	2,369,547	3,169,668
	Acadian International Small CAP	Limited Partnership	1,177,473	1,658,232
	Marathon Emerging Markets	Limited Partnership	2,350,000	2,723,933
	Insight Partners Cayman XII LP	Limited Partnership	2,872,558	3,176,567
	Walton St. Real Estate Fund VI	Limited Partnership	-	113,542
	Angelo-Gordon Super Fund LP	Limited Partnership	1	66,292
	Fortress Credit Opportunities Fund	Limited Partnership	-	27,715
	MSPS OS FD II LP	Limited Partnership	114,762	1,565,284
	US LOGISTICS PTNRS IV-A LP	Limited Partnership	1,505,044	2,013,736
	WTC CIF II US	Common Trust	22,244,554	22,696,719
			$ 72,056,055	$ 83,792,027

* Issuer is a party-in-interest.

Axel Johnson Inc. Retirement Plan

SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS

Year ended December 31, 2025

EIN: 06-1600707, PLAN #: 001

(a) Identity of Party Involved	(b) Description of Assets	(c) Purchase Price	(d) Selling Price	(e) Cost of Asset	(f) Value of Asset on Transaction Date	(g) Net Gain (Loss)
Category (iii) - series of transactions in excess of 5% of Plan assets						
Allspring Gov't Fund	Money Market Fund	$ 31,616,050	$ -	$ 31,616,050	$ 31,616,050	$ -
Allspring Gov't Fund	Money Market Fund	-	31,059,132	31,059,132	31,059,132	-
VANGUARD DEV MKT INDX- INST	Mutual Fund	332,755	-	332,755	332,755	-
VANGUARD DEV MKT INDX- INST	Mutual Fund	-	4,025,000	2,657,803	4,025,000	1,367,197
VANGUARD INSTL INDEX FD	Mutual Fund	648,486	-	648,486	648,486	-
VANGUARD INSTL INDEX FD	Mutual Fund	-	5,375,000	2,252,043	5,375,000	3,122,957
VANGUARD L/T GVT BD IDX-INS	Mutual Fund	4,833,165	-	4,833,165	4,833,165	-
VANGUARD L/T GVT BD IDX-INS	Mutual Fund	-	50,000	61,518	50,000	(11,518)
WTC CIF II US	Common Trust	6,743,984	-	6,743,984	6,743,984	-
WTC CIF II US	Common Trust	-	33,537	32,860	33,537	677

There were no category (i), (ii) or (iv) reportable transactions during 2025. Columns for lease rental and expense incurred with transaction are not applicable.

Axel Johnson Inc. Retirement Plan
EIN/PN: 06-1600707 / 001

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

Distribution of Active Participants as of January 1, 2025 – Age by Service

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	0	0	0	0	0	0	0	0	0	0	0
25-29	0	0	0	0	0	0	0	0	0	0	0
30-34	0	0	0	0	0	0	0	0	0	0	0
35-39	0	0	0	0	0	0	0	0	0	0	0
40-44	0	1	0	0	0	0	0	0	0	0	1
45-49	1	3	1	0	0	0	0	0	0	0	5
50-54	0	4	7	1	0	0	0	0	0	0	12
55-59	0	7	9	1	1	0	0	0	0	0	18
60-64	0	13	8	6	4	0	0	0	0	0	31
65-69	0	9	3	1	1	1	0	0	0	0	15
70 & up	0	2	1	1	0	1	0	0	0	0	5
TOTAL	1	39	29	10	6	2	0	0	0	0	87

Axel Johnson Inc. Retirement Plan
EIN/PN: 06-1600707 / 001

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

Funding assumptions and methods selection and rationale

Actuarial Standard of Practice No. 27 ("ASOP 27") provides guidance to actuaries on economic assumptions for measuring pension obligations. Under this ASOP, for each assumption that has a significant effect on the measurement and that the actuary has selected or advised, the actuary should disclose the information and analysis used to support the actuary's determination that the assumption, in the actuary's professional judgment, is reasonable for the purpose of the measurement.

The funding interest rates and mortality assumptions are prescribed in accordance with applicable provisions of the Internal Revenue Code and associated regulations for purposes of determining obligations for required minimum contribution and maximum tax deduction purposes.

I selected all other demographic (and other noneconomic) assumptions used for funding purposes. For each such assumption that has a significant effect on the measurement I reviewed the gain/loss analysis for each year since I initially adopted the assumption and found the deviation of actual experience from expected to be within a reasonable range of tolerance. Therefore, I consider these demographic (and non-economic) assumptions reasonable for the purpose of the measurement.

Use of Models

Gallagher uses third-party software in the performance of annual actuarial valuations and projections. The model is intended to calculate the liabilities associated with the provisions of the plan using data and assumptions as of the measurement date under the funding rules specified in this report. Further, the model applies those funding rules to the liabilities derived and other inputs, such as plan assets and contributions, to generate many of the exhibits found in this report. Gallagher has an extensive review process whereby the results of the liability calculations are checked using detailed sample output, changes from year to year are summarized by source, and significant deviations from expectations are investigated. Other funding outputs are similarly reviewed in detail and at a high level for accuracy, reasonability and consistency with prior results. Gallagher also reviews the model when significant changes are made to the software. The review is performed by experts within the company who are familiar with applicable funding rules as well as the manner in which the model generates its output.

Future actuarial measurements

Future actuarial measurements may differ significantly from current measurements due to plan experience differing from that anticipated by the actuarial assumptions, changes expected as part of the natural operation of the methodology used for these measurements, and changes in plan provisions, applicable law or regulations. An analysis of the potential range of such future differences is beyond the scope of this report. However, an assessment of risks for the plan was performed.

Axel Johnson Inc. Retirement Plan
EIN/PN: 06-1600707 / 001

Schedule SB, Part V - Statement of Actuarial Assumptions/Methods (continued)

Prescribed Funding Assumptions and Methods

The following assumptions and methods are prescribed by ERISA, as currently amended.

Interest rates

	2025 Plan Year	2024 Plan Year
Funding Rates – Constrained*		
First Segment Rate	5.07%	4.75%
Second Segment Rate	5.31%	4.87%
Third Segment Rate	5.50%	5.59%
Effective Interest Rate	5.34%	5.06%
Funding Rates – Unconstrained**		
First Segment Rate	5.07%	3.62%
Second Segment Rate	5.33%	4.46%
Third Segment Rate	5.36%	4.52%
Effective Interest Rate	5.31%	4.41%

* Used for minimum funding and benefit restriction purposes.

** Used for maximum tax-deduction and ERISA 4010 purposes.

The interest rates used for funding purposes are the Segment Rates with 4-month lookback, constrained in accordance with relevant legislation.

Mortality

Mortality tables mandated by applicable law and regulation as specified in IRS Regulation 1.430(h)(3)-1, as amended in the Federal Register on October 20, 2023, in TD 9983, 88 FR 72357, and as amended by IRS Notice 2024-42, applied on a fully generational basis using the IRS 2024 Adjusted Scale MP-2021 Rates mortality improvement scale.

Actuarial cost method

The Funding Target is the present value of accrued benefits based on compensation and service to date. The Target Normal Cost is the present value of benefits expected to be accrued during the current plan year, reflecting the effect of expected compensation increases during the year and including plan administrative and expenses expected to be paid from plan assets during the year.

Axel Johnson Inc. Retirement Plan
EIN/PN: 06-1600707 / 001

Schedule SB, Part V - Statement of Actuarial Assumptions/Methods (continued)

Non-Prescribed Funding Assumptions and Methods

Expenses

Expected plan expenses of $1,250,000 were added to the Target Normal Cost. Expected expenses include administrative expenses, investment management expenses, and the estimated PBGC premium. Expected plan administrative expenses includes the 2025 PGBC premium and an estimate of other administrative expenses equal to the prior year's administrative expenses.

Frequency of optional payment forms

Form	Rate
Life annuity	40%
Joint and 50% survivor	30%
Joint and 75% survivor	5%
Joint and 100% survivor	25%

Marital percentage

80% of participants are assumed to be married at death. Husbands are assumed to be 3 years older than their wives.

Retirement rates

Age	Assumption
55-61	5.00%
62-64	15.00%
65-69	20.00%
70	100.00%

Disability rates

1987 Commissioners Group Disability Table.

Withdrawal rates for active participants not eligible for retirement

Based on a review of plan experience from 2009 to 2013. Sample rates as follows:

Age	Assumption
25	12.10%
35	9.50%
45	7.30%
55	7.10%
65	10.00%

Axel Johnson Inc. Retirement Plan
EIN/PN: 06-1600707 / 001

Schedule SB, Part V - Statement of Actuarial Assumptions/Methods (continued)

Non-Prescribed Funding Assumptions and Methods (continued)

Asset valuation method

The Valuation Assets are determined using a method that spreads asset gains/(losses) over two years. The gain/(loss) for each period is determined as the actual return during the period less the expected return based on an assumed earnings rate chosen by the actuary but required by PPA to be not greater than the applicable third segment rate. The actuary's expected rate of return was selected after a review of an analysis performed by the plan's investment consultant, which was based on the plan's asset allocation and forward-looking expected rates of return by asset category. The resulting value is constrained to be within a corridor of 90% to 110% of market value. The discounted value of accrued contributions, if any, is included in the Valuation Assets.

	Actuary's Assumption	Third Segment Rate	Reflecting Limit
2025 Expected Return	7.00%	5.50%	5.50%
2024 Expected Return	6.50%	5.59%	5.59%
2023 Expected Return	6.75%	5.74%	5.74%

Summary of Changes from the January 1, 2024 Valuation

- The current year interest rate basis was updated as specified in IRS Regulation 1.430(h)(2)-1. These rates are constrained in accordance with relevant legislation.
- The mortality assumption was updated according to the projections specified in in IRS Regulation 1.430(h)(3)-1, as amended in the Federal Register on October 20, 2023, in TD 9983, 88 FR 72357, and as amended by IRS Notice 2024-42, applied on a fully generational basis using the IRS 2024 Adjusted Scale MP-2021 Rates mortality improvement scale.

The prescribed changes decreased the plan's funding target by approximately $2.0 million.

In addition, the rate of return assumption was increased from 6.50% to 7.00%, in accordance with the investment manager's estimate. The impact will be realized in future valuations.

Axel Johnson Inc. Retirement Plan

SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS

Year ended December 31, 2025

EIN: 06-1600707, PLAN #: 001

(a) Identity of Party Involved	(b) Description of Assets	(c) Purchase Price	(d) Selling Price	(e) Cost of Asset	(f) Value of Asset on Transaction Date	(g) Net Gain (Loss)
Category (iii) - series of transactions in excess of 5% of Plan assets						
Allspring Gov't Fund	Money Market Fund	$ 31,616,050	$ -	$ 31,616,050	$ 31,616,050	$ -
Allspring Gov't Fund	Money Market Fund	-	31,059,132	31,059,132	31,059,132	-
VANGUARD DEV MKT INDX- INST	Mutual Fund	332,755	-	332,755	332,755	-
VANGUARD DEV MKT INDX- INST	Mutual Fund	-	4,025,000	2,657,803	4,025,000	1,367,197
VANGUARD INSTL INDEX FD	Mutual Fund	648,486	-	648,486	648,486	-
VANGUARD INSTL INDEX FD	Mutual Fund	-	5,375,000	2,252,043	5,375,000	3,122,957
VANGUARD L/T GVT BD IDX-INS	Mutual Fund	4,833,165	-	4,833,165	4,833,165	-
VANGUARD L/T GVT BD IDX-INS	Mutual Fund	-	50,000	61,518	50,000	(11,518)
WTC CIF II US	Common Trust	6,743,984	-	6,743,984	6,743,984	-
WTC CIF II US	Common Trust	-	33,537	32,860	33,537	677

There were no category (i), (ii) or (iv) reportable transactions during 2025. Columns for lease rental and expense incurred with transaction are not applicable.

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
AXEL JOHNSON INC. RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
AXEL JOHNSON INC.

D Employer Identification Number (EIN)
06-1600707

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**	78,653,172
b Actuarial value	**2b**	77,191,516

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	1,166	69,656,880	69,656,880
b For terminated vested participants	379	18,769,279	18,769,279
c For active participants	87	4,518,752	4,554,616
d Total	1,632	92,944,911	92,980,775

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**	5.34%
6 Target normal cost		
a Present value of current plan year accruals	**6a**	0
b Expected plan-related expenses	**6b**	1,250,000
c Target normal cost	**6c**	1,250,000

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

David Scharf — Signature of actuary

10-8-26 — Date

David Scharf — Type or print name of actuary

2606191 — Most recent enrollment number

Buck Global, LLC — Firm name

201-912-6806 — Telephone number (including area code)

200 Jefferson Park, 2nd Floor
Whippany NJ 07981 — 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	220
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	220
10	Interest on line 9 using prior year's actual return of 5.58%	0	12
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.06%		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	232

Part III Funding Percentages

14	Funding target attainment percentage	14	83.01%
15	Adjusted funding target attainment percentage	15	83.01%
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	88.21%
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
03/27/2025	728,009	0			
06/26/2025	728,009	0			
09/25/2025	686,651	0			
12/19/2025	686,651	0			
09/15/2026	337,101	0			
			Totals ► 18(b)	3,166,421	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	3,051,781

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year

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

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

21 Discount rate:

a Segment rates:	1st segment: 5.07 %	2nd segment: 5.31 %	3rd segment: 5.50%	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	66

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**	1,250,000
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	15,789,491	1,801,781
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**	3,051,781

	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**	3,051,781
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	3,051,781
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	**38a**	0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

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

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

Axel Johnson Inc. Retirement Plan
EIN/PN: 06-1600707 / 001

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

This table calculates the weighted average retirement age for all active persons in the plan

(1) Age	(2) Expected Active Headcount	(3) Retirement Rate	(4) Expected Retirements (2)*(3)	(5) Weighted Age (1)*(4)
55	15.5730	0.0253	0.3939	21.6666
56	18.4242	0.0500	0.9212	51.5878
57	19.2496	0.0500	0.9625	54.8612
58	23.0168	0.0500	1.1508	66.7487
59	23.5361	0.0500	1.1768	69.4314
60	28.0167	0.0500	1.4008	84.0500
61	31.0772	0.0500	1.5539	94.7855
62	36.9218	0.1500	5.5383	343.3724
63	40.6569	0.1500	6.0985	384.2076
64	36.7479	0.1500	5.5122	352.7801
65	37.4864	0.2000	7.4973	487.3228
66	33.0744	0.2000	6.6149	436.5822
67	27.6289	0.2000	5.5258	370.2278
68	25.4013	0.2000	5.0803	345.4573
69	19.6526	0.2000	3.9305	271.2059
70	17.1934	1.0000	17.1934	1,203.5378
71	1.0000	1.0000	1.0000	71.0000
72	0.0000	1.0000	0.0000	0.0000
73	1.0000	1.0000	1.0000	73.0000
74	0.0000	1.0000	0.0000	0.0000
75	0.0000	1.0000	0.0000	0.0000
76	1.0000	1.0000	1.0000	76.0000
Total			**73.5511**	**4,857.8252**
Weighted Average Retirement Age = 4,857.8252 / 73.5511				**66.05**
Rounded Weighted Average Retirement Age				**66**

Note to Column 2: The Expected Active Headcount for each age includes persons who are eligible to retire and persons who are not eligible to retire at each age.

Note to Column 3: At each age, these retirement rates are a weighted average of the rates shown in Attachment to Part V for active participants eligible to retire at the age and zero for all other active participants.

General note: The table presents values rounded to fewer significant digits than used in the calculation.

Axel Johnson Inc. Retirement Plan
EIN/PN: 06-1600707 / 001

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	$129,162	$113,324	$7,106,877	$7,349,363
2026	$168,943	$347,776	$6,905,414	$7,422,133
2027	$217,394	$569,139	$6,695,172	$7,481,705
2028	$247,422	$797,199	$6,474,237	$7,518,858
2029	$278,361	$1,003,268	$6,244,517	$7,526,146
2030	$304,761	$1,200,126	$6,007,250	$7,512,137
2031	$326,417	$1,304,685	$5,762,399	$7,393,501
2032	$344,892	$1,401,392	$5,512,863	$7,259,147
2033	$355,190	$1,463,976	$5,258,761	$7,077,927
2034	$360,694	$1,521,480	$5,000,043	$6,882,217
2035	$365,796	$1,599,266	$4,737,948	$6,703,010
2036	$367,658	$1,622,036	$4,473,046	$6,462,740
2037	$368,996	$1,637,034	$4,206,131	$6,212,161
2038	$368,135	$1,646,292	$3,938,232	$5,952,659
2039	$364,892	$1,638,734	$3,670,486	$5,674,112
2040	$360,903	$1,624,476	$3,404,127	$5,389,506
2041	$354,280	$1,599,444	$3,140,443	$5,094,167
2042	$344,738	$1,569,736	$2,880,762	$4,795,236
2043	$334,284	$1,536,338	$2,626,452	$4,497,074
2044	$322,795	$1,500,453	$2,378,887	$4,202,135
2045	$311,014	$1,458,436	$2,139,429	$3,908,879
2046	$297,198	$1,412,707	$1,909,420	$3,619,325
2047	$282,513	$1,363,615	$1,690,183	$3,336,311
2048	$267,163	$1,309,606	$1,483,003	$3,059,772
2049	$251,277	$1,251,235	$1,289,102	$2,791,614
2050	$234,978	$1,188,724	$1,109,568	$2,533,270
2051	$218,307	$1,122,243	$945,258	$2,285,808
2052	$201,490	$1,052,147	$796,752	$2,050,389
2053	$184,693	$978,989	$664,303	$1,827,985
2054	$168,094	$903,513	$547,801	$1,619,408
2055	$151,871	$826,643	$446,779	$1,425,293
2056	$136,193	$749,429	$360,441	$1,246,063
2057	$121,212	$672,980	$287,724	$1,081,916
2058	$107,055	$598,403	$227,372	$932,830
2059	$93,823	$526,733	$178,015	$798,571
2060	$81,584	$458,864	$138,233	$678,681
2061	$70,378	$395,536	$106,617	$572,531
2062	$60,220	$337,303	$81,829	$479,352
2063	$51,100	$284,518	$62,640	$398,258
2064	$42,991	$237,356	$47,958	$328,305
2065	$35,851	$195,806	$36,841	$268,498
2066	$29,626	$159,705	$28,494	$217,825
2067	$24,253	$128,775	$22,272	$175,300
2068	$19,662	$102,635	$17,654	$139,951
2069	$15,780	$80,846	$14,238	$110,864
2070	$12,532	$62,930	$11,709	$87,171
2071	$9,845	$48,395	$9,833	$68,073
2072	$7,647	$36,764	$8,432	$52,843
2073	$5,870	$27,582	$7,374	$40,826
2074	$4,452	$20,433	$6,562	$31,447

Axel Johnson Inc. Retirement Plan
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Schedule SB, Part V - Summary of Plan Provisions

Eligibility

Participating Companies with active employees:

- Axel Johnson Inc.
- Parkson Corporation

Participation in this plan was frozen as of December 31, 2003.

Vesting Service

Service from the later of date of hire or date of acquisition.

Credited Service Date

First of the month coincident or following the later of date of hire or date of acquisition.

Compensation

Regular wages or salary, plus bonuses, commissions, and overtime earned prior to December 31, 2003.

Final Average Earnings

Compensation of the 60 consecutive months prior to December 31, 2003 which produces the highest average.

Normal retirement date

First of the month coincident with or next following the later of the attainment of age 65 or 5 years of credited service.

Early retirement date

Age 55 and 10 years of credited service.

Eligibility for vested benefit

100% vesting after five years of vesting service. All participants were vested as of December 31, 2003.

Eligibility for surviving spouse death benefit

Death occurring while:

1. Actively employed, with at least 5 years of vesting service. (100% vested as of December 31, 2003.)
2. Terminated with a vested deferred benefit but before benefit commencement.

Eligibility for disability benefit

Inability to engage in substantial, gainful activity or in receipt of benefits under the company's Long-Term Disability Income Plan.

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Schedule SB, Part V - Summary of Plan Provisions (continued)

Accrued benefit

Using average compensation and Social Security covered compensation as of date of termination:

1.1% of average compensation plus 0.4% of average compensation in excess of Social Security covered compensation, the sum of which is multiplied by the lesser of 35 years and service at the date of determination, plus 1.1% of average compensation multiplied by service at the date of determination in excess of 35 years, up to 5 years. All benefit accruals were frozen as of December 31, 2003.

Normal monthly retirement benefit

Monthly accrued benefit as of normal retirement date.

Early monthly retirement benefit

Monthly accrued benefit as of early retirement date, reduced by 5% for each year by which the early retirement date precedes age 62.

Delayed monthly retirement benefit

Monthly accrued benefit as of actual retirement date, crediting service and compensation through delayed retirement date. All benefit accruals were frozen as of December 31, 2003.

Deferred monthly retirement benefit for termination prior to retirement

Monthly accrued benefit as of date of termination, multiplied by the applicable vesting percentage. Benefits that commence prior to age 65 are reduced by 6% for each year by which commencement precedes age 65, but not before age 55. For former ITI Ball Hourly or ITI Bearing Hourly employees, age 65 benefits are reduced by 1/180 for each month that commencement precedes age 65, but not before age 60.

Surviving spouse monthly death benefit

For active participants with 10 or more years of credited service, and have attained age 50, or have attained age 60: 50% of accrued benefit as of date of death of participant, commencing immediately and continuing for the remaining lifetime of the surviving spouse.

For all other vested participants not yet receiving benefits: 50% of the accrued benefit, actuarially adjusted for the joint and 50% survivor payment form and early commencement, if applicable, payable commencing on the earliest date the participant could have retired, to the surviving spouse and continuing for the remaining lifetime of the surviving spouse.

Postretirement death benefit

$5,000 to a former Bearing Salaried or Ball Salaried employee who retired from active service. $2,000 to a former ITI Bearing Hourly employee who retired from active service.

Disability benefit

Monthly accrued benefit with service calculated as of later of normal retirement date or date long-term disability benefits cease (assuming continued employment) and final average salary calculated as of date of termination. Payable commencing at later of normal retirement date or date long-term disability benefits cease. At December 31, 2003 all benefits were frozen.

Axel Johnson Inc. Retirement Plan
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Schedule SB, Part V - Summary of Plan Provisions (continued)

Optional Forms of Benefit

All groups other than former participants in the Industrial Tectonics, Inc. Bearing Division Hourly Employees Retirement Income Plan have the following annuity options.

(1) 100% joint and survivor annuity.
(2) 75% joint and survivor annuity.
(3) 50% joint and survivor annuity (normal form of benefit for married participants).
(4) 10 years certain and life annuity.
(5) Straight life annuity (normal form of benefit for unmarried participants).
(6) Level income option.

Former participants in the Industrial Tectonics, Inc. Bearing Division Hourly Employees Retirement Income Plan have only the life and 50% Joint & Survivor annuity options

Actuarial Equivalence

Optional forms of benefits are converted from the life annuity according to factors set forth in the plan document. Representative factors are as follows:

If the Contingent Annuitant is the Participant's Spouse:			
Spouse Age Relative to Participant's Age	50% Joint and Survivor	75% Joint and Survivor	100% Joint and Survivor
More than 15 years younger	.880	.830	.786
10 to 15 years younger	.890	.844	.802
5 to 10 years younger	.910	.871	.835
5 years younger to 5 years older	.930	.899	.870
5 to 10 years older	.950	.927	.905
10 to 15 years older	.960	.942	.924
More than 15 years older	.970	.956	.942

If the Contingent Annuitant is Not the Participant's Spouse:		
Form of Payment	Reduction Factor	Adjustment Factor for Each Year Contingent Annuitant is Younger/(Older) Than Participant
50% Joint and Survivor	.900	-.0050/.0050
75% Joint and Survivor	.850	-.0075/.0075
100% Joint and Survivor	.800	-.0100/.0100

Conversion Factor for 10-Year Certain and Life Option is 0.93.

The Level Income Option benefit is converted actuarially based on assumptions provided by Section 417(e).

Axel Johnson Inc. Retirement Plan
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Schedule SB, Part V - Summary of Plan Provisions (continued)

Actuarial Equivalence (continued)

Former participants in the Industrial Tectonics, Inc. Bearing Division Hourly Employees Retirement Income Plan have only the life and 50% Joint & Survivor annuity options, with the conversion factors determined by multiplying the benefit the Employee otherwise would be entitled to receive under the normal form of benefit by 90% if the Employee's and Spouse's age are the same, and increased by one-half of one percent (up to a maximum of 100%) for each 12 months that the Spouse's age exceeds the Employee's age, and decreased by one-half of one percent for each 12 months that the Spouse's age is less than the Employee's age.

Former participants in the Industrial Tectonics, Inc. Ball Division UAW Retirement Income Plan have only the life and 50% Joint & Survivor annuity option, with the conversion factors determined by multiplying the benefit the Employee otherwise would be entitled to receive under the normal form of benefit by 93% if the Spouse's age is within 60 months of the Employee's age, and increased by one-half of one percent (up to a maximum of 100%) for each 12 months greater than 60 months that the Spouse's age exceeds the Employee's, and decreased by one-half of one percent for each 12 months greater than 60 months that the Spouse's age is less than the Employee's age.

Summary of Changes from the January 1, 2024 Valuation

None.

Axel Johnson Inc. Retirement Plan

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

December 31, 2025

EIN: 06-1600707, PLAN #: 001

(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
*	Allspring Gov't Fund	Money Market Fund	$ 1,277,810	$ 1,277,810
	Vanguard L T Gov't Bond Index Fund	Mutual Fund	24,233,461	19,249,041
	Harbor Convertible Sec - Inst	Mutual Fund	2,668,842	3,350,186
	Vanguard Institutional Index Fund	Mutual Fund	4,238,472	10,463,196
	Vanguard Extended Mkt Fund	Mutual Fund	1,244,758	3,043,210
	Vanguard Developed Mkts Index Fund	Mutual Fund	5,758,773	9,196,896
	Fidelity EMG MKTS Index- FAI	Mutual Fund	2,369,547	3,169,668
	Acadian International Small CAP	Limited Partnership	1,177,473	1,658,232
	Marathon Emerging Markets	Limited Partnership	2,350,000	2,723,933
	Insight Partners Cayman XII LP	Limited Partnership	2,872,558	3,176,567
	Walton St. Real Estate Fund VI	Limited Partnership	-	113,542
	Angelo-Gordon Super Fund LP	Limited Partnership	1	66,292
	Fortress Credit Opportunities Fund	Limited Partnership	-	27,715
	MSPS OS FD II LP	Limited Partnership	114,762	1,565,284
	US LOGISTICS PTNRS IV-A LP	Limited Partnership	1,505,044	2,013,736
	WTC CIF II US	Common Trust	22,244,554	22,696,719
			$ 72,056,055	$ 83,792,027

* Issuer is a party-in-interest.

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Schedule SB, Line 32 – Schedule of Amortization Bases

Date Established	Type Of Base	Years Remaining	Shortfall Amortization Installment	Present Value of Remaining Installments as of January 1, 2025
January 1, 2019	Shortfall	9	1,381,929	10,229,889
January 1, 2020	Shortfall	10	(325,485)	(2,613,757)
January 1, 2021	Shortfall	11	(208,090)	(1,795,073)
January 1, 2022	Shortfall	12	(631,906)	(5,808,763)
January 1, 2023	Shortfall	13	1,360,678	13,239,304
January 1, 2024	Shortfall	14	(265,091)	(2,714,615)
January 1, 2025	Shortfall	15	489,746	5,252,506
Total			$ 1,801,781	$ 15,789,491

Axel Johnson Inc. Retirement Plan
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Schedule SB, Line 24 – Change in Actuarial Assumptions

The rate of return assumption was increased from 6.50% to 7.00%, in accordance with the investment manager's estimate. The impact will be realized in future valuations.