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
AS AMERICA BRANDS, INC. PENSION PLAN

1b Three-digit plan number (PN) ▶ 003

1c Effective date of plan 01/01/1984

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)
AS AMERICA, INC.

865 CENTENNIAL AVENUE
PISCATAWAY, NJ 08854

2b Employer Identification Number (EIN)
26-0887443

2c Plan Sponsor's telephone number
732-980-3000

2d Business code (see instructions)
327100

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

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

3b Administrator's EIN

3c Administrator's telephone number

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:

a Sponsor's name

4b EIN

c Plan Name

4d PN

5	Total number of participants at the beginning of the plan year	**5**	1034
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)**	22
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	18
b	Retired or separated participants receiving benefits	**6b**	571
c	Other retired or separated participants entitled to future benefits	**6c**	206
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	795
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	27
f	Total. Add lines **6d** and **6e**.	**6f**	822
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

1B 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)

- **(1)** [ ] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [ ] General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- **(1)** [ ] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(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
AS AMERICA BRANDS, INC. PENSION PLAN

B Three-digit plan number (PN) ▶ 003

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

D Employer Identification Number (EIN)
26-0887443

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**	32535380
b Actuarial value	**2b**	32421342

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	770	28614592	28614592
b For terminated vested participants	242	4605948	4605948
c For active participants	22	1127666	1127666
d Total	1034	34348206	34348206

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**	5.31 %
6 Target normal cost		
a Present value of current plan year accruals	**6a**	0
b Expected plan-related expenses	**6b**	679768
c Target normal cost	**6c**	679768

Statement by Enrolled Actuary

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

SIGN HERE

Signature of actuary

09/30/2026
Date

GREGORY E. SMITH
Type or print name of actuary

26-08383
Most recent enrollment number

AON CONSULTING, INC.
Firm name

203-852-1100
Telephone number (including area code)

MSC# 17834
PO BOX 7505
FORT WASHINGTON, PA 19034
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	874
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	874
10	Interest on line 9 using prior year's actual return of 3.42 %	0	30
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	904

Part III Funding Percentages

14	Funding target attainment percentage	14	94.38 %
15	Adjusted funding target attainment percentage	15	94.38 %
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	104.00 %
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
09/10/2026	938384	0			
			Totals ► 18(b)	938384	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	859801

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year

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

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

21 Discount rate:

a Segment rates:	1st segment: 5.03 %	2nd segment: 5.28 %	3rd segment: 5.50 %	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	2
22 Weighted average retirement age	**22**	63

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

Part VI Miscellaneous Items

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

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

26 Demographic and benefit information

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

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

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

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

a Target normal cost (line 6c)	**31a**	679768
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	1927768	179423
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**	859191

	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**	859191
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	859801

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

a Total (excess, if any, of line 37 over line 36)	**38a**	610
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

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

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

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

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

A Name of plan
AS AMERICA BRANDS, INC. PENSION PLAN

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500
AS AMERICA, INC.

D Employer Identification Number (EIN)
26-0887443

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).. . . . . ☐ 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

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(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)

AON CONSULTING

22-2232264

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 50	CONTRACT ADMINISTRATOR	349192	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

AON HEWITT INVESTMENT CONSULTANT

27-2436452

(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	ACTUARY	40897	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PRINCIPAL BANK

510 N VALLEY MILLS DRIVE
SUITE 400
WACO, TX 76710-6075

(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	TRUSTEE	35549	Yes ☐ No ☒	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)

KRUGGEL, LAWTON AND CO. LLC

35-1307701

(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	AUDITOR	20000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

(complete as many entries as needed)

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE 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
AS AMERICA BRANDS, INC. PENSION PLAN

B Three-digit plan number (PN) ▶ 003

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
AS AMERICA, INC.

D Employer Identification Number (EIN)
26-0887443

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: GLOBAL REAL ESTATE FUND

b Name of sponsor of entity listed in (a): AON HEWITT INVESTMENT CONSULTANT, INC.

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
27-2436452-005	C	999721

a Name of MTIA, CCT, PSA, or 103-12 IE: HIGH YIELD PLUS BOND FUND

b Name of sponsor of entity listed in (a): AON HEWITT INVESTMENT CONSULTANT, INC.

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
27-2436452-004	C	283240

a Name of MTIA, CCT, PSA, or 103-12 IE: LARGE CAPITAL EQUITY FUND

b Name of sponsor of entity listed in (a): AON HEWITT INVESTMENT CONSULTANT, INC.

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
27-2436452-001	C	2857811

a Name of MTIA, CCT, PSA, or 103-12 IE: LONG CREDIT BOND FUND

b Name of sponsor of entity listed in (a): AON HEWITT INVESTMENT CONSULTANT, INC.

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
27-2436452-007	C	10181515

a Name of MTIA, CCT, PSA, or 103-12 IE: NON-U.S. EQUITY FUND

b Name of sponsor of entity listed in (a): AON HEWITT INVESTMENT CONSULTANT, INC.

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
27-2436452-003	C	2055284

a Name of MTIA, CCT, PSA, or 103-12 IE: SMALL CAP EQUITY INDEX FUND

b Name of sponsor of entity listed in (a): AON HEWITT INVESTMENT CONSULTANT, INC.

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
27-2436452-009	C	469096

a Name of MTIA, CCT, PSA, or 103-12 IE: US LONG GOVT BD INDEX

b Name of sponsor of entity listed in (a): AON TRUST COMPANY LLC

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)
37-6543790-042	C	634391

a Name of MTIA, CCT, PSA, or 103-12 IE: AON CORE REAL ESTATE FUND

b Name of sponsor of entity listed in (a): AON TRUST COMPANY LLC

c EIN-PN 37-6543784-037	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1520175

a Name of MTIA, CCT, PSA, or 103-12 IE: AON ENHANCED LIAB DRIVEN INVEST FD

b Name of sponsor of entity listed in (a): AON TRUST COMPANY LLC

c EIN-PN 37-6543784-048	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2792917

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

b Name of sponsor of entity listed in (a): AON HEWITT INVESTMENT CONSULTANT, INC.

c EIN-PN 27-2436452-011	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2960107

a Name of MTIA, CCT, PSA, or 103-12 IE: MULTI-ASSET CREDIT FUND

b Name of sponsor of entity listed in (a): AON HEWITT INVESTMENT CONSULTANT, INC.

c EIN-PN 27-2436452-004	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1842017

a Name of MTIA, CCT, PSA, or 103-12 IE: 20+ YEARS U.S TREASURY STRIPS INDEX

b Name of sponsor of entity listed in (a): AON HEWITT INVESTMENT CONSULTANT, INC.

c EIN-PN 27-2436452-012	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: NISA ULTRA LONG TREASURY

b Name of sponsor of entity listed in (a): GLOBAL TRUST COMPANY

c EIN-PN 88-6547562-007	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1229290

a Name of MTIA, CCT, PSA, or 103-12 IE: NISA ULTRA MID TREASURY

b Name of sponsor of entity listed in (a): GLOBAL TRUST COMPANY

c EIN-PN 88-6547563-006	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2244358

a Name of MTIA, CCT, PSA, or 103-12 IE: AON DIVERSIFYING ALT PORTFOLIO

b Name of sponsor of entity listed in (a): AON INVESTMENTS USA INC.

c EIN-PN 98-1090818-001	**d** Entity code E	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 425308

a Name of MTIA, CCT, PSA, or 103-12 IE: AON RETURN ENHANCING ALT PORT

b Name of sponsor of entity listed in (a): AON INVESTMENTS USA INC.

c EIN-PN 98-1419542-001	**d** Entity code E	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1044803

a Name of MTIA, CCT, PSA, or 103-12 IE: AON PRV INVSTMT FD LP GLBL INFRA

b Name of sponsor of entity listed in (a): AON INVESTMENTS USA INC.

c EIN-PN 33-4031367-001	**d** Entity code E	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 107356

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

A Name of plan
AS AMERICA BRANDS, INC. PENSION PLAN

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500
AS AMERICA, INC.

D Employer Identification Number (EIN)
26-0887443

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	938384
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	2071	1424
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	435305	863216
(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)		
(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)	32098004	30069921
(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)	0	1577467
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(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	32535380	33450412
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h		
1i Acquisition indebtedness	1i		
1j Other liabilities	1j		
1k Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	32535380	33450412

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)	938384	
(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)		938384
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)	35765	
(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)	647	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		36412
(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)		
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		3590651
(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)		
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		4565447
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	2996512	
(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)		2996512
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)	20000	
(5) Investment advisory and investment management fees	2i(5)	40897	
(6) Bank or trust company trustee/custodial fees	2i(6)	35549	
(7) Actuarial fees	2i(7)	349192	
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	208265	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		653903
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		3650415
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		915032
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: KRUGGEL, LAWTON AND CO. LLC **(2)** EIN: 35-1307701

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		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	4j	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l Has the plan failed to provide any benefit when due under the plan?	4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m			
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 585290.

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
AS AMERICA BRANDS, INC. PENSION PLAN

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500
AS AMERICA, INC.

D Employer Identification Number (EIN)
26-0887443

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): 42-1520346

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 | 1

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: 0.0 % Private Equity: 0.0 % Investment-Grade Debt and Interest Rate Hedging Assets: 100.0 %
High-Yield Debt: 0.0 % Real Assets: 0.0 % Cash or Cash Equivalents: 0.0 % Other: 0.0 %

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_____.

American Standard

AS America Brands, Inc. Pension Plan

ANNUAL REPORT
December 31, 2025

KRUGGEL LAWTON CPA

Knoxville, Tennessee

AS America Brands, Inc. Pension Plan

Piscataway, New Jersey

ANNUAL REPORT

December 31, 2025

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KRUGGEL LAWTON CPA

INDEPENDENT AUDITOR'S REPORT

To the Participants and Plan Administrator of the
AS America Brands, Inc. Pension Plan
Piscataway, New Jersey

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

We have performed audits of the financial statements of the AS America Brands, Inc. Pension 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 and statements of accumulated plan benefits as of December 31, 2025 and 2024, the related statements of changes in net assets available for benefits and statements of changes in accumulated plan benefits for the years then ended, and the related notes to the financial statements (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 and for the years ended December 31, 2025 and 2024, stating that the certified investment information, as described in Note 4 to the Financial Statements, is complete and accurate.

Opinion

In our opinion, based on our audits and on the procedures performed as described in the 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).

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the 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 these Financial Statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of 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.

Supplemental Schedules Required by ERISA

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

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

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, is 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).

Respectfully submitted,



Certified Public Accountants

Knoxville, Tennessee
October 14, 2026

AS America Brands, Inc. Pension Plan

Piscataway, New Jersey

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

December 31, 2025 and 2024

	2025	2024
ASSETS		
Investments		
Investments, at fair value	32,510,604	32,533,309
Receivables		
Accrued income	1,424	2,071
Employer contributions	938,384	0
Total receivables	939,808	2,071
NET ASSETS AVAILABLE FOR BENEFITS	33,450,412	32,535,380

The Notes to Financial Statements are an integral part of this statement.

AS America Brands, Inc. Pension Plan

Piscataway, New Jersey

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

For the Years Ended December 31, 2025 and 2024

	2025	2024
ADDITIONS TO NET ASSETS:		
Investment income		
Net appreciation in fair value of investments	3,590,651	1,080,512
Dividend and interest income	36,412	39,546
Total investment income	3,627,063	1,120,058
Contributions		
Employer	938,384	0
Total additions	4,565,447	1,120,058
DEDUCTIONS FROM NET ASSETS:		
Benefits paid to participants	2,996,512	3,370,807
Administrative expenses	653,903	656,565
Total deductions	3,650,415	4,027,372
NET INCREASE/(DECREASE)	915,032	(2,907,314)
NET ASSETS AVAILABLE FOR BENEFITS:		
Beginning of year	32,535,380	35,442,694
End of year	33,450,412	32,535,380

The Notes to Financial Statements are an integral part of this statement.

AS America Brands, Inc. Pension Plan

Piscataway, New Jersey

STATEMENTS OF ACCUMULATED PLAN BENEFITS

December 31, 2025 and 2024

	2025	2024
ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS:		
Vested benefits		
Participants currently receiving payments	28,069,745	28,542,317
Other participants	5,375,010	5,736,811
Total vested benefits	33,444,755	34,279,128
Total actuarial present value of accumulated plan benefits	33,444,755	34,279,128

The Notes to Financial Statements are an integral part of this statement.

AS America Brands, Inc. Pension Plan

Piscataway, New Jersey

STATEMENTS OF CHANGES IN ACCUMULATED PLAN BENEFITS

For the Years Ended December 31, 2025 and 2024

	2025	2024
ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS:		
Beginning of year	34,279,128	38,293,791
DECREASE DURING THE YEAR ATTRIBUTABLE TO:		
Benefits paid	(2,996,512)	(3,370,807)
Increase for interest	1,794,205	1,761,816
Other changes	(436,946)	(379,949)
Change in actuarial assumptions	804,880	(2,025,723)
Net decrease	(834,373)	(4,014,663)
ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS:		
End of year	33,444,755	34,279,128

The Notes to Financial Statements are an integral part of this statement.

NOTE 1 - DESCRIPTION OF PLAN

The following brief description of the AS America Brands, Inc. Pension Plan (the "Plan"), is provided for general information purposes only. Participants should refer to the plan agreement for a more complete description of the Plan's provisions.

GENERAL

The Plan, established on January 1, 1984, is a defined benefit pension plan covering employees of Grohe America, Inc. who were age twenty one and who had completed six months of service until the Plan was frozen as of December 1, 2009. Effective April 1, 2017, as a result of a corporate acquisition, the employees of Grohe America, Inc. became employees of AS America, Inc. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

Effective December 31, 2022, the AS America, Inc. Pension Plan ("Legacy Plan") was merged with and into the Grohe America, Inc. Pension Plan and Trust ("Grohe Plan"). As such, all assets and accumulated plan benefits of the Legacy Plan were transferred to the Grohe Plan effective December 31, 2022. Effective January 1, 2023, the Grohe Plan was amended, restated and renamed the AS America Brands, Inc. Pension Plan. Per the merger agreement, the benefit provisions of the merged plans have not changed. No provisions of the Plan shall be construed to reduce the accrued benefit of any individual who was a participant in the Legacy Plan or the Grohe Plan immediately prior to the merger.

The Legacy Plan, established on October 31, 2007, was a defined benefit pension plan covering all hourly employees covered by the collective bargaining agreements at the following facilities of AS America, Inc. (the "Company" or the "Employer"): the Tiffin, Ohio plant, the Paintsville, Kentucky plants and the Salem, Ohio plant. Effective January 1, 2010, the following Plans were merged into the AS America, Inc. Pension Plan: a) Crane Plumbing, LLC Non-Bargaining Employees' Retirement Plan; b) Crane Plumbing, LLC Retirement Plan; and c) Crane Plumbing, LLC Bargaining Employees' (Texas) Retirement Plan.

ELIGIBILITY

Former Grohe Plan - Effective December 1, 2009, future eligibility and future benefit accruals were frozen. Each participant who has satisfied the eligibility requirement as December 1, 2009, shall continue to be a participant in the Plan subject to the terms and conditions of the Plan. Effective April 15, 2010, all benefit accruals were frozen.

Former AS America, Inc. Pension Plan - Effective May 5, 2007, future eligibility and future benefit accruals for the Salem, Ohio employees were frozen. Each participant who has satisfied the eligibility requirement as of May 5, 2007, shall continue to be a participant in the Plan subject to the terms and conditions of the Plan. Both the Tiffin, Ohio plant and the Paintsville, Kentucky plant locations were closed on December 21, 2007, and October 31, 2008, respectively.

Former Crane Plumbing, LLC Retirement Plan - Effective July 1, 2006, the Crane Plumbing, LLC Retirement Plan (Retirement Plan) was frozen for new plan participation and future benefit accruals for the Nevada, Missouri location participants included in the Plan. Effective February 1, 2008, the Retirement Plan was frozen for new plan participation and future benefit accruals for the Mansfield, Ohio location participants included in the Retirement Plan. Both the Ferguson, Kentucky and Somerset, Pennsylvania locations were closed on February 15, 2006 and September 23, 2005, respectively. The Nevada, Missouri location was closed on June 30, 2015.

Former Crane Plumbing, LLC Non-Bargaining Employees' Retirement Plan - Effective May 31, 2004, the Non-Bargaining Employees' Retirement Plan benefits were frozen and there are to be no new entrants to the Plan and no more benefits will accrue.

Former Crane Plumbing, LLC Bargaining Employees' (Texas) Retirement Plan - Effective August 1, 2005, the Crane Plumbing, LLC Bargaining Employees' (Texas) Retirement Plan was frozen for future eligibility and future benefit accruals.

FUNDING POLICY

The Plan's funding policy is for the Company to contribute an amount which will meet or exceed the annual ERISA minimum funding requirement. During December 31, 2025, $938,384 in employer contributions were made into the Plan. The 2025 contributions were required to meet the minimum funding requirements of ERISA. No contribution was required for 2024.

PENSION BENEFITS

Former Grohe Plan - Upon normal retirement at age 65, participants are entitled to receive a monthly benefit based on a retirement benefit formula equal to 2% of the participants' average monthly compensation multiplied by the participants' total number of plan years of service (up to a maximum of 40 years). No benefits accrue after April 15, 2010.

Former AS America, Inc. Pension Plan - For eligible employees of the Tiffin, Ohio and Paintsville, Kentucky plants, upon normal retirement at age 65, participants are entitled to receive a monthly benefit based on years of service and average monthly earnings. For eligible employees of the Salem, Ohio plant, benefits are based on the benefits earned at May 5, 2007, when all benefits were frozen.

Former Crane Plumbing, LLC Retirement Plan - Upon normal retirement at age 65, participants are entitled to receive a monthly benefit based on years of service. Participants receive between $15.00 and $24.00 per month for every year of service, with the maximum of 35 years of service.

Former Crane Plumbing, LLC Non-Bargaining Employees' Retirement Plan - Upon normal retirement at age 65, participants are entitled to receive a monthly benefit equal to the following formula: the sum of (1) participants' monthly accrued benefit determined under the terms of the Crane Plumbing, LLC Non-Bargaining Employees' Retirement Plan on December 31, 1988 and (2) for each plan year beginning on or after January 1, 1989, an amount equal to one and one quarter of one percent (1.25%) of his or her average monthly compensation for such plan year.

Former Crane Plumbing, LLC Bargaining Employees' (Texas) Retirement Plan - Upon normal retirement at age 65, participants are entitled to receive a monthly benefit based on years of service. Participants receive between $14.00 and $25.00 per month for every year of service.

RETIREMENT AND DEATH BENEFITS

A participant with benefits from the Grohe America, Inc. Pension Plan and Trust may elect to have the retirement benefit paid in accordance with any one of the optional methods of payment which are as follows: a) a straight-life annuity for the lifetime of the participant without death benefits; b) a life annuity with a period certain (10 years) for the lifetime of the participant, and if the death of the participant occurs prior to the end of the period certain, the balance of the remaining period certain are paid to the named beneficiary; c) a survivorship annuity for the lifetime of the participant and, upon death, a survivorship percentage of either 50%, 75% or 100% of such annuity for the lifetime of the named beneficiary; and d) as a single lump sum payment.

A participant with benefits from the legacy AS America, Inc. Pension Plan may elect to have the retirement benefit paid in accordance with any one of the optional methods of payment which are as follows: a) a straight life-annuity for the lifetime of the participant without death benefits; b) a life annuity with a period certain (5, 10 or 20 years) for the lifetime of the participant, and if the death of the participant occurs prior to the end of the period certain, the balance of the remaining period certain are paid to the named beneficiary; c) a survivorship annuity for the lifetime of the participant and, upon death, a survivorship percentage of either 50%, 66-2/3%, 75% or 100% of such annuity for the lifetime of the named beneficiary; d) a survivorship annuity for the lifetime of the participant and, upon death, a survivorship percentage of either 50%, 75% or 100% with a pop-up option; and e) as a single lump sum payment.

A participant with benefits from the former Crane Plumbing, LLC Retirement Plan, the Crane Plumbing, LLC Retirement Plan and the Crane Plumbing, LLC Non-Bargaining Employees' (Texas) Retirement Plan may elect to have the retirement benefit paid in accordance with any one of the optional methods of payment which are as follows: a) a straight life-annuity for the lifetime of the participant without death benefits; b) a life annuity with a period certain (5, 10 or 15 years) for the lifetime of the participant, and if the death of the participant occurs prior to the end of the period certain, the balance of the remaining period certain are paid to the named beneficiary; c) a survivorship annuity for the lifetime of the participant and, upon death, a survivorship percentage of either 50%, 66-2/3%, 75% or 100% of such annuity for the lifetime of the named beneficiary; and d) as a single lump sum payment.

A participant may elect to receive early retirement benefits at the completion of 10 years of vesting service and attainment of age 55. The amount of early retirement benefit is determined using the participant's accrued benefit at the normal retirement date reduced by a percentage for each year the early retirement date precedes the participant's normal retirement date.

If a vested participant dies before pension benefits have commenced, the participant’s beneficiary shall receive a percentage of the monthly retirement benefit which would have been received if the participant had retired on the day coinciding with the date of his or her death with a qualified joint survivor pension.

VESTING

Participants are fully vested after five years of credited service. Participants who attain the age of 65 or meet the requirements for early retirement become fully vested as well. Vesting service is determined on an elapsed time basis.

INVESTMENT MANAGEMENT EXPENSES

Investment management fees are charged to the Plan as a reduction of investment return and included in the investment income reported by the Plan.

NOTE 2 - SUMMARY OF ACCOUNTING POLICIES

BASIS OF ACCOUNTING

The financial statements of the Plan are prepared under the accrual method of accounting.

ESTIMATES

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities and changes therein; disclosure of contingent assets and liabilities; and the actuarial present value of accumulated plan benefits at the date of the financial statements and changes therein. Accordingly, actual results could differ from those estimates. The actuarial present value of accumulated plan benefits is particularly subject to change in the near term.

INVESTMENT VALUATION AND INCOME RECOGNITION

The investments of the Plan are reported at fair value. The fair value of a financial instrument is the amount that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date (the exit price). See Note 9 for discussion of fair value measurements.

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

PAYMENT OF BENEFITS

Benefits are recorded when paid.

ADMINISTRATIVE EXPENSES

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

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 (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died and (c) present employees or their beneficiaries. The accumulated plan benefits for active employees are based on their accrued benefits as of the date of which the benefit information is presented (the valuation date). Benefits payable under all circumstances, such as retirement, death and termination of employment, are included to the extent they are deemed attributable to employee service rendered to the valuation date.

The actuarial present value of accumulated plan benefits is determined by the Plan's independent 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 death, withdrawal or retirement) between the valuation date and the expected date of payment.

The effect of plan amendments on accumulated plan benefits is recognized during the year in which such amendments become effective.

The significant actuarial assumptions used in determining the actuarial present value of accumulated plan benefits for the year ended December 31, 2025 and at December 31, 2024 are as follows:

A. Discount rate: 5.18% and 5.47% for December 31, 2025 and December 31, 2024, respectively

B. Average retirement age: Age 65 except for participants from the former Crane Plumbing, LLC. Non-Bargaining Employees' Retirement Plan:

Age	Rate
55	5 %
56-59	3 %
60	5 %
61	3 %
62	7 %
63-64	3 %
65	100 %

C. Mortality:

Pre- and post-retirement	December 31, 2025: Pri-2012 Generational with Scale MP-2021
	December 31, 2024: Pri-2012 Generational with Scale MP-2021

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

NOTE 4 - CERTIFIED INVESTMENT INFORMATION

Certain information related to investments disclosed in the accompanying financial statements and ERISA-required supplemental schedules, including investments held at December 31, 2025 and 2024, and investment income for the years ended December 31, 2025 and 2024, was obtained by management and agreed to or derived from information certified as complete and accurate by Principal Bank ("Principal"), a qualified institution. The Plan's independent auditors did not perform auditing procedures with respect to this certified information, except for comparing such certified information to the related information included in the financial statements and ERISA-required supplemental schedules.

NOTE 5 - TRANSACTIONS WITH PARTIES-IN-INTEREST

Parties-in-interest are defined under DOL regulations as any fiduciary of the Plan, any party rendering service to the Plan, the Employer, and certain others. The Plan held investments managed by Aon Trust Company, a related entity of the actuary of the Plan, and therefore, these transactions qualify as a party-in-interest transaction. Certain professional fees for the administration and audit of the Plan were paid by the Company. The Plan paid administrative fees to Aon Hewitt Investment Consultant, Aon Consulting, and Principal Bank and audit fees to Kruggel, Lawton and Co., LLC for the years ended December 31, 2025 and 2024, which qualify as party-in-interest transactions.

NOTE 6 - PLAN TERMINATION

Although it has not expressed any intent to do so, the Company has the right under the Plan, in certain circumstances, to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA.

Certain benefits under the Plan are insured by the Pension Benefit Guaranty Corporation (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 benefits. 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, subject to a statutory ceiling on the amount of an individual's monthly benefit.

Whether all participants receive their benefits should the Plan be terminated at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide those benefits, the priority of those benefits to be paid and the level and type of benefits guaranteed by the PBGC at that time. Some benefits may be fully or partially provided for by the then existing assets and the PBGC guaranty, while other benefits may not be provided for at all.

NOTE 7 - TAX STATUS

The Internal Revenue Service has determined and informed the Plan by a letter dated March 31, 2010, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the determination letter, Plan management believes that the Plan is designed and is being operated in compliance with the applicable requirements of the IRC. Therefore, plan management believes that the Plan was qualified and the related trust was tax-exempt as of the financial statement date.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2025 and 2024, no uncertain positions are taken or are expected to be taken that would require recognition of a liability or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

NOTE 8 - RISKS AND UNCERTAINTIES

The Plan invests in various investment securities, including offshore investment vehicles and partnership interests managed by Aon Trust Company, a related company of the actuary; which are exposed to a variety of risks, including market, credit, liquidity, foreign currency, interest rate, geopolitical, regulatory, and valuation risks. Offshore investments may be subject to additional risks arising from economic and political developments, changes in foreign laws and regulations, restrictions on capital movements, and fluctuations in foreign exchange rates. Partnership interests and other alternative investments generally involve longer investment horizons, limited liquidity, and significant management judgment in determining fair value, particularly where observable market inputs are not readily available. As a result, the estimated fair values of such investments may differ from amounts ultimately realized upon disposition. Due to the level of risk associated with these investments, it is at least reasonably possible that changes in the values of such investments will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statement of net assets available for benefits.

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 would be material to the financial statements.

NOTE 9 - FAIR VALUE MEASUREMENTS

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1) and the lowest priority to unobservable inputs (level 3). The three levels of the fair value hierarchy under FASB ASC 820-10 are described as follows:

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

Level 2 inputs to the valuation methodology include the following:

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

If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.

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

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

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

- *Interest bearing cash*. Valued at the cash value held in a bank demand deposit account. Interest bearing cash is maintained as a low-risk cash option with no restrictions to/from the account. The accounts receives interest daily.

- *Collective trusts*. Valued at the net asset value ("NAV") of units of a bank collective trust. The NAV, as provided by the trustee or custodian of the collective trust, is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the fund less its liabilities. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV. Participant transactions (purchases and sales) may occur daily.

- *Pooled separate accounts.* Valued at the net asset value ("NAV") of units of participation held in the pooled separate account, as reported by the issuer insurance company, based on the value of underlying investments in the pooled separate account. The NAV is used as a practical expedient to estimate fair value. This practical expedient is not used when it is determined to be probable that the pooled separate account will sell the investments at an amount different than the reported NAV. Each pooled separate account invests in a single, open-ended mutual fund which is generally identified in the name of the pooled separate account. The investment strategies of the pooled separate accounts are consistent with each of the mutual funds identified in the name of the pooled separate account. Each pooled separate account provides for daily redemptions by the Plan with no advance notice requirements and has redemption prices that are determined by the account's net asset value per unit.

- *Mutual funds established under the Cayman Islands Mutual Funds Law.* Valued at the net asset value ("NAV") of shares held in the funds, as reported by the issuer, based on the underlying investments in the fund. The NAV is used as a practical expedient to estimate fair value. This practical expedient is not used when it is determined to be probable that the Mutual funds established under the Cayman Islands Mutual Funds Law will sell the shares at an amount different than the reported NAV. The objective of the funds is to generate consistent long-term capital appreciation with diversification of risk through the use of a "multi-manager, multi-strategy" global investment approach or to generate attractive returns over a full market cycle by investing in a range of alternative investment opportunities with sources of return that have a low correlation to the broader financial markets, while also seeking to preserve capital. The funds seek to achieve the objectives by allocating capital primarily among a select group of experienced portfolio managers, identified for their expertise in implementing a number of different alternative investment strategies in a variety of markets, through investment in collective investment vehicles and/or discretionary managed accounts managed by such Managers.

- *Partnership interest.* Valued at the net asset value ("NAV") of the partnership interest in the partnership as reported by the partnership, The NAV is used as a practical expedient to estimate fair value. This practical expedient is not used when it is determined to be probable that the partnership interest will sell at an amount different than the reported NAV. The investment objective is to seek to invest primarily in core and core plus infrastructure in The Organisation for Economic Co-operation and Development member countries, with the goal of providing stable returns through a diversified portfolio, while taking into consideration the overall market environment.

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

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

Investment Assets at Fair Value as of December 31, 2025

	Level 1	Level 2	Level 3	Total
Interest bearing cash	863,216	0	0	863,216
Total assets in the fair value hierarchy	863,216	0	0	863,216
Investments measured at net asset value *	0	0	0	31,647,388
Total investment assets at fair value	863,216	0	0	32,510,604

Investment Assets at Fair Value as of December 31, 2024

	Level 1	Level 2	Level 3	Total
Interest bearing cash	435,305	0	0	435,305
Total assets in the fair value hierarchy	435,305	0	0	435,305
Investments measured at net asset value *	0	0	0	32,098,004
Total investment assets at fair value	435,305	0	0	32,533,309

*In accordance with FASB Subtopic 820-10, certain investments that were measured at net asset value per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statements of net assets available for benefits.

Fair Value of Investments that Calculate Net Asset Value

The following table summarizes investments for which fair value is measured using the net asset value per share practical expedient as of December 31, 2025 and 2024, respectively. There are no participant redemption restrictions for these investments. The redemption notice period is applicable only to the Plan.

	Fair Value	Unfunded Commitments	Redemption Frequency (If Currently Eligible)	Redemption Notice Period
December 31, 2025:				
Collective trusts	30,069,921	N/A	Daily	None
Mutual funds established under the Cayman Islands Mutual Funds Law	1,470,111	N/A	Daily - Quarterly	2 - 180 days
Partnership interest	107,356	N/A	Semi Annual	0 - 180 days
December 31, 2024:				
Collective trusts	32,098,004	N/A	Daily	None

NOTE 11 - SUBSEQUENT EVENTS

The Company has evaluated subsequent events through the date the financial statements were available to be issued. No events or transactions occurred through October 14, 2026, requiring recognition or disclosure in the financial statements.

Schedule SB Attachment (Form 5500) — 2025 Plan Year
AS America Brands, Inc. Pension Plan
EIN: 26-0887443 PN: 003

Schedule SB, line 26a — Schedule of Active Participant Data as of January 1, 2025

Number of Participants

Attained Age	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25										
25-29										
30-34										
35-39					1					
40-44						1				
45-49							1			
50-54					1	1	3			
55-59						1		1	1	
60-64					1	1	2	2		1
65-69					1		1			2
70+										

N-22

Schedule SB Attachment (Form 5500) — 2025 Plan Year
AS America Brands, Inc. Pension Plan
EIN: 26-0887443 PN: 003

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

Interest Rates for Minimum Funding Purposes	Based on segment rates with a two-month lookback (as of November 2024), each adjusted as needed to fall within the 25-year average interest rate stabilization corridor under ARPA.
1st Segment Rate	5.03%.
2nd Segment Rate	5.28%.
3rd Segment Rate	5.50%.
Interest Rates for Maximum Tax Purposes	Based on segment rates with a two-month lookback (as of November 2024), without regard to interest rate stabilization.
1st Segment Rate	5.03%.
2nd Segment Rate	5.28%.
3rd Segment Rate	5.36%.
Optional Payment Form Election Percentage	It is assumed that all participants (not already in payment status) elect Normal Form of Payment.
Retirement Age	
Active Participants (legacy Grohe)	Age 65.
Active Participants (legacy Ferguson/Nevada)	Later of age 65 or 5 years of vesting service.
Active Participants (legacy Non-Bargaining)	See Table 1.
Terminated Vested Participants	Age 65.
Healthy and Disabled Mortality Rates	2012 base mortality rates for annuitants and non-annuitants per §1.430(h)(3)-1(d), projected generationally for years beyond 2012 using IRS-prescribed mortality improvement rates per §1.430(h)(3)-1(b)(1)(iii).
Withdrawal Rates	None assumed for legacy Grohe. See Tables 2–3 for legacy Ferguson/Nevada and Non-Bargaining.
Disability Rates	None assumed for legacy Grohe. See Table 4 for legacy Ferguson/Nevada and Non-Bargaining.
Decrement Timing	Middle of year decrements, with 100% retirement occurring at beginning of year.
Surviving Spouse Benefit	It is assumed that 100% of legacy Grohe participants and 80% of legacy ASA participants have an eligible spouse, and that males are the same age as their spouses.

Schedule SB Attachment (Form 5500) — 2025 Plan Year
AS America Brands, Inc. Pension Plan
EIN: 26-0887443 PN: 003

Benefit Limits	Projected benefits are limited by the current IRC section 415 maximum benefit of $280,000.
Valuation of Plan Assets	Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of the fair market value.
Expected Return on Assets	
2023 Plan Year	6.50%, limited to 5.74%.
2024 Plan Year	6.50%, limited to 5.59%.
2025 Plan Year	6.50%, limited to 5.50%.
Trust Expenses Included in Target Normal Cost	Expected PBGC premiums (flat and variable) plus estimated other administrative expenses equal to actual non-PBGC expenses in the prior year ($679,768 for 2025).
Actuarial Method	Standard unit credit cost method.
Valuation Date	January 1, 2025.

Schedule SB Attachment (Form 5500) — 2025 Plan Year
AS America Brands, Inc. Pension Plan
EIN: 26-0887443 PN: 003

Table 1

Retirement Rates — Legacy Non-Bargaining Plan

Age	Rate
55	5.0%
56-59	3.0%
60	5.0%
61	3.0%
62	7.0%
63-64	3.0%
65	100.0%

Table 2

Termination Rates — Legacy Ferguson/Nevada Plan

Age	Rate
20	10.0%
25	8.6%
30	7.1%
35	5.7%
40	4.3%
45	2.9%
50	1.4%
55	0.0%

Table 3

Termination Rates — Legacy Non-Bargaining Plan

Age	Rate
25	9.7%
30	9.3%
35	8.7%
40	7.8%
45	6.4%
50	4.2%
55	1.5%
60	0.1%

Table 4

Disability Rates

Age	Rate	Age	Rate
15	0.097%	40	0.202%
16	0.097%	41	0.202%
17	0.097%	42	0.202%
18	0.097%	43	0.202%
19	0.097%	44	0.202%
20	0.097%	45	0.361%
21	0.097%	46	0.361%
22	0.097%	47	0.361%
23	0.097%	48	0.361%
24	0.097%	49	0.361%
25	0.097%	50	0.626%
26	0.097%	51	0.626%
27	0.097%	52	0.626%
28	0.097%	53	0.626%
29	0.097%	54	0.626%
30	0.097%	55	1.063%
31	0.097%	56	1.063%
32	0.097%	57	1.063%
33	0.097%	58	1.063%
34	0.097%	59	1.063%
35	0.097%	60+	1.505%
36	0.097%		
37	0.097%		
38	0.097%		
39	0.097%		

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

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

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
AS AMERICA BRANDS, INC. PENSION PLAN

1b Three-digit plan number (PN) ▶ 003

1c Effective date of plan 01/01/1984

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)

AS AMERICA, INC.

865 CENTENNIAL AVENUE

PISCATAWAY NJ 08854

2b Employer Identification Number (EIN) 26-0887443

2c Plan Sponsor's telephone number 732-980-3000

2d Business code (see instructions) 327100

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		10/15/2026	ALINA GUZMAN
	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

AS America Brands, Inc. Pension Plan

Piscataway, New Jersey

SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS

For the Year Ended December 31, 2025

Name of Plan Sponsor: AS America, Inc.
Employer Identification Number: 26-0887443
Three Digit Plan Number: 003

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense Included w/ Transactions	(g) Cost of Asset	(h) Current Value on Transaction Date	(i) Net Gain (Loss)
Category (i): Single transactions in excess of 5% of the current value of Plan Assets:								
Wells Fargo Bank, N.A.	Short Term Investment Fund A S1	7,302,941	-	-	-	7,302,941	7,302,941	-
Wells Fargo Bank N.A.	Short Term Investment Fund A S1	-	3,650,000	-	-	3,650,000	3,650,000	-
Wells Fargo Bank N.A.	Short Term Investment Fund A S1	-	1,850,000	-	-	1,850,000	1,850,000	-
Aon Trust	Long Government Bond	3,100,000	-	-	-	3,100,000	3,100,000	-
Aon Trust	Long Government Bond	-	2,000,000	-	-	2,028,037	2,000,000	(28,037)
Aon Trust	Long Credit Bond	-	10,000,000	-	-	11,960,734	10,000,000	(1,960,734)
Aon Trust	Long Credit Bond	2,000,000	-	-	-	2,000,000	2,000,000	-
NISA	Ultra Mid Treasury CIF	2,450,000	-	-	-	2,450,000	2,450,000	-

AS America Brands, Inc. Pension Plan

Piscataway, New Jersey

SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS

For the Year Ended December 31, 2025

Name of Plan Sponsor: AS America, Inc.
Employer Identification Number: 26-0887443
Three Digit Plan Number: 003

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense Included w/ Transactions	(g) Cost of Asset	(h) Current Value on Transaction Date	(i) Net Gain (Loss)
Category (iii): A series of transactions in excess of 5% of the current value of Plan Assets:								
Wells Fargo Bank, N.A.	Short Term Investment Fund A S1	9,176,797	-	-	-	9,176,797	9,176,797	-
		-	9,612,102	-	-	9,612,102	9,612,102	-
SEI Trust Company	Short Term Investment Fund S10	2,705,586	-	-	-	2,705,586	2,705,586	-
		-	1,842,369	-	-	1,842,369	1,842,369	-
Aon Trust	Long Government Bond Fund	3,100,000	-	-	-	3,100,000	3,100,000	-
		-	2,480,827	-	-	2,480,827	2,465,000	(15,827)
Aon Trust	Long Credit Bond	2,000,000	-	-	-	2,000,000	2,000,000	-
		-	10,400,000	-	-	12,416,553	10,400,000	(2,016,553)
NISA	Ultra Mid Treasury CIF	2,604,000	-	-	-	2,604,000	2,604,000	-

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

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

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

A Name of plan
AS AMERICA BRANDS, INC. PENSION PLAN

B Three-digit plan number (PN) ▶ 003

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

D Employer Identification Number (EIN)
26-0887443

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**	32,535,380
b Actuarial value	**2b**	32,421,342

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	770	28,614,592	28,614,592
b For terminated vested participants	242	4,605,948	4,605,948
c For active participants	22	1,127,666	1,127,666
d Total	1,034	34,348,206	34,348,206

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**	5.31%
6 Target normal cost		
a Present value of current plan year accruals	**6a**	0
b Expected plan-related expenses	**6b**	679,768
c Target normal cost	**6c**	679,768

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

GREGORY E. SMITH GES
Signature of actuary

09/30/2026
Date

GREGORY E. SMITH
Type or print name of actuary

2608383
Most recent enrollment number

AON CONSULTING, INC.
Firm name

203-852-1100
Telephone number (including area code)

MSC# 17834
PO BOX 7505
FORT WASHINGTON PA 19034
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	874
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	874
10	Interest on line 9 using prior year's actual return of 3.42 %	0	30
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	904

Part III Funding Percentages

14	Funding target attainment percentage	14	94.38 %
15	Adjusted funding target attainment percentage	15	94.38 %
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	104.00 %
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
09/10/2026	938,384	0			
			Totals ► 18(b)	938,384	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	859,801

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year

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

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

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	
5.03 %	5.28 %	5.50%	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	2
22 Weighted average retirement age	**22**	63

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

Part VI Miscellaneous Items

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

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

26 Demographic and benefit information

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

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

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

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

a Target normal cost (line 6c)	**31a**	679,768
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	1,927,768	179,423
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**	859,191

	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**	859,191
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	859,801
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	**38a**	610
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 SB Attachment (Form 5500) — 2025 Plan Year
AS America Brands, Inc. Pension Plan
EIN: 26-0887443 PN: 003

Schedule SB, line 19 — Discounted Employer Contributions

Year applied for contributions: 2025

Date	Amount	Days to Discount to 1/1/2025 at 5.31%	Interest Adjusted Contribution
September 10, 2026	$ 938,384	617	$ 859,801
Total Contribution	$ 938,384		$ 859,801

Schedule SB Attachment (Form 5500) — 2025 Plan Year
AS America Brands, Inc. Pension Plan
EIN: 26-0887443 PN: 003

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

The average retirement age shown in line 22 has been calculated by assuming the following retirement rates and no decrements other than retirement for this calculation. All retirements are assumed to occur at mid-year, except for the 100% retirement age.

(a) Age	(b) Rate	(c) Weight	(d) Product (a) × (b) × (c)
55.5	5.00%	1.0000	2.78
56.5	3.00%	0.9500	1.61
57.5	3.00%	0.9215	1.59
58.5	3.00%	0.8939	1.57
59.5	3.00%	0.8670	1.55
60.5	5.00%	0.8410	2.54
61.5	3.00%	0.7990	1.47
62.5	7.00%	0.7750	3.39
63.5	3.00%	0.7208	1.37
64.5	3.00%	0.6991	1.35
65	100.00%	0.6782	44.08
		Weighted Average	**63.30**

Schedule SB Attachment (Form 5500) — 2025 Plan Year
AS America Brands, Inc. Pension Plan
EIN: 26-0887443 PN: 003

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	12,247	0	3,002,636	3,014,883
2026	15,548	22,597	2,921,011	2,959,156
2027	17,474	75,676	2,818,551	2,911,701
2028	34,762	115,038	2,716,385	2,866,185
2029	56,870	168,582	2,614,202	2,839,654
2030	59,405	208,330	2,508,962	2,776,697
2031	88,890	251,506	2,400,628	2,741,024
2032	89,335	272,753	2,289,303	2,651,391
2033	88,685	292,946	2,175,202	2,556,833
2034	87,975	314,679	2,058,399	2,461,053
2035	97,269	331,869	1,939,498	2,368,636
2036	96,384	372,096	1,818,286	2,286,766
2037	97,381	410,032	1,696,348	2,203,761
2038	96,268	435,720	1,574,352	2,106,340
2039	95,716	442,492	1,452,779	1,990,987
2040	100,394	450,315	1,332,480	1,883,189
2041	98,771	452,358	1,214,372	1,765,501
2042	98,114	464,212	1,099,395	1,661,721
2043	96,093	459,536	988,481	1,544,110
2044	93,856	452,968	882,515	1,429,339
2045	92,014	449,854	782,279	1,324,147
2046	89,295	438,200	688,434	1,215,929
2047	86,323	427,269	601,479	1,115,071
2048	83,091	412,777	521,744	1,017,612
2049	79,596	397,052	449,381	926,029
2050	75,838	380,331	384,367	840,536
2051	71,826	362,623	326,527	760,976
2052	69,241	343,966	275,558	688,765
2053	64,754	324,438	231,071	620,263
2054	60,079	304,168	192,607	556,854
2055	55,264	283,329	159,654	498,247
2056	50,376	262,136	131,671	444,183
2057	45,491	240,825	108,107	394,423
2058	40,693	219,642	88,421	348,756
2059	36,057	198,825	72,097	306,979
2060	31,658	178,589	58,652	268,899
2061	27,552	159,131	47,640	234,323
2062	23,782	140,624	38,665	203,071
2063	20,373	123,219	31,382	174,974
2064	17,329	107,037	25,495	149,861
2065	14,645	92,161	20,751	127,557
2066	12,305	78,638	16,934	107,877
2067	10,289	66,487	13,863	90,639
2068	8,566	55,691	11,388	75,645
2069	7,107	46,206	9,390	62,703

Schedule SB Attachment (Form 5500) — 2025 Plan Year
AS America Brands, Inc. Pension Plan
EIN: 26-0887443 PN: 003

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2070	5,880	37,961	7,774	51,615
2071	4,855	30,871	6,460	42,186
2072	4,005	24,838	5,388	34,231
2073	3,304	19,762	4,512	27,578
2074	2,728	15,542	3,794	22,064

Schedule SB Attachment (Form 5500) — 2025 Plan Year
AS America Brands, Inc. Pension Plan
EIN: 26-0887443 PN: 003

Schedule SB, Part V — Summary of Plan Provisions

On December 31, 2009, the AS America, Inc. Hourly Employees Pension Plan ("AS Hourly Plan"), the Crane Plumbing, L.L.C. Ferguson/Nevada Retirement Plan ("Ferguson/Nevada Plan"), the Crane Plumbing, L.L.C. Bargaining Employees' (Texas) Pension Plan ("Texas Plan"), and the Crane Plumbing, L.L.C. Non-Bargaining Employees' Retirement Plan ("Non-Bargaining Plan") merged, forming the AS America, Inc. Pension Plan.

On December 31, 2022, the AS America, Inc. Pension Plan merged into the Grohe America, Inc. Pension Plan ("Grohe Plan") and the merged plan was renamed the AS America Brands, Inc. Pension Plan effective January 1, 2023.

This section summarizes the plan provisions of each legacy plan.

Overview of Legacy Plans

Legacy Plan	Plant	Eligibility Freeze Date	Benefit Accrual Freeze Date	Remaining Active Participants
Grohe Plan	Grohe	December 1, 2009	April 15, 2010	9
AS Hourly Plan	Tiffin	May 5, 2007	N/A	0
	Paintsville	N/A	N/A	0
	Salem[1]	N/A	N/A	39
Ferguson/Nevada Plan	Ferguson	N/A	N/A	0
	Nevada	July 1, 2006	July 1, 2006	0
	Artesian	February 1, 2008	February 1, 2008	6
	Somerset	N/A	N/A	0
Texas Plan	Hearne	August 1, 2005	August 1, 2005	0
Non-Bargaining Plan	Ferguson	June 1, 2004	June 1, 2004	0
	Nevada	June 1, 2004	June 1, 2004	0
	Artesian	June 1, 2004	June 1, 2004	8
	Somerset	June 1, 2004	June 1, 2004	0

[1] Salem participants only benefit upon plant shutdown.

Schedule SB Attachment (Form 5500) — 2025 Plan Year
AS America Brands, Inc. Pension Plan
EIN: 26-0887443 PN: 003

Summary of Plan Provisions (Legacy Grohe Plan)

Participation	Age 21 and 6 months of service. Entry into the Plan was frozen as of December 1, 2009.
Benefit and Vesting Service	One year of service for 1,000 or more hours in a calendar year.
Final Average Compensation	Highest 3 consecutive years during entire period of Benefit Service.
Accrued Benefit	2.00% of Final Average Compensation times Years of Benefit Service. Benefits were frozen as of April 15, 2010.
Eligibility for Benefits	
Normal Retirement	First day of the month following attainment of age 65.
Early Retirement	First day of the month following attainment of age 55 and completion of 10 years of Vesting Service.
Postponed Retirement	Employment beyond normal retirement age.
Vested	Completion of at least 5 years of Vesting Service.
Disability	Total and permanent disability.
Death	Death of participant in active service.
Amount of Benefits	
Normal Retirement	Accrued benefit earned at normal retirement date.
Early Retirement	Actuarial equivalent of accrued benefit earned at early retirement date.
Postponed Retirement	Accrued benefit earned at actual retirement date. If a participant's retirement date is after the calendar year in which he/she attains age 70½, his/her accrued benefit shall be actuarially increased to take into account the period after age 70½ in which he/she was not receiving any benefit under the plan.
Vested	Accrued benefit earned at date of termination with an actuarial reduction if payments begin before normal retirement date. ASC 715 Market-Related Value of Assets
Disability	Actuarial equivalent of accrued benefit earned at disability date.
Death	Actuarial equivalent of accrued benefit earned at date of death.

Normal Form of Payment	Married participants: 50% joint and survivor annuity. Unmarried participants: Life annuity actuarially equivalent to 50% joint and survivor annuity.
Optional Forms of Payment	Life annuity, 10 year certain and life annuity, 100%, 75%, or 50% joint and survivor annuity, and single lump sum payment.
Optional Form Factors	For annuities, conversions use the 1983 Individual Annuity Mortality Table for Males and an interest rate of 8.00%. For lump sums, conversions use the interest rates under Internal Revenue Code section 417(e) for the December preceding the plan year the payment commences and the mortality under section 417(e) for the plan year the payment commences.

Schedule SB Attachment (Form 5500) — 2025 Plan Year
AS America Brands, Inc. Pension Plan
EIN: 26-0887443 PN: 003

Summary of Plan Provisions (Legacy AS Hourly Plan)

Participation	Immediate entry for all hourly employees covered by the collective bargaining agreement and employed prior to May 5, 2007. Currently, there are no active participants at the Paintsville or Tiffin locations.
Benefit Service	Paintsville and Tiffin Participants: Employment with the company on or after October 31, 2007; or Employment with a specified employer on or after October 31, 2007, if such employment is designated by the company as being in its interest, but only for the period covered by such designation. Salem Participants: None.
Eligibility for Benefits	
Normal	Age 65.
Unreduced Early	Age 62 with 10 years of service or age 58 with 30 years of service (Paintsville and Tiffin participants only). Those who meet the rule of 75/80 upon a plant shutdown (all participants).
Reduced Early	Age 55 with 10 years of service (Paintsville and Tiffin participants only).
Postponed	Actual retirement subsequent to normal retirement eligibility.
Vested	Five years of service.
Amount of Benefits	
Normal	Tiffin Participants: $3.00 x Months of Benefit Service. Paintsville Participants: $2.50 x Months of Benefit Service. Salem Participants: No Normal Retirement Benefit.

Unreduced Early	Tiffin: AS Hourly Accrued Benefit + American Standard Normal Retirement Benefit x 1/3 x 1% x Months until Age 65. Paintsville: AS Hourly Accrued Benefit + American Standard Normal Retirement Benefit x 1/4 x 1% x Months until Age 65. Salem (only upon plant closure): American Standard Normal Retirement Benefit x 1/2 x 1% x Months until Age 65. The American Standard Normal Retirement Benefit is the normal retirement benefit calculated as of October 31, 2007, under the prior American Standard Pension Plan. These benefit amounts are listed by participant in the appendix of the AS America, Inc. Pension Plan document.
Reduced Early	Tiffin: AS Hourly Accrued Benefit x 1/3 x 1% x Months until Age 65. Paintsville: AS Hourly Accrued Benefit x 1/4 x 1% x Months until Age 65. Salem: No Reduced Early Retirement Benefit.
Postponed	Calculated in the same manner as the normal retirement benefit continuing to credit service through the postponed retirement date. If a participant's retirement date is after the calendar year in which he/she attains age 70½, his/her accrued benefit shall be actuarially increased to take into account the period after age 70½ in which he/she was not receiving any benefit under the plan.
Vested	Calculated in the same manner as the normal retirement benefit based on years of service at termination. Benefit is reduced on the same basis as an early retirement benefit.
Disability	The difference between the American Standard Accrued Benefit and the American Standard Disability Benefit. In addition, Tiffin and Paintsville participants receive the greater of the AS Hourly Accrued Benefit and $225.
Death	50% of the participant's AS Hourly Accrued Benefit. No death benefit for Salem participants.

Normal Form of Payment	Single life annuity.
Optional Forms of Payment	50%, 66-2/3%, 75%, or 100% joint and survivor annuity; 50%, 75%, or 100% joint and survivor pop-up annuity; 5, 10, or 20-year certain and life annuity; Level income option.
Optional Form Factors	For annuities, conversions use the 1983 Group Annuity Mortality table projected to 1988 with Scale H, for males and an interest rate of 7.50%. For lump sums and level income option, conversions use the interest rates under Internal Revenue Code section 417(e) for the December preceding the plan year the payment commences and the mortality under section 417(e) for the plan year the payment commences.

Schedule SB Attachment (Form 5500) — 2025 Plan Year
AS America Brands, Inc. Pension Plan
EIN: 26-0887443 PN: 003

Summary of Plan Provisions (Legacy Ferguson/Nevada Plan)

Participation	Earliest date that an employee becomes an Eligible Employee. "Eligible Employee" is any employee of the company (i) who is employed at Ferguson or Nevada Ceramics Plant and whose employment is governed by a collective bargaining agreement with the Glass, Molders, Pottery, Plastics & Allied Workers International Union, AFL-CIO, CLC and its local Union No. 334 or its Local Union 372; (ii) whose employment is governed by a collective bargaining agreement with the International Union of Electronic and Electrical Salaried Machine and Furniture workers, AFL-CIO, and its Local Union No. 719-Mansfield, Ohio; or (iii) effective April 1, 1998, employees whose employment is governed by a collective bargaining agreement with the Glass, Molders, Pottery, Plastics & Allied Workers International Union, AFL-CIO, CLC and its Local Union No. 313 (Somerset, Pennsylvania). "Eligible Employee" shall also include employees previously covered under the Ferguson Salaried Bargaining Agreement.
Accrual Service	Total of an employee's periods of service expressed as whole years and fractional parts of a year on the basis that 365 days equals one year. Rounded to four decimal places.
Eligibility for Benefits	
Normal	Later of age 65 or the fifth anniversary of the date of participation. Age 65 for employees of Artesian Limited Partnership hired prior to August 18, 1992 and at least 60 on August 18, 1992. Age 65 for employees of Somerset Limited Partnership hired prior to April 1, 1998 and at least 60 on April 1, 1998.
Early	Age 60 and vested.
Postponed	Actual retirement subsequent to normal retirement eligibility.
Vested	Five years of service.
Disability	Ten years of service.

Amount of Benefits

Normal

Single life annuity equal to product of (1) and (2) below:

(1) An amount equal to:

For Ferguson/Nevada Employees	
Prior to January 1, 1990	15.00
On or after February 1, 1990	16.00
On or after February 1, 1991	17.00
On or after February 1, 1992	17.50
On or after February 1, 1993	18.00
On or after February 1, 1994	18.50
On or after February 1, 1995	19.50
On or after February 1, 1996	20.50
On or after February 1, 1997	21.50
On or after January 31, 2001	22.00
On or after February 1, 2002	22.50
On or after February 1, 2003	23.00
On or after February 1, 2004	23.50
On or after February 1, 2005	24.00

For Artesian Employees	
On or after August 18, 1992	16.00
On or after January 1, 1996	16.50
On or after January 1, 1997	17.00
On or after January 1, 1998	17.50

For Somerset Employees	
Prior to April 1, 2001	19.50
On or after April 1, 2001	20.50
On or after April 1, 2002	21.00
On or after April 1, 2003	21.50
On or after April 1, 2004	22.00
On or after April 1, 2005	22.50

(2) Participant's accrual service at retirement not to exceed 35 years for Ferguson, Nevada, and Artesian employees. Service was frozen July 1, 2006 for Nevada employees and February 1, 2008 for Artesian employees.

Early

Equal to the accrued benefit at normal retirement multiplied by the factor shown below:

Number of Years Early Retirement Precedes Normal Retirement	Early Retirement Factor
1	0.9333
2	0.8667
3	0.8000
4	0.7333
5	0.6667

Postponed

Calculated in the same manner as the normal retirement benefit continuing to credit average monthly compensation through the postponed retirement date. If a participant's retirement date is after the calendar year in which he attains age 70½, his accrued benefit shall be actuarially increased to take into account the period after age 70½ in which he was not receiving any benefit under the plan.

Vested

Calculated in the same manner as the normal retirement benefit based on years of service at termination. Benefit is reduced on the same basis as an early retirement benefit.

Disability

Accrued benefit payable beginning the date of disability and continuing through the earlier of participant's date of retirement, date of death, or death participant is no longer totally and permanently disabled.

Death	50% of the benefit the participant would have been entitled to receive if he had terminated on the date of his death and commenced receiving the benefit as a joint and 50% survivor annuity on the date he would have first been eligible to receive a retirement benefit had he lived to that date. Benefit commences on the later of participant's death or the participant's attainment of early retirement age and continues for the remaining lifetime of the surviving spouse. Participant must be vested at the time of his death and continuously married for the one-year period ending on the date of death.
Normal Form of Payment	(1) Unmarried participants — single life annuity. (2) Married participants — joint and 50% survivor annuity actuarially equivalent to single life annuity. (3) Lumps sums less than $5,000 are paid automatically to participants. Lumps sums greater than $5,000 are not payable.
Optional Forms of Payment	50%, 66-2/3%, 75%, or 100% joint and survivor annuity; 5, 10, or 15-year certain and life annuity.
Optional Form Factors	For annuities, conversions use the UP-1984 Unisex Mortality table and an interest rate of 7.50%. For lump sums, conversions use the interest rates under Internal Revenue Code section 417(e) for the December preceding the plan year the payment commences and the mortality under section 417(e) for the plan year the payment commences.

Schedule SB Attachment (Form 5500) — 2025 Plan Year
AS America Brands, Inc. Pension Plan
EIN: 26-0887443 PN: 003

Summary of Plan Provisions (Legacy Texas Plan)

Participation	Completion of one year of service. An employee is eligible if he/she is represented by Glass, Pottery, Plastics and Allied Workers at Hearne, Texas. No employee can become a participant after August 1, 2005.
Accrual Service	Credited from date of hire on the basis three hundred sixty-five days equals one year. No service is accrued after August 1, 2005.
Vesting Service	Credited only after November 1, 1985 on the basis three hundred sixty-five days equals one year.
Eligibility for Benefits	
Normal	Later of age 65 or the fifth anniversary of the date of participation.
Early	Age 55 with 10 years of service.
Postponed	Actual retirement subsequent to normal retirement eligibility.
Vested	Five years of vesting service.
Disability	There are no disability benefits under this plan.

Amount of Benefits

Normal

Single life annuity equal to product of (1) and (2) below:

(1) An amount equal to:

$18.75 on or after May 1, 1996, but before May 2, 1997

$21.50 on or after May 2, 1997, but before May 1, 1998

$22.00 on or after May 1, 1998, but before May 1, 1999

$22.50 on or after May 1, 1999, but before May 1, 2000

$23.00 on or after May 1, 2000, but before May 1, 2001

$23.50 on or after May 1, 2001, but before May 1, 2002

$24.00 on or after May 1, 2002, but before May 1, 2003

$24.50 on or after May 1, 2003, but before May 1, 2004

$25.00 on or after May 1, 2004

(2) Accrual service on such date.

Early

Equal to the accrued benefit at normal retirement multiplied by the factor shown below:

Number of Years Early Retirement Precedes Normal Retirement	Early Retirement Factor
1	0.9333
2	0.8667
3	0.8000
4	0.7333
5	0.6667
6	0.6333
7	0.6000
8	0.5667
9	0.5333
10	0.5000

Postponed

Equal to the greater of (a) the accrued benefit calculated using the normal retirement formula but continuing to credit participant with accrual service through his/her postponed retirement date, or (b) the accrued benefit calculated at normal retirement multiplied by the factor shown below:

Number of Years Postponed Retirement Exceeds Normal Retirement	Postponed Retirement Factor
1	1.06
2	1.12
3	1.19
4	1.26
5	1.34
6	1.42
7	1.50
8	1.58
9	1.67
10	1.67

Vested

Calculated in the same manner as the normal retirement benefit based on years of service at termination. Benefit is reduced on the same basis as an early retirement benefit.

Death

50% of the benefit the participant would have been entitled to receive if he/she had terminated on the date of his/her death and commenced receiving the benefit as a joint and 50% survivor annuity on the date he/she would have first been eligible to receive a retirement benefit had he/she lived to that date.

Participant must be vested at the time of his/her death and continuously married for the one-year period ending on the date of death.

Normal Form of Payment	(1) Unmarried participants — single life annuity. (2) Married participants — joint and 50% survivor annuity actuarially equivalent to single life annuity. (3) Lumps sums less than $5,000 are paid automatically to participants. Lumps sums greater than $5,000 are not payable.
Optional Forms of Payment	50%, 66-2/3%, 75%, or 100% joint and survivor annuity; 5, 10, or 15-year certain and life annuity.
Optional Form Factors	For annuities, conversions use the UP-1984 Unisex Mortality table and an interest rate of 7.50%. For lump sums, conversions use the interest rates under Internal Revenue Code section 417(e) for the December preceding the plan year the payment commences and the mortality under section 417(e) for the plan year the payment commences.

Schedule SB Attachment (Form 5500) — 2025 Plan Year
AS America Brands, Inc. Pension Plan
EIN: 26-0887443 PN: 003

Summary of Plan Provisions (Legacy Non-Bargaining Plan)

Participation	January 1 or July 1 following age 21 and completion of one year of service. No employee can become a participant after May 31, 2004.
Eligibility for Benefits	
Normal	Later of age 65 or the fifth anniversary of the date of participation.
Early	Age 55 with 5 years of service. If the sum of age and service is greater than or equal to 65, age 50 with 5 years of service.
Postponed	Actual retirement subsequent to normal retirement eligibility.
Vested	Five years of service. No service prior to age 18 is recognized for this purpose.
Disability	Effective January 1, 1989, no disability benefits are provided. Employees previously covered under the disability provisions of the plan prior to January 1, 1989 continue to be covered.
Amount of Benefits	
Normal	Single life annuity equal to sum of (1) and (2) below: (1) The participant's monthly accrued benefit determined under the terms of the plan in effect on December 31, 1988; (2) 1.25% of the employee's average monthly compensation or each plan year or portion of such plan year beginning on or after January 1, 1989 and May 31, 2004. The participant will accrue no additional benefit beginning June 1, 2004

Early

Equal to the accrued benefit at normal retirement multiplied by the factor shown below:

Number of Years Early Retirement Precedes Normal Retirement	Early Retirement Factor
1	0.9333
2	0.8667
3	0.8000
4	0.7333
5	0.6667
6	0.6002
7	0.5414
8	0.4893
9	0.4430
10	0.4018
11	0.3649
12	0.3319
13	0.3024
14	0.2758
15	0.2518

Postponed

Calculated in the same manner as the normal retirement benefit continuing to credit average monthly compensation through the postponed retirement date. If a participant's retirement date is after the calendar year in which he/she attains age 70½, his/her accrued benefit shall be actuarially increased to take into account the period after age 70½ in which he/she was not receiving any benefit under the plan.

Vested

Calculated in the same manner as the normal retirement benefit based on years of service at termination. Benefit is reduced on the same basis as an early retirement benefit.

Death

50% of the benefit the participant would have been entitled to receive if he/she had terminated on the date of his/her death and commenced receiving the benefit as a joint and 50% survivor annuity on the date he/she would have first been eligible to receive a retirement benefit had he/she lived to that date.

Participant must be vested at the time of his/her death and continuously married for the one-year period ending on the date of death.

Normal Form of Payment	(1) Unmarried participants — single life annuity. (2) Married participants — joint and 50% survivor annuity actuarially equivalent to single life annuity. (3) Lumps sums less than $5,000 are paid automatically to participants. Lumps sums greater than $5,000 are not payable.
Optional Forms of Payment	50%, 66-2/3%, 75%, or 100% joint and survivor annuity; 5, 10, or 15-year certain and life annuity.
Optional Form Factors	For annuities, conversions use the UP-1984 Unisex Mortality table and an interest rate of 7.50%. For lump sums, conversions use the interest rates under Internal Revenue Code section 417(e) for the December preceding the plan year the payment commences and the mortality under section 417(e) for the plan year the payment commences.

Changes in Plan Provisions in the Prior Five Years

The 2023 funding valuation reflected the following plan changes:

- On December 31, 2022, the AS America, Inc. Pension Plan merged into the Grohe America, Inc. Pension Plan and the merged plan was renamed the AS America Brands, Inc. Pension Plan effective January 1, 2023.

The 2021 - 2022 and 2024 - 2025 funding valuations did not reflect any plan changes.

Other Information to Fully and Fairly Disclose the Actuarial Position of the Plan

Due to software limitations with the electronic filing process, information filed electronically cannot be controlled by the Enrolled Actuary. The values on the signed Schedule SB will govern to the extent there are any differences in the entries filed electronically and the actual data contained on the signed Schedule SB.

AS America Brands, Inc. Pension Plan

Piscataway, New Jersey

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

December 31, 2025

EIN : 26-0887443 PLAN NUMBER : 003

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment	(d) Cost	(e) Current Value
		Interest Bearing Cash:		
	SEI Trust Company	Short Term Investment Fund A S10	863,216	863,216
		Collective Trusts:		
*	Aon Trust	Global Real Estate - Class I	963,068	999,720
*	Aon Trust	High Yield Plus	251,139	283,240
*	Aon Trust	Large Cap Equity	1,729,539	2,857,811
*	Aon Trust	Long Credit Bond Fund	11,133,667	10,181,515
*	Aon Trust	Non-US Equity Index Fund	1,527,431	2,055,284
*	Aon Trust	Small Cap Equity Index Fund	385,376	469,096
*	Aon Trust	US Long Government Bond Index Fund	619,173	634,391
*	Aon Trust	Core Real Estate Fund	1,601,816	1,520,175
*	Aon Trust	Enhanced Liability Driven Investment Fund	2,500,000	2,792,917
*	Aon Trust	GLB Equity Class I	1,971,883	2,960,107
*	Aon Trust	Multi-Asset Credit	1,609,238	1,842,017
	NISA	Ultra Long Treasury CIF	1,244,721	1,229,290
	NISA	Ultra Mid Treasury CIF	1,956,505	2,244,358
		Mutual Funds Established Under the Cayman Islands Mutual Funds Law:		
*	Aon Trust	Diversifying Alt. Portfolio	400,000	425,308
*	Aon Trust	Return Enhancing Alt. Portfolio	1,000,000	1,044,803
		Partnership Interest:		
*	Aon Private Investments Fund, LP	Global Infrastructure Series	107,356	107,356
	Total			32,510,604

* Denotes party-in-interest

Schedule SB Attachment (Form 5500) — 2025 Plan Year
AS America Brands, Inc. Pension Plan
EIN: 26-0887443 PN: 003

Schedule SB, line 32 — Schedule of Amortization Bases

Type of Base	Present Value of Installment	Date Established	Years Remaining	Amortization Installment
Shortfall	$ 1,927,768	January 1, 2025	15	$ 179,423