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
FLORIDA CRYSTALS CORPORATION SAVINGS AND INVESTMENT PLAN

1b Three-digit plan number (PN) ▶ 004

1c Effective date of plan 04/01/2013

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)
FLORIDA CRYSTALS CORPORATION

ONE NORTH CLEMATIS STREET
SUITE 200
WEST PALM BEACH, FL 33401

2b Employer Identification Number (EIN)
65-0358467

2c Plan Sponsor's telephone number
561-366-5000

2d Business code (see instructions)
311300

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	JOSE A. PEREZ
	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**	1451
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)**	1123
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	1155
b	Retired or separated participants receiving benefits	**6b**	2
c	Other retired or separated participants entitled to future benefits	**6c**	355
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	1512
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	7
f	Total. Add lines **6d** and **6e**.	**6f**	1519
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)**	1377
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)**	1440
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	66
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

2E 2F 2G 2J 2K 2R 2T 3D 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)** [ ] **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 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
FLORIDA CRYSTALS CORPORATION SAVINGS AND INVESTMENT PLAN

B Three-digit plan number (PN) ▶ 004

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

D Employer Identification Number (EIN)
65-0358467

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

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

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

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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
37 60 64 65 71	RECORDKEEPER	111185	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

STRATEGIC ADVISERS LLC

04-2654524

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	ADVISOR	54191	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
TRP RETIREMENT 2005 - T. ROWE PRIC 52-2269240	0.15%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
INVESCO EQUALLY WEIGHTED S&P 500 A 11 GREENWAY PLAZA STE 100 HOUSTON, TX 77046	0.40%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
BARON PARTNERS FUND 767 5TH AVE 49TH FL NEW YORK, NY 10153	0.40%

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
ADVISORS CAPITAL GROWTH FUND 100 SALEM ST SMITHFIELD, RI 02917	0.40%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
ADVISORS CAPITAL ACTIVE ALL CAP FD 100 SALEM ST SMITHFIELD, RI 02917	0.40%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
ADVISORS CAPITAL TACTICAL FX INC I 100 SALEM ST SMITHFIELD, RI 02917	0.40%

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation		**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
ADVISORS CAPITAL SMALL MID CAP INV	100 SALEM ST SMITHFIELD, RI 02917	0.40%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation		**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
ADVISORS CAPITAL US DIVIDEND FD IN	100 SALEM ST SMITHFIELD, RI 02917	0.40%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation		**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
T ROWE PRICE COMM & TECHNOLOGY INV	4515 PAINTERS MILL RD OWINGS MILLS, MD 21117	0.15%

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
SATURNA GLOBAL HIGH INCOME FUND 1300 NORTH STATE ST BELLINGHAM, WA 98225	0.40%

(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
FLORIDA CRYSTALS CORPORATION SAVINGS AND INVESTMENT PLAN

B Three-digit plan number (PN) ▶ 004

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

D Employer Identification Number (EIN)
65-0358467

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:	TRP RET BLEND 2035 B		
b Name of sponsor of entity listed in (a):	T. ROWE PRICE TRUST COMPANY		
c EIN-PN 37-6658473-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	14431915
a Name of MTIA, CCT, PSA, or 103-12 IE:	INVESCO STBL VAL B1		
b Name of sponsor of entity listed in (a):	INVESCO TRUST COMPANY		
c EIN-PN 84-1142974-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	2298998
a Name of MTIA, CCT, PSA, or 103-12 IE:	TRP RET BLEND 2015 B		
b Name of sponsor of entity listed in (a):	T. ROWE PRICE TRUST COMPANY		
c EIN-PN 37-6658059-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	79066
a Name of MTIA, CCT, PSA, or 103-12 IE:	TRP RET BLEND 2005 B		
b Name of sponsor of entity listed in (a):	T. ROWE PRICE TRUST COMPANY		
c EIN-PN 61-6590722-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	270719
a Name of MTIA, CCT, PSA, or 103-12 IE:	TRP RET BLEND 2010 B		
b Name of sponsor of entity listed in (a):	T. ROWE PRICE TRUST COMPANY		
c EIN-PN 37-6658064-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	310321
a Name of MTIA, CCT, PSA, or 103-12 IE:	TRP RET BLEND 2060 B		
b Name of sponsor of entity listed in (a):	T. ROWE PRICE TRUST COMPANY		
c EIN-PN 35-7193113-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	2466286
a Name of MTIA, CCT, PSA, or 103-12 IE:	TRP RET BLEND 2055 B		
b Name of sponsor of entity listed in (a):	T. ROWE PRICE TRUST COMPANY		
c EIN-PN 30-1011718-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	6862910

a Name of MTIA, CCT, PSA, or 103-12 IE: TRP RET BLEND 2025 B

b Name of sponsor of entity listed in (a): T. ROWE PRICE TRUST COMPANY

c EIN-PN 37-6658226-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2247734

a Name of MTIA, CCT, PSA, or 103-12 IE: TRP RET BLEND 2020 B

b Name of sponsor of entity listed in (a): T. ROWE PRICE TRUST COMPANY

c EIN-PN 32-6493445-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 770643

a Name of MTIA, CCT, PSA, or 103-12 IE: TRP RET BLEND 2065 B

b Name of sponsor of entity listed in (a): T. ROWE PRICE TRUST COMPANY

c EIN-PN 85-1790880-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 941821

a Name of MTIA, CCT, PSA, or 103-12 IE: TRP RET BLEND 2030 B

b Name of sponsor of entity listed in (a): T. ROWE PRICE TRUST COMPANY

c EIN-PN 35-7192509-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 7093731

a Name of MTIA, CCT, PSA, or 103-12 IE: TRP RET BLEND 2045 B

b Name of sponsor of entity listed in (a): T. ROWE PRICE TRUST COMPANY

c EIN-PN 35-2611309-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 8826929

a Name of MTIA, CCT, PSA, or 103-12 IE: TRP RET BLEND 2050 B

b Name of sponsor of entity listed in (a): T. ROWE PRICE TRUST COMPANY

c EIN-PN 35-7192720-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 7698465

a Name of MTIA, CCT, PSA, or 103-12 IE: TRP RET BLEND 2040 B

b Name of sponsor of entity listed in (a): T. ROWE PRICE TRUST COMPANY

c EIN-PN 30-6596089-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 8374337

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

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

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

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

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

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

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

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

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

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

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

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

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

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
FLORIDA CRYSTALS CORPORATION SAVINGS AND INVESTMENT PLAN

B Three-digit plan number (PN) ▶ 004

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

D Employer Identification Number (EIN)
65-0358467

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	9500	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	0
(2) Participant contributions	1b(2)	0	0
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	346456	208400
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	186704	40119
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	1859425	2050046
(9) Value of interest in common/collective trusts	1c(9)	51083197	62673875
(10) Value of interest in pooled separate accounts	1c(10)	0	0
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	33100219	42385731
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	0	0
(15) Other	1c(15)	0	0

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)	0	0
(2) Employer real property	1d(2)	0	0
1e Buildings and other property used in plan operation	1e	0	0
1f Total assets (add all amounts in lines 1a through 1e)	1f	86585501	107358171
Liabilities			
1g Benefit claims payable	1g	0	0
1h Operating payables	1h	0	0
1i Acquisition indebtedness	1i	0	0
1j Other liabilities	1j	0	0
1k Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	86585501	107358171

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)	5603742	
(B) Participants	2a(1)(B)	5552572	
(C) Others (including rollovers)	2a(1)(C)	494249	
(2) Noncash contributions	2a(2)	0	
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		11650563
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	15036	
(B) U.S. Government securities	2b(1)(B)	0	
(C) Corporate debt instruments	2b(1)(C)	0	
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans	2b(1)(E)	177658	
(F) Other	2b(1)(F)	0	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		192694
(2) Dividends: **(A)** Preferred stock	2b(2)(A)	0	
(B) Common stock	2b(2)(B)	162	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	660390	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		660552
(3) Rents	2b(3)		0
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	3296335	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	3301237	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		-4902
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)	0	
(B) Other	2b(5)(B)	-184904	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		-184904

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	**2b(6)**		9543392
(7) Net investment gain (loss) from pooled separate accounts	**2b(7)**		0
(8) Net investment gain (loss) from master trust investment accounts	**2b(8)**		0
(9) Net investment gain (loss) from 103-12 investment entities	**2b(9)**		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	**2b(10)**		5534414
c Other income	**2c**		0
d Total income. Add all **income** amounts in column (b) and enter total	**2d**		27391809
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	**2e(1)**	6540411	
(2) To insurance carriers for the provision of benefits	**2e(2)**	0	
(3) Other	**2e(3)**	0	
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	**2e(4)**		6540411
f Corrective distributions (see instructions)	**2f**		8581
g Certain deemed distributions of participant loans (see instructions)	**2g**		0
h Interest expense	**2h**		0
i Administrative expenses:			
(1) Salaries and allowances	**2i(1)**	0	
(2) Contract administrator fees	**2i(2)**	1200	
(3) Recordkeeping fees	**2i(3)**	109885	
(4) IQPA audit fees	**2i(4)**	0	
(5) Investment advisory and investment management fees	**2i(5)**	54191	
(6) Bank or trust company trustee/custodial fees	**2i(6)**	0	
(7) Actuarial fees	**2i(7)**	0	
(8) Legal fees	**2i(8)**	0	
(9) Valuation/appraisal fees	**2i(9)**	0	
(10) Other trustee fees and expenses	**2i(10)**	0	
(11) Other expenses	**2i(11)**	0	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	**2i(12)**		165276
j Total expenses. Add all **expense** amounts in column (b) and enter total	**2j**		6714268
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	**2k**		20677541
l Transfers of assets:			
(1) To this plan	**2l(1)**		95129
(2) From this plan	**2l(2)**		0

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: JACOBYANDHANDLEY,PLLC **(2)** EIN: 87-2253324

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		10000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4g**		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	**4j**		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	**4n**			

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

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

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

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

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

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

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

A Name of plan
FLORIDA CRYSTALS CORPORATION SAVINGS AND INVESTMENT PLAN

B Three-digit plan number (PN) ▶ 004

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

D Employer Identification Number (EIN)
65-0358467

Part I Distributions

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

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

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

EIN(s): 04-6568107

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

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

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation._____

Part VII IRS Compliance Questions

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

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

☒ Design-based safe harbor method

☐ "Prior year" ADP test

☒ "Current year" ADP test

☐ N/A

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 06 / 30 / 2020 (MM/DD/YYYY) and the Opinion Letter serial number Q702438A .

FLORIDA CRYSTALS CORPORATION
SAVINGS AND INVESTMENT PLAN

Financial Statements and Supplemental Schedule

December 31, 2025 and 2024

(With Independent Auditors' Report Thereon)

FLORIDA CRYSTALS CORPORATION
SAVINGS AND INVESTMENT PLAN

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JACOBY AND HANDLEY, PLLC
CERTIFIED PUBLIC ACCOUNTANTS

Independent Auditors' Report

The Participants and Administrator
Florida Crystals Corporation Savings and Investment Plan:

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

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

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

Management has obtained certifications from a qualified institution as of and for the years ended December 31, 2025 and 2024, stating that the certified investment information, as described in Note 3 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).

(Continued)

J&H



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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with 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.

(Continued)

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 certifications, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

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

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

Other Matter - Supplemental Schedule Required by ERISA

The supplemental schedule of Schedule H, Line 4i - Schedule of Assets (Held at End of Year), is presented for purposes of additional analysis and is not a required part of the financial statements but is 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 schedule, 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 schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

(Continued)

In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, other than the information agreed to or derived from the certified investment information, including their form and content, is 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 schedule, other than the information in the supplemental schedule 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 schedule 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).

Jacoby and Handley, PLLC

October 13, 2026

FLORIDA CRYSTALS CORPORATION
SAVINGS AND INVESTMENT PLAN

Statements of Net Assets Available for Benefits

December 31, 2025 and 2024

	2025	2024
Assets:		
Investments at fair value	$ 105,308,125	84,726,076
Contribution receivable – employer	3,920,690	3,640,109
Contribution receivable – participant	6,032	–
Notes receivable from participants	2,050,046	1,859,425
Net assets available for benefits	$ 111,284,893	90,225,610

See accompanying notes to financial statements.

FLORIDA CRYSTALS CORPORATION
SAVINGS AND INVESTMENT PLAN

Statements of Changes in Net Assets Available for Benefits

Years ended December 31, 2025 and 2024

		2025	2024
Additions attributed to:			
Investment income:			
Dividends and interest	$	675,588	534,192
Net appreciation in fair value of investments		14,888,000	9,922,777
Net investment income		15,563,588	10,456,969
Interest income from participant loans		177,658	138,648
Contributions:			
Employer		5,884,323	5,468,463
Participant		5,558,604	5,139,772
Participant rollover		494,249	942,654
Total contributions		11,937,176	11,550,889
Transfer to this plan		95,129	299,970
Total additions		27,773,551	22,446,476
Deductions attributed to:			
Benefits paid to participants		6,548,992	4,396,262
Administrative expenses		165,276	142,868
Transfer from this plan		–	102,556
Total deductions		6,714,268	4,641,686
Net increase		21,059,283	17,804,790
Net assets available for benefits:			
Beginning of year		90,225,610	72,420,820
End of year	$	111,284,893	90,225,610

See accompanying notes to financial statements.

(1) Description of Plan

The following description of the Florida Crystals Corporation Savings and Investment Plan (the Plan) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

(a) General

The Plan was established as a defined contribution plan covering all non-union employees of Agro Industrial Management, Inc. and certain related companies (collectively considered the Company) who were under age 45 at December 31, 2012 or were hired after January 1, 2013 and former employees who have separated from employment from the Company, as defined in the Plan agreement, who maintain a $1,000 or greater investment balance. Such employees may enter the Plan immediately and are eligible to participate immediately in employer contributions, except that 12 months of service are required before becoming eligible to participate in non-elective employer contributions and only if employed at the end of the year.

The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Plan's Trustee is Fidelity Management Trust Company (Fidelity). Fidelity also serves as recordkeeper for the Plan.

(b) Contributions

Each year, participants may contribute up to 75% of annual compensation, as defined in the Plan agreement, on a pre-tax or after-tax basis, up to 20% of which may be after-tax annual compensation. Notwithstanding the foregoing, participants may make after-tax contributions only after contributing at least 7% of pretax annual compensation. Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans, as well as catch-up contributions as provided for in the Internal Revenue Code.

These contributions are tax deferred within the meaning of Section 401(k) of the Internal Revenue Code. Total contributions with respect to an individual participant, cannot exceed $23,500 in 2025 and $23,000 in 2024, per Internal Revenue Service regulations. Earnings from the tax deferred contributions accumulate in the Plan tax free. The Company provides discretionary matching contributions to each participant's account and for 2025 and 2024, the Company matched 50% of the amount of the participant's contributions. The maximum contribution amount eligible to be matched in 2025 and 2024 was 7% of compensation.

The Plan also allows for discretionary non-elective employer contributions on an integrated basis, as defined in the Plan agreement. For 2025 and 2024, the Plan accrued such contributions of $3,920,690 and $3,640,109, respectively, payable in the following year. See note 7.

(Continued)

(c) Participant Accounts

Each participant's account is credited with the participant's contributions, Company contributions, and investment earnings, and charged with participant's withdrawals, investment losses, and an allocation of Plan expenses. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

(d) Vesting

Participants are immediately and fully vested in their contributions plus actual earnings thereon. Vesting in the Company's matching contribution of their accounts plus actual earnings thereon occurs after one year of service. Vesting in the Company's non-elective contributions plus actual earnings thereon occurs after three years of service.

(e) Investment Options

Upon enrollment in the Plan, participants may direct their contributions to be invested in increments of 1% of the total in any one of the available investment funds. Participants may change their investment options daily through Fidelity.

(f) Notes Receivable from Participants

Participants may borrow from their fund accounts a maximum of $50,000, up to 50% of their vested account balance. All loans have a definite repayment period, not to exceed 5 years, or 10 years for the purchase of a primary residence. The loans are secured by the balance in the participant's account and bear interest at rates that range from 4.25% to 9.50% in 2025 and 2024, which are commensurate with rates charged for similar types of loans by other lenders as determined by the plan administrator. Loan repayments are made by payroll deductions and as loans are repaid, the repayments are re-invested in the participant's investment accounts.

(g) Payment of Benefits

Distribution of a participant's interest in the Plan equal to the value of the participant's vested interest in his or her account may occur upon the participant's death or separation from employment by the Company, and may be in the form of a lump-sum amount, partial distributions limited to four times per year, or periodic installment payments. In-service distributions in the form of a lump-sum amount from a participant's contribution deferral account may also occur upon attainment of age 59 ½ or to alleviate a participant's severe and immediate financial hardship.

(Continued)

(h) Forfeitures

When certain terminations of participation in the Plan occur, the nonvested portion of the participant's account, as defined by the Plan, represents a forfeiture. Forfeitures may be utilized to reduce Plan expenses or the Company's matching contributions for the following Plan year. However, if the participant is re-employed and fulfills certain requirements, as defined in the Plan, the participant's account will be restored. At December 31, 2025 and 2024, forfeited nonvested and other unallocated funds totaled $74,644 and $61,808, respectively.

(2) Summary of Significant Accounting Policies

(a) Basis of Accounting

The Plan's financial statements are prepared using the accrual basis of accounting which recognizes additions to net assets when earned and deductions to net assets when incurred.

(b) Investment Valuation and Income Recognition

The Plan's investments are stated at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See note 3 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade date basis. Investment income includes realized gains and losses on investments sold during the year, net appreciation on unrealized gains and losses on investments held, interest income, and dividend income. Investment income is recorded on the accrual basis.

The Plan's investments include funds which invest in various types of investment securities and in various companies within various markets. Investment securities are exposed to several risks, such as interest rate, market, and credit risks.

Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the Plan's financial statement and schedule.

(c) Notes Receivable from Participants

Notes receivable from participants are stated at their unpaid principal balances plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Delinquent participant loans are reclassified as distributions based on the terms of the Plan document.

(Continued)

(d) Payment of Benefits

Benefits are recorded when paid.

(e) Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the plan administrator to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported changes in net assets during the reporting period. Actual results could differ from those estimates.

(3) Certified Investments (Unaudited)

The Plan follows the authoritative guidance for accounting for fair value measurements. The guidance establishes a framework for fair value and expands disclosure about fair value measurements. It also requires that assets and liabilities carried at fair value be classified and disclosed in one of the following categories based on the quality and reliability of that information:

Level 1 – Observable inputs that reflect quoted prices (unadjusted) for identical assets or liabilities in active markets.

Level 2 – Inputs other than quoted prices included in Level 1 that are observable for the asset or liability either directly or indirectly.

Level 3 – Unobservable inputs reflecting management's own assumptions about the inputs used in pricing the asset and liability.

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.

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

Mutual funds – Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the SEC. These funds are required to publish their daily net asset value and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

Common stocks and units – Valued at quoted prices in active markets in which securities are traded.

(Continued)

Common/collective trusts – Valued at the daily net asset value ("NAV") of units of a bank collective trust. The NAV, as provided by the trusts' trustee, is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the fund less its liabilities. The 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. If the Plan were to initiate full redemption of the investment in the collective trust, the investment adviser reserves the right to temporarily delay withdrawal from the trust in order to ensure such liquidations will be carried out in an orderly manner.

Self-directed brokerage accounts – The self-directed brokerage account includes common stock, mutual funds, unit investment trusts, real estate investment trusts, and limited partnerships valued at the closing price reported in the active mark in which the individual instruments are traded, as well as a money market fund.

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

Certain information related to investments disclosed in the accompanying financial statements and ERISA-required supplemental schedule, including investments held at December 31, 2025 and 2024, and interest and dividends, and net appreciation (depreciation) in fair value of investments for the years then ended, was obtained by management and agreed to or derived from information certified as complete and accurate by Fidelity. The Plan's investments are participant-directed.

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

		2025	2024
Level 1 investments:			
Mutual funds	$	38,348,179	30,542,354
Self-directed brokerage accounts		4,286,071	3,100,525
Total investments in the fair value hierarchy		42,634,250	33,642,879
Common collective trusts measured at net asset value		62,673,875	51,083,197
Total investments	$	105,308,125	84,726,076

The Plan held no Level 2 or Level 3 investments as of December 31, 2025 and 2024.

(Continued)

(4) Party-in-Interest Transactions

Certain Plan investments are shares of mutual funds managed by Fidelity. Fidelity is the Trustee as defined by the Plan and, therefore, these transactions qualify as party-in-interest. The Plan pays administrative expenses to Fidelity for investment management services. These expenses amounted to $111,085 and $98,520 for the years ended December 31, 2025 and 2024, respectively, and are recorded within administrative expenses.

(5) Plan Termination

Although it has not expressed any intent to do so, the Company has the right under the Plan to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, all participants are entitled to receive a distribution equal to their account balance on that date.

(6) Tax Status

The Plan has adopted a prototype plan provided by Fidelity Management and Research Company. The Trustee received its latest determination letter dated June 30, 2020 in which the Internal Revenue Service (IRS) states that the prototype plan document satisfies the applicable requirements of the Internal Revenue Code (IRC) and is exempt from federal income taxes.

The Plan is subject to routine audits by various taxing jurisdictions. The Plan's open audit periods are 2022 through 2025.

(7) Reconciliation of the Financial Statements to Form 5500

As discussed in note 1(b), the Plan allows for discretionary non-elective employer contributions. Such discretionary employer contributions are reflected in the financial statements for the year in which they relate and in the Form 5500 when received. Accordingly, the 2025 and 2024 financial statements reflect employer contributions receivable of $3,920,690 and $3,640,109, respectively. In addition, the 2025 financial statements reflect participant receivables of $6,032. Such contributions are reflected in Form 5500 when paid, which was in 2026 and 2025, respectively. The difference in the accounting for these contributions between the financial statements and the Form 5500 are reconciled in the following tables.

(Continued)

The following is a reconciliation of net assets available for benefits per the financial statements to Form 5500 at December 31, 2025 and 2024:

		2025	2024
Net assets available for benefits per the financial statements	$	111,284,893	90,225,610
Less employer contribution receivable		(3,920,690)	(3,640,109)
Less participant contribution receivable		(6,032)	–
Net assets available for benefits per Form 5500	$	107,358,171	86,585,501

The following is a reconciliation of employer contributions per the financial statements to Form 5500 for the years ended December 31, 2025 and 2024:

		2025	2024
Employer contributions per the financial statements	$	5,884,323	5,468,463
Less employer contribution receivable		(3,920,690)	(3,640,109)
Add prior year employer contribution receivable		3,640,109	3,279,165
Employer contributions per the Form 5500	$	5,603,742	5,107,519

The following is a reconciliation of participant contributions per the financial statements to Form 5500 for the years ended December 31, 2025 and 2024:

		2025	2024
Participant contributions per the financial statements	$	5,558,604	5,139,772
Less participant contribution receivable		(6,032)	–
Participant contributions per the Form 5500	$	5,552,572	5,139,772

(8) Subsequent Events

In preparing these financial statements, management has evaluated subsequent events and transactions for potential disclosure through October 13, 2026, the date the financial statements were available to be issued, and determined there were no events requiring disclosure.

FLORIDA CRYSTALS CORPORATION
SAVINGS AND INVESTMENT PLAN

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

December 31, 2025

Description	Number of Units or Interest Rates	Current Value
Mutual Funds:		
*Fidelity 500 Index Fund	101,992.238	$ 24,245,595
*Fidelity Total Intl Index Fund	306,373.993	5,306,398
*Fidelity Extended Market Index Fund	49,247.423	4,957,738
*Fidelity US Bond Index Fund	363,489.396	3,838,448
Total mutual funds		38,348,179
Common Collective Trust Funds:		
T. Rowe Price Retirement Blend 2035	738,205.322	14,431,914
T. Rowe Price Retirement Blend 2045	415,189.503	8,826,929
T. Rowe Price Retirement Blend 2040	408,106.102	8,374,337
T. Rowe Price Retirement Blend 2050	359,573.353	7,698,466
T. Rowe Price Retirement Blend 2030	385,319.467	7,093,731
T. Rowe Price Retirement Blend 2055	319,949.198	6,862,910
T. Rowe Price Retirement Blend 2060	109,176.007	2,466,286
Invesco Stable Value Fund	2,298,997.520	2,298,998
T. Rowe Price Retirement Blend 2025	128,662.495	2,247,734
T. Rowe Price Retirement Blend 2065	50,799.423	941,821
T. Rowe Price Retirement Blend 2020	45,762.666	770,643
T. Rowe Price Retirement Blend 2010	19,238.740	310,321
T. Rowe Price Retirement Blend 2005	17,210.332	270,719
T. Rowe Price Retirement Blend 2015	4,809.383	79,066
Total common collective trust funds		62,673,875
Self-directed Brokerage Accounts:		
Cash and cash equivalents:		
*Fidelity Cash Reserves Fund	208,399.850	208,400
Total cash and cash equivalents		208,400
Mutual funds:		
*Fidelity 500 Index Fund	1,101.186	261,774
*Fidelity Wise Origin Bitcoin Fund	3,214.756	245,061
iShares Core S&P 500 ETF	335.955	230,109
VanEck Bitcoin ETF	8,490.000	209,958
*Fidelity Blue Chip Growth Fund	779.484	208,153
*Fidelity NASDAQ Composite Index Fund	628.941	185,500
Advisors Capital US Dividend Fund	12,825.745	179,304
*Fidelity Select Electronics Portfolio	3,889.144	168,167
Advisors Capital Active All Cap Fund	10,193.271	162,379
*Fidelity Money Market Fund Premium Class	137,338.640	137,339
*Fidelity Enhanced Large Cap Growth ETF	2,439.857	101,742

(Continued)

FLORIDA CRYSTALS CORPORATION
SAVINGS AND INVESTMENT PLAN

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

December 31, 2025

Description	Number of Units or Interest Rates	Current Value
(Continued)		
*Fidelity Select Utilities Growth Fund	632.479	83,019
Invesco Equally-Weighted S&P 500 Fund	1,147.905	82,649
*Fidelity Select Defense & Aerospace Portfolio	3,133.469	81,063
Sextant Global High Income Fund	6,887.383	80,720
Aberdeen Physical Gold Shares ETF	1,917.692	78,779
Vanguard FTSE Developed Markets ETF	1,233.280	77,043
T. Rowe Price Communications & Tech Fund	499.639	65,732
Advisors Capital Tactical Fixed Income Fund	6,826.576	65,125
SPDR Aerospace & Defense ETF	266.080	64,189
*Fidelity Growth & Income Portfolio	912.497	62,278
iShares Russell 1000 Growth ETF	125.469	59,384
SPDR Gold Shares	147.412	58,421
*Fidelity Floating Rate High Income Fund	6,249.652	56,872
SPDR Portfolio S&P 500 Growth ETF	515.110	54,962
iShares U.S. Equity Factor Rotation Active ETF	829.596	50,448
iShares Silver Trust	777.051	50,058
iShares Core S&P Mid-Cap ETF	723.973	47,782
Vanguard FTSE Emerging Markets ETF	839.169	45,114
iShares Core S&P Small-Cap ETF	340.634	40,937
Advisors Capital Small Mid Cap Fund	3,284.999	37,153
*Fidelity Environment and Alternative Fund	762.811	36,058
Vanguard Real Estate Index Fund	379.469	33,579
iShares Aaa- A Rated Corporate Bond ETF	662.704	31,869
Vanguard Total Bond Market ETF	430.010	31,851
*Fidelity Trend Fund	159.354	31,664
Vanguard Russell 2000 ETF	305.166	30,370
SPDR Portfolio S&P 500 Value ETF	508.908	28,911
iShares Global Infrastructure ETF	457.179	28,052
*Fidelity New Millennium Fund	400.001	26,832
Baron Partners Fund	101.292	25,605
Vanguard Russell 2000 Growth ETF	100.880	23,807
Invesco Aerospace & Defense ETF	149.383	23,398
*Fidelity Mega Cap Stock Fund	743.535	23,235
Innovator Equity Defined Protection ETF	778.217	23,027
*Fidelity MSCI Information Technology Index ETF	101.139	22,723
*Fidelity Select Insurance Portfolio Fund	249.833	22,555
Advisors Capital Growth Fund	1,734.928	20,542
Vanguard Health Care ETF	70.655	20,338
iShares Bitcoin Trust ETF	383.563	19,044
*Fidelity MSCI Financials Index ETF	217.947	16,943

FLORIDA CRYSTALS CORPORATION
SAVINGS AND INVESTMENT PLAN

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

December 31, 2025

Description	Number of Units or Interest Rates	Current Value
(Continued)		
SPDR S&P Semiconductor ETF	52.188	16,784
Defiance Quantum ETF	146.131	16,025
iShares MSCI EAFE Small-Cap ETF	204.275	15,837
*Fidelity MSCI Utilities Index ETF	285.334	15,756
Invesco S&P SmallCap 600 Pure Growth ETF	244.437	13,292
Innovator U.S. Equity Power Buffer ETF	260.892	12,113
Global X Silver Miners ETF	139.205	11,626
SPDR Gold Minishares Trust	131.483	11,225
Vanguard Russell 2000 Value ETF	61.508	9,837
*Fidelity MSCI Energy Index ETF	396.669	9,825
Amplify Transformational Data Sharing ETF	172.523	9,815
First Trust Dorsey Wright Focus ETF Fund	132.070	8,310
Schwab International Dividend Equity ETF	204.517	6,099
Schwab U.S. Dividend Equity ETF	191.356	5,249
First Trust NASDAQ Artificial Intelligence ETF	100.758	5,226
First Trust Materials AlphaDEX Fund	58.000	3,760
Invesco NASDAQ 100 ETF	9.537	2,412
ARK Israel Innovative Technology ETF	17.000	1,308
Global X Robotics & Artificial Intelligence ETF	33.803	1,225
Global X Artificial Intelligence & Technologies ETF	24.027	1,222
Grayscale Bitcoin Trust Shares	17.000	1,162
Invesco Dorsey Wright Technology Momentum ETF	15.000	1,147
Vanguard Information Technology ETF	1.506	1,135
Osprey Bitcoin Trust ETF	40.000	1,127
iShares MSCI EAFE ETF	10.359	995
iShares Semiconductor ETF	3.016	908
Energy Select Sector SPDR Fund	20.421	872
Fidelity High Dividend ETF	10.228	580
NEOS S&P 500 High Income ETF	10.200	536
*Fidelity Contrafund ETF	11.150	271
Invesco S&P 500 Low Volatility ETF	2.119	151
Aberdeen Physical Silver Shares ETF	1.555	105
Total mutual funds		4,037,552

FLORIDA CRYSTALS CORPORATION
SAVINGS AND INVESTMENT PLAN

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

December 31, 2025

Description	Number of Units or Interest Rates	Current Value
(Continued)		
Common stocks:		
T-Rex 2X Long MSTR Daily Target ETF	4,133.779	34,352
2X XRP ETF	407.384	2,008
Grayscale Bitcoin Mini Trust ETF	32.000	1,239
Bitwise Solana Stacking ETF	48.713	799
XRP ETF	63.676	673
Canary HBAR ETF	40.000	585
Teucrium 2x Long Daily XRP ETF	47.534	454
Proshares Short Bitcoin ETF	0.374	9
Total common stocks		40,119
Total self-directed brokerage accounts		4,286,071
Total investments		$ 105,308,125
Participant loans	4.25% –9.50 %	$ 2,050,046

* Denotes party-in-interest to the Plan.

See independent auditors' report.

FLORIDA CRYSTALS CORPORATION
SAVINGS AND INVESTMENT PLAN

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

December 31, 2025

E.I.N. 65-0358467 Plan No. 004

Description	Number of Units or Interest Rates	Current Value
Mutual Funds:		
*Fidelity 500 Index Fund	101,992.238	$ 24,245,595
*Fidelity Total Intl Index Fund	306,373.993	5,306,398
*Fidelity Extended Market Index Fund	49,247.423	4,957,738
*Fidelity US Bond Index Fund	363,489.396	3,838,448
Total mutual funds		38,348,179
Common Collective Trust Funds:		
T. Rowe Price Retirement Blend 2035	738,205.322	14,431,914
T. Rowe Price Retirement Blend 2045	415,189.503	8,826,929
T. Rowe Price Retirement Blend 2040	408,106.102	8,374,337
T. Rowe Price Retirement Blend 2050	359,573.353	7,698,466
T. Rowe Price Retirement Blend 2030	385,319.467	7,093,731
T. Rowe Price Retirement Blend 2055	319,949.198	6,862,910
T. Rowe Price Retirement Blend 2060	109,176.007	2,466,286
Invesco Stable Value Fund	2,298,997.520	2,298,998
T. Rowe Price Retirement Blend 2025	128,662.495	2,247,734
T. Rowe Price Retirement Blend 2065	50,799.423	941,821
T. Rowe Price Retirement Blend 2020	45,762.666	770,643
T. Rowe Price Retirement Blend 2010	19,238.740	310,321
T. Rowe Price Retirement Blend 2005	17,210.332	270,719
T. Rowe Price Retirement Blend 2015	4,809.383	79,066
Total common collective trust funds		62,673,875
Self-directed Brokerage Accounts:		
Cash and cash equivalents:		
*Fidelity Cash Reserves Fund	208,399.850	208,400
Total cash and cash equivalents		208,400
Mutual funds:		
*Fidelity 500 Index Fund	1,101.186	261,774
*Fidelity Wise Origin Bitcoin Fund	3,214.756	245,061
iShares Core S&P 500 ETF	335.955	230,109
VanEck Bitcoin ETF	8,490.000	209,958
*Fidelity Blue Chip Growth Fund	779.484	208,153
*Fidelity NASDAQ Composite Index Fund	628.941	185,500
Advisors Capital US Dividend Fund	12,825.745	179,304
*Fidelity Select Electronics Portfolio	3,889.144	168,167
Advisors Capital Active All Cap Fund	10,193.271	162,379
*Fidelity Money Market Fund Premium Class	137,338.640	137,339
*Fidelity Enhanced Large Cap Growth ETF	2,439.857	101,742

(Continued)

FLORIDA CRYSTALS CORPORATION
SAVINGS AND INVESTMENT PLAN

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

December 31, 2025

E.I.N. 65-0358467 Plan No. 004

Description	Number of Units or Interest Rates	Current Value
(Continued)		
*Fidelity Select Utilities Growth Fund	632.479	83,019
Invesco Equally-Weighted S&P 500 Fund	1,147.905	82,649
*Fidelity Select Defense & Aerospace Portfolio	3,133.469	81,063
Sextant Global High Income Fund	6,887.383	80,720
Aberdeen Physical Gold Shares ETF	1,917.692	78,779
Vanguard FTSE Developed Markets ETF	1,233.280	77,043
T. Rowe Price Communications & Tech Fund	499.639	65,732
Advisors Capital Tactical Fixed Income Fund	6,826.576	65,125
SPDR Aerospace & Defense ETF	266.080	64,189
*Fidelity Growth & Income Portfolio	912.497	62,278
iShares Russell 1000 Growth ETF	125.469	59,384
SPDR Gold Shares	147.412	58,421
*Fidelity Floating Rate High Income Fund	6,249.652	56,872
SPDR Portfolio S&P 500 Growth ETF	515.110	54,962
iShares U.S. Equity Factor Rotation Active ETF	829.596	50,448
iShares Silver Trust	777.051	50,058
iShares Core S&P Mid-Cap ETF	723.973	47,782
Vanguard FTSE Emerging Markets ETF	839.169	45,114
iShares Core S&P Small-Cap ETF	340.634	40,937
Advisors Capital Small Mid Cap Fund	3,284.999	37,153
*Fidelity Environment and Alternative Fund	762.811	36,058
Vanguard Real Estate Index Fund	379.469	33,579
iShares Aaa- A Rated Corporate Bond ETF	662.704	31,869
Vanguard Total Bond Market ETF	430.010	31,851
*Fidelity Trend Fund	159.354	31,664
Vanguard Russell 2000 ETF	305.166	30,370
SPDR Portfolio S&P 500 Value ETF	508.908	28,911
iShares Global Infrastructure ETF	457.179	28,052
*Fidelity New Millennium Fund	400.001	26,832
Baron Partners Fund	101.292	25,605
Vanguard Russell 2000 Growth ETF	100.880	23,807
Invesco Aerospace & Defense ETF	149.383	23,398
*Fidelity Mega Cap Stock Fund	743.535	23,235
Innovator Equity Defined Protection ETF	778.217	23,027
*Fidelity MSCI Information Technology Index ETF	101.139	22,723
*Fidelity Select Insurance Portfolio Fund	249.833	22,555
Advisors Capital Growth Fund	1,734.928	20,542
Vanguard Health Care ETF	70.655	20,338
iShares Bitcoin Trust ETF	383.563	19,044
*Fidelity MSCI Financials Index ETF	217.947	16,943

FLORIDA CRYSTALS CORPORATION
SAVINGS AND INVESTMENT PLAN

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

December 31, 2025

E.I.N. 65-0358467 Plan No. 004

Description	Number of Units or Interest Rates	Current Value
(Continued)		
SPDR S&P Semiconductor ETF	52.188	16,784
Defiance Quantum ETF	146.131	16,025
iShares MSCI EAFE Small-Cap ETF	204.275	15,837
*Fidelity MSCI Utilities Index ETF	285.334	15,756
Invesco S&P SmallCap 600 Pure Growth ETF	244.437	13,292
Innovator U.S. Equity Power Buffer ETF	260.892	12,113
Global X Silver Miners ETF	139.205	11,626
SPDR Gold Minishares Trust	131.483	11,225
Vanguard Russell 2000 Value ETF	61.508	9,837
*Fidelity MSCI Energy Index ETF	396.669	9,825
Amplify Transformational Data Sharing ETF	172.523	9,815
First Trust Dorsey Wright Focus ETF Fund	132.070	8,310
Schwab International Dividend Equity ETF	204.517	6,099
Schwab U.S. Dividend Equity ETF	191.356	5,249
First Trust NASDAQ Artificial Intelligence ETF	100.758	5,226
First Trust Materials AlphaDEX Fund	58.000	3,760
Invesco NASDAQ 100 ETF	9.537	2,412
ARK Israel Innovative Technology ETF	17.000	1,308
Global X Robotics & Artificial Intelligence ETF	33.803	1,225
Global X Artificial Intelligence & Technologies ETF	24.027	1,222
Grayscale Bitcoin Trust Shares	17.000	1,162
Invesco Dorsey Wright Technology Momentum ETF	15.000	1,147
Vanguard Information Technology ETF	1.506	1,135
Osprey Bitcoin Trust ETF	40.000	1,127
iShares MSCI EAFE ETF	10.359	995
iShares Semiconductor ETF	3.016	908
Energy Select Sector SPDR Fund	20.421	872
Fidelity High Dividend ETF	10.228	580
NEOS S&P 500 High Income ETF	10.200	536
*Fidelity Contrafund ETF	11.150	271
Invesco S&P 500 Low Volatility ETF	2.119	151
Aberdeen Physical Silver Shares ETF	1.555	105
Total mutual funds		4,037,552

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