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
HRL PENSION PLAN FOR NON-BARGAINED EMPLOYEES

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/2003

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)
HRL LABORATORIES, LLC

3011 MALIBU CANYON ROAD
MALIBU, CA 90265-4799

2b Employer Identification Number (EIN)
95-4663143

2c Plan Sponsor's telephone number
310-317-5900

2d Business code (see instructions)
541700

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

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

5	Total number of participants at the beginning of the plan year	**5**	212
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)**	111
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	95
b	Retired or separated participants receiving benefits	**6b**	52
c	Other retired or separated participants entitled to future benefits	**6c**	56
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	203
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	4
f	Total. Add lines **6d** and **6e**.	**6f**	207
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

1A

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

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

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

a Pension Schedules

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

b General Schedules

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [ ] **A** (Insurance Information) – Number Attached 0
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [X] **D** (DFE/Participating Plan Information)
- **(6)** [ ] **G** (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code_____

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

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

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

A Name of plan
HRL PENSION PLAN FOR NON-BARGAINED EMPLOYEES

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
HRL LABORATORIES, LLC

D Employer Identification Number (EIN)
95-4663143

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

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

Part I Basic Information

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

2 Assets:

a Market value	**2a**	39034458
b Actuarial value	**2b**	36881569

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	59	21429823	21429823
b For terminated vested participants	42	4109094	4109094
c For active participants	111	20497930	20497930
d Total	212	46036847	46036847

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

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

5 Effective interest rate	**5**	5.28 %
6 Target normal cost		
a Present value of current plan year accruals	**6a**	567152
b Expected plan-related expenses	**6b**	295000
c Target normal cost	**6c**	862152

Statement by Enrolled Actuary

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

SIGN HERE

Signature of actuary

10/09/2026
Date

IAN ROBERTS
Type or print name of actuary

26-07992
Most recent enrollment number

FIDELITY INVESTMENTS
Firm name

303-824-2669
Telephone number (including area code)

100 CALIFORNIA STREET
SUITE 1200
SAN FRANCISCO, CA 94111
Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	1606724
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	1341156
9	Amount remaining (line 7 minus line 8)	0	265568
10	Interest on line 9 using prior year's actual return of 9.61 %	0	25521
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		141239
b(1)	Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 4.96 %		0
b(2)	Interest on line 38b from prior year Schedule SB, using prior year's actual return		13573
c	Total available at beginning of current plan year to add to prefunding balance		154812
d	Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	291089
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages

14	Funding target attainment percentage	14	80.11 %
15	Adjusted funding target attainment percentage	15	80.11 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	87.59 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/14/2025	336000	0			
07/01/2025	0	53277			
07/15/2025	336000	0			
10/13/2025	336000	0			
01/15/2026	336000	0			
09/15/2026	514000	0			
			Totals ► 18(b)	1858000	18(c) 53277

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
a	Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b	Contributions made to avoid restrictions adjusted to valuation date	19b	0
c	Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	1770186

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year

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

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

21 Discount rate:

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

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	63

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

Part VI Miscellaneous Items

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

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

26 Demographic and benefit information

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

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

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

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

a Target normal cost (line 6c)	**31a**	862152
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	9155278	907385
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____)_and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	1769537

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

36 Additional cash requirement (line 34 minus line 35)	**36**	1769537
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	1770186

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

a Total (excess, if any, of line 37 over line 36)	**38a**	649
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

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

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

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

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

A Name of plan
HRL PENSION PLAN FOR NON-BARGAINED EMPLOYEES

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
HRL LABORATORIES, LLC

D Employer Identification Number (EIN)
95-4663143

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

FIDELITY MANAGEMENT TRUST CO

04-2723880

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 27	NONE	77083	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BUCK GLOBAL, LLC

13-3954297

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 27	NONE	60704	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MILLER KAPLAN ARASE LLP

95-2036255

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	NONE	17000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

GALLAGHER BENEFIT SERVICES, INC

36-4291971

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 27	NONE	8635	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

(complete as many entries as needed)

a Name: MICHAEL RIBBLE
b EIN: 13-3954297
c Position: ENROLLED ACTUARY
d Address: 2 EMBARCADERO CENTER
9TH FLOOR
SAN FRANCISCO, CA 94111
e Telephone: 972-366-2011

Explanation: THIS FILING REFLECTS A CHANGE IN THE ENROLLED ACTUARY FOR THE PLAN. THE CHANGE IN ACTUARY IS DUE TO A CHANGE IN ACTUARIAL SERVICE PROVIDERS FROM BUCK GLOBAL TO FIDELITY INVESTMENTS.

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
HRL PENSION PLAN FOR NON-BARGAINED EMPLOYEES

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
HRL LABORATORIES, LLC

D Employer Identification Number (EIN)
95-4663143

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: HRL DEFINED BENEFIT PLAN MASTER TR

b Name of sponsor of entity listed in (a): HRL LABORATORIES, LLC

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
33-1762752-005	M	38385228

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

A Name of plan
HRL PENSION PLAN FOR NON-BARGAINED EMPLOYEES

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
HRL LABORATORIES, LLC

D Employer Identification Number (EIN)
95-4663143

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	150000	850000
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)	38886218	38385228
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
1e Buildings and other property used in plan operation	1e		
1f Total assets (add all amounts in lines 1a through 1e)	1f	39036218	39235228
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h	69822	133650
1i Acquisition indebtedness	1i		
1j Other liabilities	1j		
1k Total liabilities (add all amounts in lines 1g through1j)	1k	69822	133650
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	38966396	39101578

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)	1858000	
(B) Participants	2a(1)(B)	53277	
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		1911277
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		0
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	337667	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		337667
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		4680821
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		6929765
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	6392857	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		6392857
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	17000	
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)	146423	
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	238303	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		401726
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		6794583
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		135182
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: MILLER KAPLAN ARASE LLP **(2)** EIN: 95-2036255

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	**4a**		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	**4b**		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	**4c**		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	**4d**		X	
e Was this plan covered by a fidelity bond?	**4e**	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4g**		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	**4j**		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	**4n**			

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

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

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 584206.

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
HRL PENSION PLAN FOR NON-BARGAINED EMPLOYEES

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
HRL LABORATORIES, LLC

D Employer Identification Number (EIN)
95-4663143

Part I Distributions

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

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

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

EIN(s): 23-2186884

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

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

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

a Enter the percentage of plan assets held as:
Public Equity: _____% 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 ___/___/_____ (MM/DD/YYYY) and the Opinion Letter serial number_____.

Structured Attachment	Schedule SB, line 26a Schedule of Active Participant Data	2025
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation		This Form is Open to Public Inspection

Name of Plan	HRL PENSION PLAN FOR NON-BARGAINED EMPLOYEES						
Plan Year Begin Date	01/01/2025	Plan Year End Date	12/31/2025	EIN	95-4663143	PN	001

Attained Age	YEARS OF CREDITED SERVICE					
	Under 1			1 to 4		
	No.	Average		No.	Average	
		Compensation	Cash Balance		Compensation	Cash Balance
Under 25						
25 to 29						
30 to 34						
35 to 39						
40 to 44				5		
45 to 49				21		
50 to 54				3		
55 to 59				6		
60 to 64				4		
65 to 69				3		
70 & Up				3		

Attained Age	YEARS OF CREDITED SERVICE					
	5 to 9			10 to 14		
	No.	Average		No.	Average	
		Compensation	Cash Balance		Compensation	Cash Balance
Under 25						
25 to 29						
30 to 34						
35 to 39						
40 to 44						
45 to 49	2					
50 to 54	6			1		
55 to 59	13			6		
60 to 64	5			5		
65 to 69	2			2		
70 & Up	2			1		

Name of Plan	HRL PENSION PLAN FOR NON-BARGAINED EMPLOYEES						
Plan Year Begin Date	01/01/2025	**Plan Year End Date**	12/31/2025	**EIN**	95-4663143	**PN**	001

Attained Age	YEARS OF CREDITED SERVICE					
	15 to 19			20 to 24		
	No.	Average		No.	Average	
		Compensation	Cash Balance		Compensation	Cash Balance
Under 25						
25 to 29						
30 to 34						
35 to 39						
40 to 44						
45 to 49						
50 to 54				1		
55 to 59						
60 to 64	6					
65 to 69	4					
70 & Up	2					

Attained Age	YEARS OF CREDITED SERVICE					
	25 to 29			30 to 34		
	No.	Average		No.	Average	
		Compensation	Cash Balance		Compensation	Cash Balance
Under 25						
25 to 29						
30 to 34						
35 to 39						
40 to 44						
45 to 49						
50 to 54						
55 to 59						
60 to 64				1		
65 to 69				2		
70 & Up				1		

Name of Plan	HRL PENSION PLAN FOR NON-BARGAINED EMPLOYEES						
Plan Year Begin Date	01/01/2025	**Plan Year End Date**	12/31/2025	**EIN**	95-4663143	**PN**	001

Attained Age	YEARS OF CREDITED SERVICE					
	35 to 39			40 & Up		
	No.	Average		No.	Average	
		Compensation	Cash Balance		Compensation	Cash Balance
Under 25						
25 to 29						
30 to 34						
35 to 39						
40 to 44						
45 to 49						
50 to 54						
55 to 59						
60 to 64						
65 to 69	2					
70 & Up				2		

HRL PENSION PLAN FOR NON-BARGAINED EMPLOYEES

FINANCIAL STATEMENTS

DECEMBER 31, 2025 AND 2024

INDEPENDENT AUDITOR'S REPORT

Plan Administrator
HRL Pension Plan for
Non-Bargained Employees

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

We have performed audits of the accompanying financial statements of HRL Pension Plan for Non-Bargained Employees (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 qualified institutions as of December 31, 2025 and 2024, and for the years then ended, stating that the certified investment information, as described in Note 6 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 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 financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. 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 the financial statements are available to be issued.

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with generally accepted auditing standards, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.

- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

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

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

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

Other Matter—Supplemental Schedule Required by ERISA

The supplemental schedule of assets (held at end of year) as of and for the year ended December 31, 2025, 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 the auditing procedures applied in the audits 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 generally accepted auditing standards. 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.

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 its 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).

Miller Kaplan Arase LLP

MILLER KAPLAN ARASE LLP

Burbank, California

October 14, 2026

HRL PENSION PLAN FOR NON-BARGAINED EMPLOYEES
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

	December 31, 2025	December 31, 2024
ASSETS		
Investment Interest in Master Trust, at Fair Value	$ 38,385,228	$ 38,886,218
Employer Contributions Receivable	850,000	-
TOTAL ASSETS	39,235,228	38,886,218
LIABILITIES		
Account Payable	133,650	69,822
NET ASSETS AVAILABLE FOR BENEFITS	$ 39,101,578	$ 38,816,396

(Attached notes are an integral part of this statement)

HRL PENSION PLAN FOR NON-BARGAINED EMPLOYEES
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

	January 1, 2025 to December 31, 2025	January 1, 2024 to December 31, 2024
ADDITIONS		
INVESTMENT INCOME		
Net Investment Income from Interest in Master Trust	$ 4,680,821	$ 2,733,006
Dividends	337,667	993,804
TOTAL INVESTMENT INCOME	5,018,488	3,726,810
Employee Contributions	53,277	57,157
Employer Contributions	2,008,000	-
TOTAL ADDITIONS	7,079,765	3,783,967
DEDUCTIONS		
Benefits Paid	6,392,857	7,320,443
Administrative Expenses	401,726	341,714
TOTAL DEDUCTIONS	6,794,583	7,662,157
NET INCREASE (DECREASE)	285,182	(3,878,190)
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of Year	38,816,396	42,694,586
End of Year	$ 39,101,578	$ 38,816,396

(Attached notes are an integral part of this statement)

NOTE 1 - DESCRIPTION OF THE PLAN

The HRL Pension Plan for Non-Bargained Employees (the "Plan") is a defined benefit plan established on January 1, 2003 to provide retirement benefits to certain participants who were employees of Boeing Satellite Systems, Inc. prior to January 1, 2003, and became employees of HRL Laboratories, LLC (the "Company") on January 1, 2003 ("contributory benefit"), and any employee who satisfies the eligibility section of the Plan thereafter ("noncontributory benefit"). The Plan was amended to freeze future benefit accruals for noncontributing participants as of December 31, 2009. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

The following description of the Plan provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

A. Eligibility

An employee who is not a collectively bargained employee is eligible to participate in the contributory benefit if he or she was a participant in the contributory benefit on January 1, 2003. Through December 31, 2009, an employee who was not a collectively bargained employee was eligible to participate in the noncontributory benefit, commencing with his or her anniversary date, if he or she was not active in the contributory benefit and had completed at least one year of service. Effective January 1, 2010, the Plan was frozen to new participants.

B. Contributions and Funding Policy

Eligible employees who are enrolled in the contributory benefit shall contribute 3% of compensation, as defined in the Plan, by payroll deduction. Employees who are enrolled in the noncontributory benefit are not permitted to make contributions.

In addition, the Company has agreed to contribute such amounts as are necessary to provide funding for the benefits under the Plan. Company contributions are computed by the actuary based on target normal cost to meet minimum funding standards set forth in the Internal Revenue Code. The Plan met the minimum funding requirements of ERISA as of January 1, 2025.

C. Benefits

Normal retirement age is 65; however, participants may retire earlier or later.

For married participants, the automatic form of payment is a joint and survivor 50% annuity. The normal benefit for single participants is a monthly amount payable for the life of the participant. Lump sum benefits of $250,000 or less are available to certain eligible participants, as well as other options. If the actuarial equivalent of the participant's vested accrued pension does not exceed $1,000 it will be paid in a lump sum; an individual retirement account will be established for amounts between $1,000 and $5,000.

The noncontributory benefit amount is based on credited service and a percentage of the participant's highest 60 consecutive months' average gross earnings during the last 120 months of participation in the Plan.

The contributory benefit amount is the highest monthly benefit based on one of three formulas: career average, minimum benefit, or final average monthly compensation.

NOTE 1 - DESCRIPTION OF THE PLAN (Continued)

C. Benefits (Continued)

If an active participant dies on or before age 55 and leaves a surviving spouse, the spouse shall receive a monthly payment from the first of the month following the date of the participant's 55th birthday through the month of the spouse's death equal to the 50% joint and survivor annuity. If an active participant dies after becoming eligible for early retirement at age 55 or older and leaves a surviving spouse, the spouse shall receive a monthly payment from the first of the month following the participant's death through the month of the spouse's death equal to the 100% joint and survivor annuity.

D. Vesting

A participant is fully vested at all times in benefits derived from participant contributions under the contributory benefit. A participant becomes fully vested in benefits derived from employer contributions upon attaining normal retirement age while employed by the Company or upon completing five years of vesting service.

E. Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those estimated future periodic payments, including lump-sum distributions, that are attributable under the Plan's provisions for services rendered by employees up to the valuation date. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) current employees or their beneficiaries. Benefits payable under all circumstances, including retirement, death, disability, and termination of employment, are included to the extent they are deemed attributable to employee service rendered on the valuation date.

F. Administrative Expenses

The Plan pays most administrative expenses. Expenses for 2025 and 2024 were as follows:

	2025	2024
Trustee and Actuarial Fees	$ 196,050	$ 158,872
PBGC Insurance	174,476	169,992
Audit Fees	31,200	12,850
	$ 401,726	$ 341,714

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

A. Basis of Accounting

The Plan prepares its financial statements on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America ("GAAP").

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

B. Estimates

The preparation of financial statements in conformity with GAAP 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, actuarial present value of accumulated plan benefits, and revenues and expenses. Actual results could differ from those estimates.

C. Investment Valuation and Income Recognition

GAAP establishes a fair value hierarchy that prioritizes valuation inputs into three levels based on the extent to which inputs used in measuring fair value are observable in the market.

Level 1 – Inputs are quoted prices in an active market.

Level 2 – Inputs are quoted prices for similar instruments and model-based valuation techniques for which all significant assumptions are observable in the market or can be corroborated by observable market data.

Level 3 – Inputs are generally unobservable and typically reflect management's estimates of assumptions that market participants would use in pricing the asset or liability.

The following tables disclose the fair value of the Plan's share of investment assets in the master trust and the fair value of Plan assets held outside the master trust at December 31 based on the inputs used to value them:

	December 31, 2025			
	Level 1	Level 2	Level 3	Total
Interest in Master Trust Securities				
Mutual Funds	$ 29,215,375	$ -	$ -	$ 29,215,375
Total Assets in the Fair Value Hierarchy	$ 29,215,375	$ -	$ -	29,215,375
Investments Measured at Net Asset Value [A]				9,169,853
				$ 38,385,228

	December 31, 2024			
	Level 1	Level 2	Level 3	Total
Interest in Master Trust Securities				
Mutual Funds	$ 7,362,107	$ -	$ -	$ 7,362,107
Total Assets in the Fair Value Hierarchy	$ 7,362,107	$ -	$ -	7,362,107
Investments Measured at Net Asset Value [A]				31,524,111
				$ 38,886,218

[A] In accordance with ASC 820, investments measured at net asset value per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statements of net assets available for benefits.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

C. Investment Valuation and Income Recognition (Continued)

Level 1 investments consist of mutual funds valued using quoted market prices in active markets for identical assets.

Investments measured at net asset value ("NAV") as a practical expedient consist of common collective trusts. These investments are valued using the NAV per unit provided by the fund managers. The investments may be redeemed daily without restriction and have no redemption fees or unfunded commitments.

Purchases and sales of investments are recorded on a trade-date basis. Dividend income is recognized on the ex-dividend date.

D. Risks and Uncertainties

Plan investments are exposed to various risks, such as interest rate, credit, and market risks. Due to the level of risk associated with certain investments, it is reasonably possible that changes in the values of investments will occur in the near term and that such changes could materially affect the amounts reported in the financial statements.

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

NOTE 3 - INCOME TAX STATUS

The Plan received a favorable determination letter from the Internal Revenue Service ("IRS") dated February 19, 2015, stating that the Plan's form met the applicable requirements of the Internal Revenue Code ("IRC"). Although the Plan has been amended since receiving the determination letter, the Plan Administrator believes the Plan is currently designed and operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income taxes has been included in the Plan's financial statements.

GAAP requires management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken a tax position that more likely than not would not be sustained upon examination by a tax authority. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

NOTE 4 - ACCUMULATED PLAN BENEFITS

The actuarial present value of accumulated plan benefits is determined by an actuary and is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits earned by participants to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment.

NOTE 4 - ACCUMULATED PLAN BENEFITS (Continued)

The actuarial present value of accumulated plan benefits is as follows:

	January 1, 2025
Vested Benefits:	
Participants Currently Receiving Payments	$ 20,015,860
Other Participants	22,230,642
Total Vested Benefits	42,246,502
Nonvested Benefits	-
Total Actuarial Present Value of Accumulated Plan Benefits	$ 42,246,502

Changes in the actuarial present value of accumulated plan benefits are as follows:

	January 1, 2024 to January 1, 2025
Present Value of Accumulated Plan Benefits - January 1, 2024	$ 44,136,327
Increase (Decrease) During the Year Attributable to:	
Benefits Paid	(7,320,443)
Interest	2,837,661
Assumption Changes	399,738
Accumulation of Benefits	2,193,219
Present Value of Accumulated Plan Benefits - January 1, 2025	$ 42,246,502

Present employees' accumulated contributions as of January 1, 2025, including interest, totaled $1,619,907. Accumulated interest is credited at 120% of the Applicable Federal Rate ("AFR") for each year 2025 and 2024. The interest rate at January 1, 2025 and 2024 was 5.10% and 5.25%, respectively.

The more significant assumptions underlying the actuarial computations at January 1, 2025 are as follows:

- Mortality – Pri-2012 Total Mortality tables with MP-2021 Mortality Improvement Scale applied on a generational basis (no change from prior year).
- Discount Rate – 5.33% (previously 4.85%).
- Withdrawal Rates – Graded by age, ranging from 9.8% at age 20 to 0% at age 55.
- Retirement – Graded by age, ranging from 5% and 20% for noncontributory and contributory, respectively, at age 55 to 100% at age 70 for both noncontributory and contributory.

The actuarial valuation was updated to reflect the 2025 IRC Section 417(e) applicable mortality table for converting certain annuity payment forms. In addition, the optional payment form conversion interest rate for certain-only forms of payment was updated from the November 2023 IRC Section 417(e) segment rates to the November 2024 IRC Section 417(e) segment rates. The administrative expense assumption was increased from $275,093 for 2024 to $295,000 for 2025.

NOTE 4 - ACCUMULATED PLAN BENEFITS (Continued)

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

NOTE 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 at any time subject to the provisions of ERISA. In the event of termination, the rights of participants to their accrued benefits as of the date of the termination shall be nonforfeitable. The funds of the Plan shall be used for the exclusive benefit of participants and other persons entitled to benefits under the Plan, except as provided below. The Plan is insured by the Pension Benefit Guaranty Corporation (the "PBGC"). Benefits may be fully or partially provided for by the then existing assets and the PBGC guaranty while other benefits may not be provided for at all. Excess unallocated funds may be returned to the Company.

NOTE 6 - FINANCIAL INFORMATION CERTIFIED BY THE TRUSTEES

The plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Information regarding investments held at December 31, 2025 and 2024 and investment income for the years then ended that is disclosed in the accompanying financial statements and supplemental schedule were obtained or derived from information supplied to the plan administrator and certified as complete and accurate by the Plan's trustees. Vanguard Fiduciary Trust Company served as trustee through November 30, 2024. Effective December 1, 2024, trustee responsibilities were transferred to Fidelity Management Trust Company. Accordingly, investment information for 2024 was certified by both Vanguard Fiduciary Trust Company and Fidelity Management Trust Company, and investment information for 2025 was certified by Fidelity Management Trust Company.

NOTE 7 - PARTY IN INTEREST TRANSACTIONS

Vanguard Fiduciary Trust Company, the Plan's trustee through November 30, 2024, and Fidelity Management Trust Company, the Plan's trustee beginning December 1, 2024, and their related entities, issue investments held by the Plan and provide recordkeeping and trustee services to the Plan. Included in administrative expenses are fees paid by the Plan to Vanguard for recordkeeping and trustee services totaling $15,794 in 2024. In 2024, actuarial services totaling $143,078 were provided by an unrelated third-party service provider. During 2025, Fidelity assumed responsibility for recordkeeping, trustee, and actuarial services, and fees paid by the Plan for such services totaled $196,050. Accounts payable at December 31, 2025 and 2024 include amounts due to Fidelity and Vanguard totaling $119,450 and $6,583, respectively. These transactions, while considered party-in-interest transactions under ERISA regulations, are permitted under the provisions of the Plan and are specifically exempt from the prohibited transaction rules of ERISA.

NOTE 8 - MASTER TRUST

Effective November 18, 2024, the Plan transferred all assets from Vanguard Fiduciary Trust Company to Fidelity Management Trust Company. Concurrently, the Plan commenced participation in a master trust arrangement administered by Fidelity Management Trust Company. The master trust holds assets for multiple affiliated plans. Each participating plan's interest in the master trust is determined based on its proportionate share of the total fair value of the trust's net assets. The Plan's share of the master trust is used to allocate investment income, gains and losses, and changes in net assets.

NOTE 8 - MASTER TRUST (Continued)

Expenses and shareholder activities that are specific to a particular investment class are allocated directly to the respective class.

Fair values of master trust investments and the Plan's interest in master trust investments were as follows at December 31, 2025:

	Master Trust Balances	Plan's Interest in Master Trust Balances
Mutual Funds	$ 30,190,997	$ 29,215,375
Common/Collective Trusts	9,476,085	9,169,853
	$ 39,667,082	$ 38,385,228

The following are the changes in net assets of the master trust for the year ended December 31, 2025:

Contributions	$ 1,388,985
Investment Income:	
Earned Income	348,736
Net Appreciation in Fair Value of Investments	4,822,456
Net Investment Gain	5,171,192
Benefit Payments	(6,455,247)
Administrative Expenses	(387,577)
Disbursements	(6,842,824)
Decrease in Net Assets	(282,647)
Net Assets:	
Beginning of Year	39,949,729
End of Year	$ 39,667,082

NOTE 9 - RECLASSIFICATION

Trustee and actuarial fees reported in the 2024 financial statements have been reclassified to conform to the 2025 presentation. Trustee and actuarial fees were combined in 2025.

NOTE 10 - RECONCILIATION OF FINANCIAL STATEMENTS TO THE FORM 5500

The following reconciles net assets available for benefits per the financial statements to the Form 5500:

	December 31, 2025	December 31, 2024
Net Assets Available for Benefits per the Financial Statements	$ 39,101,578	$ 38,816,396
Plus: Accounts Payable	133,650	-
Comparative Form 5500 Presentation Adjustment	-	150,000
Net Assets per the Form 5500	$ 39,235,228	$ 38,966,396

NOTE 10 - RECONICLIATION OF FINANCIAL STATEMENTS TO THE FORM 5500 (continued)

The following reconciles the net increase per the financial statements to the Form 5500:

	January 1, 2025 to December 31, 2025
Net Increase per the Financial Statements	$ 285,182
Change in Accounts Payable	133,650
Effect of Comparative 2024 Form 5500 Amount Presented in 2025 Filing	(150,000)
Net Income per the Form 5500	$ 268,832

The comparative 2024 information presented in the 2025 Form 5500 includes a $150,000 employer contribution receivable that was not included in the originally filed 2024 Form 5500. As a result, the comparative 2024 net assets presented in the 2025 Form 5500 differ from the net assets reported in the originally filed 2024 Form 5500.

NOTE 11 - SUBSEQUENT EVENTS

Subsequent to year end, the Company experienced a stop work order and termination of its primary government contract, resulting in a reduction in force effective April 3, 2026. Approximately 432 employees were affected. Because the reduction exceeded 20% of the workforce, a partial plan termination occurred, and affected participants who separated from employment during the partial plan termination period became fully vested in their accrued plan benefits. Management believes the Plan remains financially healthy.

Management has evaluated subsequent events through October 14, 2026, the date these financial statements were available to be issued. Other than noted above, there were no material subsequent events that required recognition or additional disclosure in these financial statements.

SUPPLEMENTAL SCHEDULE

HRL PENSION PLAN FOR NON-BARGAINED EMPLOYEES
FORM 5500
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
E.I.N. 95-4663143; PLAN NO. 001
DECEMBER 31, 2025

(a) Identity of Issuer	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
Fidelity *	Investment Interest in Master Trust	Master Trust	$ 36,530,121	$ 38,385,228

* Party in interest

Schedule SB Attachment (Form 5500) – 2025 Plan Year
HRL Pension Plan for Non-Bargained Employees
EIN: 95-4663143 PN: 001
Schedule SB, Part V – Statement of Actuarial Assumptions and Methods

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Actuarial Assumptions and Methods

ERISA Interest Rates as required by IRC Section 430 based on plan sponsor election of the look-back month for the segment rates:

"Minimum" means for the purpose of calculating the PPA funding liability and normal cost for the minimum required contribution.

"Maximum" means for the purpose of calculating the PPA funding liability and normal cost for the maximum tax-deductible contribution.

	2025 Plan Year		**2024 Plan Year**	
Purpose	Minimum	Maximum	Minimum	Maximum
Segment rates or full yield curve	Segment	Segment	Segment	Segment
Look-back months	4	4	4	4
First five years	5.07%	5.07%	4.75%	3.62%
Next 15 years	5.31%	5.33%	4.87%	4.46%
Over 20 years	5.50%	5.36%	5.59%	4.52%
Applicable law for the segment rates corridor	ARPA	Not Applicable	ARPA	Not Applicable

Optional Payment Form Conversion Interest Rate:

- *Joint and survivor payment forms:* 2.00% (previously 2.75%) based on PBGC lump sum interest rate in effect for October 1st (or December 1st if lesser) preceding the plan year.
- *Certain only payment forms:* Same as segment rates shown above.

Schedule SB Attachment (Form 5500) – 2025 Plan Year
HRL Pension Plan for Non-Bargained Employees
EIN: 95-4663143 PN: 001
Schedule SB, Part V – Statement of Actuarial Assumptions and Methods

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Actuarial Assumptions and Methods (continued)

Optional Payment Form Conversion Mortality:

Joint and survivor payment forms: 1971 Group Annuity Mortality with 80% male and 20% female rates (no change from prior year).
Certain only payment forms: 2025 IRC 417(e) applicable mortality table (previously 2024 IRC 417(e) applicable mortality table).

Optional Payment Form Election Rates: Based on 2022 experience study performed by prior plan actuary.

Payment Form	Contributory	Noncontributory
Single Life Annuity	7.50%	7.50%
100% J&S	7.50%	7.50%
10-year Certain Only	N/A	85.00%
5-year Certain Only	85.00%	N/A

Expected Long-Term Return on Plan Assets: 7.00% (no change from the prior year) determined by the Company.

Salary Scale: 4.00% per year (no change from the prior year).

Cost-of-Living: 3.00% per year (no change from prior year).

Administrative Expenses included in Target Normal Cost: Estimated to be $295,000 (previously $275,093). Estimated non-investment related administrative expenses paid from the trust for the current plan year. Determined based on prior year administrative expenses (excluding PBGC premiums), increased by 3.00% to reflect inflation, plus current year PBGC premiums.

Mortality:
ERISA: IRS 2025 Small Plan Combined Static Mortality Table using combined tables for annuitants and non-annuitants as prescribed by IRC Section 430. These tables include future mortality improvement of eight years for males and nine years for females with the following adjustments: For ages below 80, the projection period is increased by one year for each year below age 80. For ages above 80, the projection period is reduced (but not below zero) by $^1/_3$ year for each year above 80. (Previously IRS 2024 Small Plan Combined Static Mortality Table) This plan does not have a large enough population to vary from the standard tables.

Actuarial Assumptions and Methods (continued)

Retirement Rates:
Based on 2022 experience study performed by prior plan actuary.

Age	Contributory	Noncontributory
55	20.00%	5.00%
56	15.00%	5.00%
57	15.00%	5.00%
58	25.00%	5.00%
59	25.00%	5.00%
60	10.00%	12.50%
61	10.00%	12.50%
62	15.00%	12.50%
63	15.00%	12.50%
64	20.00%	25.00%
65	20.00%	25.00%
66	33.33%	33.33%
67	33.33%	33.33%
68	100.00%	33.33%
69	100.00%	33.33%
70	100.00%	100.00%

Terminated vested participants are assumed to commence benefits at age 65.

Disability Rates: None.

Schedule SB Attachment (Form 5500) – 2025 Plan Year
HRL Pension Plan for Non-Bargained Employees
EIN: 95-4663143 PN: 001
Schedule SB, Part V – Statement of Actuarial Assumptions and Methods

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Actuarial Assumptions and Methods (continued)

Termination Rates:
Based on 2022 experience study performed by the prior plan actuary:

Age	Rates
20	9.8%
25	8.1%
30	6.7%
35	5.6%
40	4.7%
45	4.1%
50	3.9%
55 and over	0.0%

Marital Status: 85% of males and females are assumed married, with females three years younger than males. Based on 2022 experience study performed by prior plan actuary.

Maximum Benefit: $280,000 for 2025. For determining limitations under funding amounts, no future increases in the IRC Section 415 limit have been reflected.

Maximum Salary: $350,000 for 2025. For determining limitations under funding amounts, no future increases in the salary limit have been reflected.

Timing of Payment: For future terminations and retirements, middle of the year decrements (except that retirement is assumed to occur at the beginning of the year for ages where the assumed retirement rate is 100%).

Census Data: As of January 1, 2025.

Schedule SB Attachment (Form 5500) – 2025 Plan Year
HRL Pension Plan for Non-Bargained Employees
EIN: 95-4663143 PN: 001
Schedule SB, Part V – Statement of Actuarial Assumptions and Methods

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Actuarial Assumptions and Methods (continued)

Actuarial Value of Plan Assets for Funding Purposes:

The actuarial value of assets is equal to:

a) the market value of assets, including discounted receivables, on the valuation date, less

b) the following percentages of prior years' investment gains (losses):

   i) 67% of the prior year, and
   ii) 33% of the second prior year,

   Investment gains and losses are defined as the excess or deficiency of the expected return on the market value (not to exceed the third segment rate for that year) over the actual return on the market value of assets, including discounted receivables, for any given year.

c) The actuarial value of assets can be neither less than 90% nor greater than 110% of the market value of assets, including discounted receivables.

Shortfall Amortization Charge for ERISA Funding Purposes: Per IRC Section 430(c), the shortfall amortization charge for any plan year is the aggregate total (not less than zero) of the shortfall amortization installments for such plan year with respect to any shortfall amortization base which has not been fully amortized. The shortfall amortization installments are the amounts necessary to amortize the shortfall amortization base of the plan for any plan year in level annual installments over the 15-year period beginning with such plan year.

Actuarial Assumptions and Methods for Funding Purposes (continued)

Actuarial Cost Method: The unit credit cost method is used for ERISA Funding Target (FT) purposes. Under this method, accrued pension benefits are determined for all eligible active participants. These benefits reflect service, salary and negotiated benefit increases to date. The liability is then equal to the present value of all benefits for inactive participants plus the PVAB for active participants.

The normal cost is determined on an individual basis for all active participants who have not attained the assumed retirement age and is equal to the present value of the difference between the current accrued benefit and the anticipated accrued benefit one year later, with the accrued benefit based upon earnings, or negotiated benefit increases, to date in both cases. The total normal cost is based upon the sum of the individual normal costs. The target normal cost for funding is equal to the total normal cost plus assumed administrative expenses expected to be paid from the trust.

The projected unit credit method is used for IRS maximum deductible limit cushion amount. Under this method, accrued pension benefits are determined for all eligible active participants reflecting service to date and anticipated salary and negotiated benefit increases to the assumed retirement age. This liability for active participants is then added to the present value of all benefits for inactive participants to determine the total liability under this method.

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

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

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

A Name of plan
HRL PENSION PLAN FOR NON-BARGAINED EMPLOYEES

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
HRL LABORATORIES, LLC

D Employer Identification Number (EIN)
95-4663143

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

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

Part I Basic Information

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

2 Assets:

a Market value	**2a**	39,034,458
b Actuarial value	**2b**	36,881,569

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	59	21,429,823	21,429,823
b For terminated vested participants	42	4,109,094	4,109,094
c For active participants	111	20,497,930	20,497,930
d Total	212	46,036,847	46,036,847

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

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

5 Effective interest rate	**5**	5.28 %
6 Target normal cost		
a Present value of current plan year accruals	**6a**	567,152
b Expected plan-related expenses	**6b**	295,000
c Target normal cost	**6c**	862,152

Statement by Enrolled Actuary

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

SIGN HERE Ian Roberts IR
Signature of actuary

10/09/2026
Date

Ian Roberts
Type or print name of actuary

2607992
Most recent enrollment number

Fidelity Investments
Firm name

303-824-2669
Telephone number (including area code)

100 California Street
Suite 1200
San Francisco CA 94111
Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	1,606,724
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	1,341,156
9	Amount remaining (line 7 minus line 8)	0	265,568
10	Interest on line 9 using prior year's actual return of 9.61%	0	25,521
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		141,239
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 4.96%		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		13,573
	c Total available at beginning of current plan year to add to prefunding balance		154,812
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	291,089
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages

14	Funding target attainment percentage	14	80.11%
15	Adjusted funding target attainment percentage	15	80.11%
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	87.59%
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/14/2025	336,000				
07/01/2025		53,277			
07/15/2025	336,000				
10/13/2025	336,000				
01/15/2026	336,000				
09/15/2026	514,000				
			Totals ► 18(b)	1,858,000	18(c) 53,277

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
	a Contributions allocated toward unpaid minimum required contributions from prior years.	19a	0
	b Contributions made to avoid restrictions adjusted to valuation date	19b	0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.	19c	1,770,186

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year

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

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

21 Discount rate:

a Segment rates:

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

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	63

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

Part VI Miscellaneous Items

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

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

26 Demographic and benefit information

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

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

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

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

a Target normal cost (line 6c)	**31a**	862,152
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	9,155,278	907,385
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	1,769,537

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

36 Additional cash requirement (line 34 minus line 35)	**36**	1,769,537
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	1,770,186

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

a Total (excess, if any, of line 37 over line 36)	**38a**	649
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

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

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

Schedule SB Attachment (Form 5500) – 2025 Plan Year
HRL Pension Plan for Non-Bargained Employees
EIN: 95-4663143 PN: 001
Schedule SB, Line 18 – Contributions Made to the Plan for the Plan Year

Following is a breakout of the 7/1/2025 employee contribution shown on the 2025 Schedule SB.

(a) Date	(b) Amount paid by employer(s)	(c) Amount paid by employees
01/06/2025	$0	$2,140.61
01/21/2025	$0	$2,140.61
02/06/2025	$0	$2,140.61
02/18/2025	$0	$2,140.61
03/04/2025	$0	$14,900.11
03/17/2025	$0	$1,504.55
03/31/2025	$0	$1,396.20
04/14/2025	$336,000	$0
04/17/2025	$0	$1,551.32
04/28/2025	$0	$1,551.32
05/12/2025	$0	$1,551.32
05/27/2025	$0	$1,483.10
06/09/2025	$0	$1,551.32
06/23/2025	$0	$1,358.01
07/07/2025	$0	$1,392.13
07/15/2025	$336,000	$0
07/21/2025	$0	$1,358.01
08/04/2025	$0	$1,358.01
08/22/2025	$0	$1,392.13
09/03/2025	$0	$1,392.13
09/15/2025	$0	$1,505.84
09/30/2025	$0	$1,471.72
10/13/2025	$336,000	$1,392.13
10/27/2025	$0	$1,392.13
11/10/2025	$0	$1,392.13
11/24/2025	$0	$1,412.65
12/02/2025	$0	$34.11
12/09/2025	$0	$1,237.42
12/24/2025	$0	$1,136.88
01/15/2026	$336,000	$0
09/15/2026	$514,000	$0
Total on Attachment	$1,858,000	$53,277.11

This schedule excludes a $150,000 contribution made on March 31, 2025. The 2025 Schedule SB reflects this contribution as a 2024 plan year contribution, with discounted value included in the market value of assets as of January 1, 2025. The prior year Schedule SB developed by the prior plan actuary incorrectly excluded this contribution. The Schedule H included in this 2025 Form 5500 makes note of the correction to designate this contribution as a receivable 2024 plan year contribution.

Schedule SB Attachment (Form 5500) – 2025 Plan Year
HRL Pension Plan for Non-Bargained Employees
EIN: 95-4663143 PN: 001
Schedule SB, Line 22 – Description of Weighted Average Retirement Age

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

HRL Pension Plan for Non-Bargained Employees Weighted Average Retirement Age

Group	(a) Active Participants	(b) Proportion of Total Actives	(c) Average Retirement Age	(b) x (c) Product
Contributory	7	0.06	60.00	3.60
Non-Contributory	104	0.94	63.00	59.22
		Weighted Average		62.82
		Rounded Weighted Average		**63.00**

Contributory

(a) Age	(b) Rate	(c) Weight	Product (a) x (b) x (c)
55.5	20.00%	1.0000	11.10
56.5	15.00%	0.8000	6.78
57.5	15.00%	0.6800	5.87
58.5	25.00%	0.5780	8.45
59.5	25.00%	0.4335	6.45
60.5	10.00%	0.3251	1.97
61.5	10.00%	0.2926	1.80
62.5	15.00%	0.2633	2.47
63.5	15.00%	0.2238	2.13
64.5	20.00%	0.1902	2.45
65.5	20.00%	0.1522	1.99
66.5	33.33%	0.1218	2.70
67.5	33.33%	0.0812	1.83
68.5	100.00%	0.0541	3.71
69.5	100.00%	0.0000	0.00
70+	100.00%	0.0000	0.00
		Weighted Average	59.70
		Rounded Weighted Average	**60.00**

Non-Contributory

(a) Age	(b) Rate	(c) Weight	Product (a) x (b) x (c)
55.5	5.00%	1.0000	2.78
56.5	5.00%	0.9500	2.68
57.5	5.00%	0.9025	2.59
58.5	5.00%	0.8574	2.51
59.5	5.00%	0.8145	2.42
60.5	12.50%	0.7738	5.85
61.5	12.50%	0.6771	5.21
62.5	12.50%	0.5925	4.63
63.5	12.50%	0.5184	4.11
64.5	25.00%	0.4536	7.31
65.5	25.00%	0.3402	5.57
66.5	33.33%	0.2552	5.66
67.5	33.33%	0.1701	3.83
68.5	33.33%	0.1134	2.59
69.5	33.33%	0.0756	1.75
70+	100.00%	0.0504	3.53
		Weighted Average	63.02
		Rounded Weighted Average	**63.00**

Schedule SB Attachment (Form 5500) – 2025 Plan Year
HRL Pension Plan for Non-Bargained Employees
EIN: 95-4663143 PN: 001
Schedule SB, Line 24 – Change in Actuarial Assumptions

The funding valuation reflects the following non-prescribed assumption change:

- A change in the optional payment form conversion interest rate for joint & survivor payment forms from 2.75% to 2.00%.

This change was made to better reflect anticipated plan experience.

Schedule SB Attachment (Form 5500) – 2025 Plan Year
HRL Pension Plan for Non-Bargained Employees
EIN: 95-4663143 PN: 001
Schedule SB, Line 26a – Schedule of Active Participant Data

Age and Service Distribution of Active Members

	Completed Years of Credited Service on January 1, 2025									
Attained Age	**0-4**	**5-9**	**10-14**	**15-19**	**20-24**	**25-29**	**30-34**	**35-39**	**40+**	**Total**
Under 25	0	0	0	0	0	0	0	0	0	0
25-29	0	0	0	0	0	0	0	0	0	0
30-34	0	0	0	0	0	0	0	0	0	0
35-39	0	0	0	0	0	0	0	0	0	0
40-44	5	0	0	0	0	0	0	0	0	5
45-49	21	2	0	0	0	0	0	0	0	23
50-54	3	6	1	0	1	0	0	0	0	11
55-59	6	13	6	0	0	0	0	0	0	25
60-64	4	5	5	6	0	0	1	0	0	21
65-69	3	2	2	4	0	0	2	2	0	15
Over 69	3	2	1	2	0	0	1	0	2	11
Total	45	30	15	12	1	0	4	2	2	111

Fidelity Confidential Information

Schedule SB Attachment (Form 5500) – 2025 Plan Year
HRL Pension Plan for Non-Bargained Employees
EIN: 95-4663143 PN: 001
Schedule SB, Line 32 – Schedule of Amortization Bases

Type of Base	Present Value of Any Remaining Installments	Valuation Date	Years Remaining	Amortization Installment
2025 Shortfall	$ 3,465,403	January 1, 2025	15	$ 323,116
2024 Shortfall	$ 99,874	January 1, 2024	14	$ 9,753
2023 Shortfall	$ 5,590,001	January 1, 2023	13	$ 574,516
Total	$ 9,155,278			$ 907,385

Schedule SB Attachment (Form 5500) – 2025 Plan Year
HRL Pension Plan for Non-Bargained Employees
EIN: 95-4663143 PN: 001
Schedule SB, Part I - Statement by Enrolled Actuary

Statement by Enrolled Actuary

This filing reflects a change in the Enrolled Actuary for the plan. The change in actuary is due to a change in actuarial service provider.

This filing reflects a $150,000 contribution made on March 31, 2025 for the 2024 plan year, with discounted value included in the market value of assets as of January 1, 2025. The prior year Schedule SB developed by the prior plan actuary incorrectly excluded this contribution. The Schedule H included in this 2025 Form 5500 makes note of the correction to designate this contribution as a receivable 2024 plan year contribution.

Schedule SB Attachment (Form 5500) – 2025 Plan Year
HRL Pension Plan for Non-Bargained Employees
EIN: 95-4663143 PN: 001
Schedule SB, Part V – Statement of Actuarial Assumptions and Methods

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Actuarial Assumptions and Methods

ERISA Interest Rates as required by IRC Section 430 based on plan sponsor election of the look-back month for the segment rates:

"Minimum" means for the purpose of calculating the PPA funding liability and normal cost for the minimum required contribution.

"Maximum" means for the purpose of calculating the PPA funding liability and normal cost for the maximum tax-deductible contribution.

	2025 Plan Year		**2024 Plan Year**	
Purpose	Minimum	Maximum	Minimum	Maximum
Segment rates or full yield curve	Segment	Segment	Segment	Segment
Look-back months	4	4	4	4
First five years	5.07%	5.07%	4.75%	3.62%
Next 15 years	5.31%	5.33%	4.87%	4.46%
Over 20 years	5.50%	5.36%	5.59%	4.52%
Applicable law for the segment rates corridor	ARPA	Not Applicable	ARPA	Not Applicable

Optional Payment Form Conversion Interest Rate:

- *Joint and survivor payment forms:* 2.00% (previously 2.75%) based on PBGC lump sum interest rate in effect for October 1st (or December 1st if lesser) preceding the plan year.
- *Certain only payment forms:* Same as segment rates shown above.

Schedule SB Attachment (Form 5500) – 2025 Plan Year
HRL Pension Plan for Non-Bargained Employees
EIN: 95-4663143 PN: 001
Schedule SB, Part V – Statement of Actuarial Assumptions and Methods

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Actuarial Assumptions and Methods (continued)

Optional Payment Form Conversion Mortality:

Joint and survivor payment forms: 1971 Group Annuity Mortality with 80% male and 20% female rates (no change from prior year).
Certain only payment forms: 2025 IRC 417(e) applicable mortality table (previously 2024 IRC 417(e) applicable mortality table).

Optional Payment Form Election Rates: Based on 2022 experience study performed by prior plan actuary.

Payment Form	Contributory	Noncontributory
Single Life Annuity	7.50%	7.50%
100% J&S	7.50%	7.50%
10-year Certain Only	N/A	85.00%
5-year Certain Only	85.00%	N/A

Expected Long-Term Return on Plan Assets: 7.00% (no change from the prior year) determined by the Company.

Salary Scale: 4.00% per year (no change from the prior year).

Cost-of-Living: 3.00% per year (no change from prior year).

Administrative Expenses included in Target Normal Cost: Estimated to be $295,000 (previously $275,093). Estimated non-investment related administrative expenses paid from the trust for the current plan year. Determined based on prior year administrative expenses (excluding PBGC premiums), increased by 3.00% to reflect inflation, plus current year PBGC premiums.

Mortality:
ERISA: IRS 2025 Small Plan Combined Static Mortality Table using combined tables for annuitants and non-annuitants as prescribed by IRC Section 430. These tables include future mortality improvement of eight years for males and nine years for females with the following adjustments: For ages below 80, the projection period is increased by one year for each year below age 80. For ages above 80, the projection period is reduced (but not below zero) by $^1/_3$ year for each year above 80. (Previously IRS 2024 Small Plan Combined Static Mortality Table) This plan does not have a large enough population to vary from the standard tables.

Actuarial Assumptions and Methods (continued)

Retirement Rates:
Based on 2022 experience study performed by prior plan actuary.

Age	Contributory	Noncontributory
55	20.00%	5.00%
56	15.00%	5.00%
57	15.00%	5.00%
58	25.00%	5.00%
59	25.00%	5.00%
60	10.00%	12.50%
61	10.00%	12.50%
62	15.00%	12.50%
63	15.00%	12.50%
64	20.00%	25.00%
65	20.00%	25.00%
66	33.33%	33.33%
67	33.33%	33.33%
68	100.00%	33.33%
69	100.00%	33.33%
70	100.00%	100.00%

Terminated vested participants are assumed to commence benefits at age 65.

Disability Rates: None.

Schedule SB Attachment (Form 5500) – 2025 Plan Year
HRL Pension Plan for Non-Bargained Employees
EIN: 95-4663143 PN: 001
Schedule SB, Part V – Statement of Actuarial Assumptions and Methods

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Actuarial Assumptions and Methods (continued)

Termination Rates:
Based on 2022 experience study performed by the prior plan actuary:

Age	Rates
20	9.8%
25	8.1%
30	6.7%
35	5.6%
40	4.7%
45	4.1%
50	3.9%
55 and over	0.0%

Marital Status: 85% of males and females are assumed married, with females three years younger than males. Based on 2022 experience study performed by prior plan actuary.

Maximum Benefit: $280,000 for 2025. For determining limitations under funding amounts, no future increases in the IRC Section 415 limit have been reflected.

Maximum Salary: $350,000 for 2025. For determining limitations under funding amounts, no future increases in the salary limit have been reflected.

Timing of Payment: For future terminations and retirements, middle of the year decrements (except that retirement is assumed to occur at the beginning of the year for ages where the assumed retirement rate is 100%).

Census Data: As of January 1, 2025.

Schedule SB Attachment (Form 5500) – 2025 Plan Year
HRL Pension Plan for Non-Bargained Employees
EIN: 95-4663143 PN: 001
Schedule SB, Part V – Statement of Actuarial Assumptions and Methods

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Actuarial Assumptions and Methods (continued)

Actuarial Value of Plan Assets for Funding Purposes:

The actuarial value of assets is equal to:

a) the market value of assets, including discounted receivables, on the valuation date, less

b) the following percentages of prior years' investment gains (losses):

   i) 67% of the prior year, and
   ii) 33% of the second prior year,

   Investment gains and losses are defined as the excess or deficiency of the expected return on the market value (not to exceed the third segment rate for that year) over the actual return on the market value of assets, including discounted receivables, for any given year.

c) The actuarial value of assets can be neither less than 90% nor greater than 110% of the market value of assets, including discounted receivables.

Shortfall Amortization Charge for ERISA Funding Purposes: Per IRC Section 430(c), the shortfall amortization charge for any plan year is the aggregate total (not less than zero) of the shortfall amortization installments for such plan year with respect to any shortfall amortization base which has not been fully amortized. The shortfall amortization installments are the amounts necessary to amortize the shortfall amortization base of the plan for any plan year in level annual installments over the 15-year period beginning with such plan year.

Actuarial Assumptions and Methods for Funding Purposes (continued)

Actuarial Cost Method: The unit credit cost method is used for ERISA Funding Target (FT) purposes. Under this method, accrued pension benefits are determined for all eligible active participants. These benefits reflect service, salary and negotiated benefit increases to date. The liability is then equal to the present value of all benefits for inactive participants plus the PVAB for active participants.

The normal cost is determined on an individual basis for all active participants who have not attained the assumed retirement age and is equal to the present value of the difference between the current accrued benefit and the anticipated accrued benefit one year later, with the accrued benefit based upon earnings, or negotiated benefit increases, to date in both cases. The total normal cost is based upon the sum of the individual normal costs. The target normal cost for funding is equal to the total normal cost plus assumed administrative expenses expected to be paid from the trust.

The projected unit credit method is used for IRS maximum deductible limit cushion amount. Under this method, accrued pension benefits are determined for all eligible active participants reflecting service to date and anticipated salary and negotiated benefit increases to the assumed retirement age. This liability for active participants is then added to the present value of all benefits for inactive participants to determine the total liability under this method.

Schedule SB Attachment (Form 5500) – 2025 Plan Year
HRL Pension Plan for Non-Bargained Employees
EIN: 95-4663143 PN: 001
Schedule SB, Part V – Summary of Plan Provisions

Plan Provisions

Name of Plan: HRL Pension Plan for Non-Bargained Employees

Employer Identification Number/Plan Number: 95-4663143/001.

Effective Date: January 1, 2003.

Covered Employees: Employees transferred from Boeing Satellite Systems on January 1, 2003. The Plan covers non-bargained employees only. The noncontributing participants' benefit was frozen effective December 31, 2009.

Participation Date: Completion of 12 months of vesting service.

Definitions:

Vesting service: Continuous service from the employee's date of hire.

Benefit service: Total service accrued monthly from first of the month eligibility commenced.

Pensionable pay: Basic compensation subsequent to the effective date of the plan and prior to retirement date, including regular pay, bonuses, overtime pay, sick leave pay, workers' compensation, vacation and holiday pay, and bereavement or personal leave pay, but excluding any other extraordinary compensation.

Final average monthly earnings: One twelfth of the average 5 highest of last 10 qualifying 12-Accounting-Month periods; or all of his qualifying 12 Accounting Month periods if less than 5.

Normal Retirement Date (NRD): First of month coinciding with or next following the attainment of age 65

Plan Provisions (continued)

Monthly Pension Benefit for Contributing Participants

The monthly benefit is the greatest of (i), (ii), or (iii) below:

i Accrued benefit through December 31, 1975 plus 1% of the first $300 of monthly compensation and 2% of monthly compensation in excess of $300, for all compensation received after December 31, 1975.

ii The product of (1) and (2):
   1) Benefit Accrual Service
   2) $13 plus .5% of final average monthly compensation,

iii The difference of (1) and (2):
   1) The product of benefit accrual service and 1.75% of final average monthly compensation,
   2) The product of benefit accrual service (maximum 33-1/3 years) and 1.5% of monthly primary insurance amount.

Monthly Pension Benefit for Noncontributing Participants[1]

Benefit A offset by Benefit B, where:

i Benefit A equals the sum of:
   1) 1.5% of final average salary multiplied by years of benefit accrual service (not in excess of 35 years).
   2) 0.5% of final average salary multiplied by years of benefit accrual service in excess of 35 years.

ii Benefit B equals:
   1) 0.6% of final average salary (not in excess of covered compensation) multiplied by years of benefit accrual service (not in excess of 35 years).

[1] Benefit accruals frozen as of 12/31/2009

Plan Provisions (continued)

Eligibility for Benefits:

Normal retirement: Retirement on NRD.

Early retirement: Retirement before NRD and on or after both attaining age 55 and five years of service.

Postponed retirement: Retirement after NRD.

Deferred vested: Terminations for reasons other than death, disability, or retirement after completing five years of Vesting Service.

Pre-retirement spouse benefit: Death while eligible for Normal, Early, Postponed, or Deferred Vested Retirement benefits, with a surviving spouse.

Disability: Permanently and totally disabled.

Monthly Benefits Paid Upon the Following Events:

Normal retirement: Monthly Pension Benefit determined as of NRD.

Early retirement: Actuarial Equivalent of the Normal Retirement Benefit unless eligible for unreduced benefit under the rule of 75 for contributing participants

Postponed retirement: Monthly pension benefit determined as of actual retirement date.

Cost-of-living adjustments: Automatic cost-of-living adjustments of up to 4.00% are payable on retirement benefits after age 55 for contributing participants

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Plan Provisions (continued)

Termination with deferred vested benefit: Monthly pension benefit accrued to date of termination payable at age 65 or the actuarial equivalent payable for commencement after age 55 and prior to age 65

Death with pre-retirement spouse benefit: Monthly pension benefit accrued to date of death, calculated as if the employee had retired at the earliest retirement age and elected the 50% contingent annuitant option or, if already eligible for early retirement, elected to retire and had elected the 100% contingent annuitant option on the day before death. The benefit is actuarially reduced with benefit payments to the spouse commencing on the date when the employee would have first become eligible for retirement benefits.

Forms of Payment: Pre-retirement spouse benefits are payable as described above. Otherwise, benefits are paid in the form of a single life annuity (if single) or a 50% joint and survivor annuity (if married) or, if the participant elects and the spouse consents, another actuarially equivalent optional form offered by the plan. Optional forms are a 50%, 66-2/3%, 75%, or 100% contingent annuity, a 5- (for the contributory employees only), 10-, or 15-year period certain and continuous, 5- (for the contributory employees only), 10-, and 15-year period certain only, Social Security leveling options, or (for married participants) a life annuity. 1/12 of accrued benefit as of actual retirement date, crediting service and earnings through delayed retirement date.

Actuarial Equivalence
The plan's optional form factors not subject to IRC Section 417(e)(3) are computed as follows:

- Mortality Table: 1971 Group Annuity Mortality Table - 80% male / 20% female
- Interest Rate: PBGC's lump sum interest rate (for private sector payments) in effect for October 1st, or December 1st if lesser, preceding the Plan Year in which the Participant's Benefit Commencement Date occurs.

The plan's optional form factors subject to IRC Section 417(e)(3) are computed as follows:

- Mortality Table: Applicable mortality table under IRC section 417(e)(3)(B)
- Interest Rate: August or October IRC section 417(e)(3)(C) applicable interest rates for the calendar year preceding the year of commencement, whichever produces the higher factor.

Maximum on Benefits and Pay: All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes become effective.

Schedule SB Attachment (Form 5500) – 2025 Plan Year
HRL Pension Plan for Non-Bargained Employees
EIN: 95-4663143 PN: 001
Schedule SB, Line 22 – Description of Weighted Average Retirement Age

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

HRL Pension Plan for Non-Bargained Employees Weighted Average Retirement Age

Group	(a) Active Participants	(b) Proportion of Total Actives	(c) Average Retirement Age	(b) x (c) Product
Contributory	7	0.06	60.00	3.60
Non-Contributory	104	0.94	63.00	59.22
		Weighted Average		62.82
		Rounded Weighted Average		**63.00**

Contributory

(a) Age	(b) Rate	(c) Weight	Product (a) x (b) x (c)
55.5	20.00%	1.0000	11.10
56.5	15.00%	0.8000	6.78
57.5	15.00%	0.6800	5.87
58.5	25.00%	0.5780	8.45
59.5	25.00%	0.4335	6.45
60.5	10.00%	0.3251	1.97
61.5	10.00%	0.2926	1.80
62.5	15.00%	0.2633	2.47
63.5	15.00%	0.2238	2.13
64.5	20.00%	0.1902	2.45
65.5	20.00%	0.1522	1.99
66.5	33.33%	0.1218	2.70
67.5	33.33%	0.0812	1.83
68.5	100.00%	0.0541	3.71
69.5	100.00%	0.0000	0.00
70+	100.00%	0.0000	0.00
		Weighted Average	59.70
		Rounded Weighted Average	**60.00**

Non-Contributory

(a) Age	(b) Rate	(c) Weight	Product (a) x (b) x (c)
55.5	5.00%	1.0000	2.78
56.5	5.00%	0.9500	2.68
57.5	5.00%	0.9025	2.59
58.5	5.00%	0.8574	2.51
59.5	5.00%	0.8145	2.42
60.5	12.50%	0.7738	5.85
61.5	12.50%	0.6771	5.21
62.5	12.50%	0.5925	4.63
63.5	12.50%	0.5184	4.11
64.5	25.00%	0.4536	7.31
65.5	25.00%	0.3402	5.57
66.5	33.33%	0.2552	5.66
67.5	33.33%	0.1701	3.83
68.5	33.33%	0.1134	2.59
69.5	33.33%	0.0756	1.75
70+	100.00%	0.0504	3.53
		Weighted Average	63.02
		Rounded Weighted Average	**63.00**

Schedule SB Attachment (Form 5500) – 2025 Plan Year
HRL Pension Plan for Non-Bargained Employees
EIN: 95-4663143 PN: 001
Schedule SB, Line 18 – Contributions Made to the Plan for the Plan Year

Following is a breakout of the 7/1/2025 employee contribution shown on the 2025 Schedule SB.

(a) Date	(b) Amount paid by employer(s)	(c) Amount paid by employees
01/06/2025	$0	$2,140.61
01/21/2025	$0	$2,140.61
02/06/2025	$0	$2,140.61
02/18/2025	$0	$2,140.61
03/04/2025	$0	$14,900.11
03/17/2025	$0	$1,504.55
03/31/2025	$0	$1,396.20
04/14/2025	$336,000	$0
04/17/2025	$0	$1,551.32
04/28/2025	$0	$1,551.32
05/12/2025	$0	$1,551.32
05/27/2025	$0	$1,483.10
06/09/2025	$0	$1,551.32
06/23/2025	$0	$1,358.01
07/07/2025	$0	$1,392.13
07/15/2025	$336,000	$0
07/21/2025	$0	$1,358.01
08/04/2025	$0	$1,358.01
08/22/2025	$0	$1,392.13
09/03/2025	$0	$1,392.13
09/15/2025	$0	$1,505.84
09/30/2025	$0	$1,471.72
10/13/2025	$336,000	$1,392.13
10/27/2025	$0	$1,392.13
11/10/2025	$0	$1,392.13
11/24/2025	$0	$1,412.65
12/02/2025	$0	$34.11
12/09/2025	$0	$1,237.42
12/24/2025	$0	$1,136.88
01/15/2026	$336,000	$0
09/15/2026	$514,000	$0
Total on Attachment	$1,858,000	$53,277.11

This schedule excludes a $150,000 contribution made on March 31, 2025. The 2025 Schedule SB reflects this contribution as a 2024 plan year contribution, with discounted value included in the market value of assets as of January 1, 2025. The prior year Schedule SB developed by the prior plan actuary incorrectly excluded this contribution. The Schedule H included in this 2025 Form 5500 makes note of the correction to designate this contribution as a receivable 2024 plan year contribution.

Schedule SB Attachment (Form 5500) – 2025 Plan Year
HRL Pension Plan for Non-Bargained Employees
EIN: 95-4663143 PN: 001
Schedule SB, Part I - Statement by Enrolled Actuary

Statement by Enrolled Actuary

This filing reflects a change in the Enrolled Actuary for the plan. The change in actuary is due to a change in actuarial service provider.

This filing reflects a $150,000 contribution made on March 31, 2025 for the 2024 plan year, with discounted value included in the market value of assets as of January 1, 2025. The prior year Schedule SB developed by the prior plan actuary incorrectly excluded this contribution. The Schedule H included in this 2025 Form 5500 makes note of the correction to designate this contribution as a receivable 2024 plan year contribution.

Schedule SB Attachment (Form 5500) – 2025 Plan Year
HRL Pension Plan for Non-Bargained Employees
EIN: 95-4663143 PN: 001
Schedule SB, Part V – Summary of Plan Provisions

Plan Provisions

Name of Plan: HRL Pension Plan for Non-Bargained Employees

Employer Identification Number/Plan Number: 95-4663143/001.

Effective Date: January 1, 2003.

Covered Employees: Employees transferred from Boeing Satellite Systems on January 1, 2003. The Plan covers non-bargained employees only. The noncontributing participants' benefit was frozen effective December 31, 2009.

Participation Date: Completion of 12 months of vesting service.

Definitions:

Vesting service: Continuous service from the employee's date of hire.

Benefit service: Total service accrued monthly from first of the month eligibility commenced.

Pensionable pay: Basic compensation subsequent to the effective date of the plan and prior to retirement date, including regular pay, bonuses, overtime pay, sick leave pay, workers' compensation, vacation and holiday pay, and bereavement or personal leave pay, but excluding any other extraordinary compensation.

Final average monthly earnings: One twelfth of the average 5 highest of last 10 qualifying 12-Accounting-Month periods; or all of his qualifying 12 Accounting Month periods if less than 5.

Normal Retirement Date (NRD): First of month coinciding with or next following the attainment of age 65

Plan Provisions (continued)

Monthly Pension Benefit for Contributing Participants

The monthly benefit is the greatest of (i), (ii), or (iii) below:

i Accrued benefit through December 31, 1975 plus 1% of the first $300 of monthly compensation and 2% of monthly compensation in excess of $300, for all compensation received after December 31, 1975.

ii The product of (1) and (2):
   1) Benefit Accrual Service
   2) $13 plus .5% of final average monthly compensation,

iii The difference of (1) and (2):
   1) The product of benefit accrual service and 1.75% of final average monthly compensation,
   2) The product of benefit accrual service (maximum 33-1/3 years) and 1.5% of monthly primary insurance amount.

Monthly Pension Benefit for Noncontributing Participants[1]

Benefit A offset by Benefit B, where:

i Benefit A equals the sum of:
   1) 1.5% of final average salary multiplied by years of benefit accrual service (not in excess of 35 years).
   2) 0.5% of final average salary multiplied by years of benefit accrual service in excess of 35 years.

ii Benefit B equals:
   1) 0.6% of final average salary (not in excess of covered compensation) multiplied by years of benefit accrual service (not in excess of 35 years).

[1] Benefit accruals frozen as of 12/31/2009

Plan Provisions (continued)

Eligibility for Benefits:

Normal retirement: Retirement on NRD.

Early retirement: Retirement before NRD and on or after both attaining age 55 and five years of service.

Postponed retirement: Retirement after NRD.

Deferred vested: Terminations for reasons other than death, disability, or retirement after completing five years of Vesting Service.

Pre-retirement spouse benefit: Death while eligible for Normal, Early, Postponed, or Deferred Vested Retirement benefits, with a surviving spouse.

Disability: Permanently and totally disabled.

Monthly Benefits Paid Upon the Following Events:

Normal retirement: Monthly Pension Benefit determined as of NRD.

Early retirement: Actuarial Equivalent of the Normal Retirement Benefit unless eligible for unreduced benefit under the rule of 75 for contributing participants

Postponed retirement: Monthly pension benefit determined as of actual retirement date.

Cost-of-living adjustments: Automatic cost-of-living adjustments of up to 4.00% are payable on retirement benefits after age 55 for contributing participants

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Plan Provisions (continued)

Termination with deferred vested benefit: Monthly pension benefit accrued to date of termination payable at age 65 or the actuarial equivalent payable for commencement after age 55 and prior to age 65

Death with pre-retirement spouse benefit: Monthly pension benefit accrued to date of death, calculated as if the employee had retired at the earliest retirement age and elected the 50% contingent annuitant option or, if already eligible for early retirement, elected to retire and had elected the 100% contingent annuitant option on the day before death. The benefit is actuarially reduced with benefit payments to the spouse commencing on the date when the employee would have first become eligible for retirement benefits.

Forms of Payment: Pre-retirement spouse benefits are payable as described above. Otherwise, benefits are paid in the form of a single life annuity (if single) or a 50% joint and survivor annuity (if married) or, if the participant elects and the spouse consents, another actuarially equivalent optional form offered by the plan. Optional forms are a 50%, 66-2/3%, 75%, or 100% contingent annuity, a 5- (for the contributory employees only), 10-, or 15-year period certain and continuous, 5- (for the contributory employees only), 10-, and 15-year period certain only, Social Security leveling options, or (for married participants) a life annuity. 1/12 of accrued benefit as of actual retirement date, crediting service and earnings through delayed retirement date.

Actuarial Equivalence
The plan's optional form factors not subject to IRC Section 417(e)(3) are computed as follows:

- Mortality Table: 1971 Group Annuity Mortality Table - 80% male / 20% female
- Interest Rate: PBGC's lump sum interest rate (for private sector payments) in effect for October 1st, or December 1st if lesser, preceding the Plan Year in which the Participant's Benefit Commencement Date occurs.

The plan's optional form factors subject to IRC Section 417(e)(3) are computed as follows:

- Mortality Table: Applicable mortality table under IRC section 417(e)(3)(B)
- Interest Rate: August or October IRC section 417(e)(3)(C) applicable interest rates for the calendar year preceding the year of commencement, whichever produces the higher factor.

Maximum on Benefits and Pay: All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes become effective.

HRL PENSION PLAN FOR NON-BARGAINED EMPLOYEES
FORM 5500
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
E.I.N. 95-4663143; PLAN NO. 001
DECEMBER 31, 2025

(a) Identity of Issuer	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
Fidelity *	Investment Interest in Master Trust	Master Trust	$ 36,530,121	$ 38,385,228

* Party in interest

Schedule SB Attachment (Form 5500) – 2025 Plan Year
HRL Pension Plan for Non-Bargained Employees
EIN: 95-4663143 PN: 001
Schedule SB, Line 32 – Schedule of Amortization Bases

Type of Base	Present Value of Any Remaining Installments	Valuation Date	Years Remaining	Amortization Installment
2025 Shortfall	$ 3,465,403	January 1, 2025	15	$ 323,116
2024 Shortfall	$ 99,874	January 1, 2024	14	$ 9,753
2023 Shortfall	$ 5,590,001	January 1, 2023	13	$ 574,516
Total	$ 9,155,278			$ 907,385

Schedule SB Attachment (Form 5500) – 2025 Plan Year
HRL Pension Plan for Non-Bargained Employees
EIN: 95-4663143 PN: 001
Schedule SB, Line 24 – Change in Actuarial Assumptions

The funding valuation reflects the following non-prescribed assumption change:

- A change in the optional payment form conversion interest rate for joint & survivor payment forms from 2.75% to 2.00%.

This change was made to better reflect anticipated plan experience.