# 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
SHAKLEE CORPORATION PENSION PLAN

**1b** Three-digit plan number (PN) ▶ 002

**1c** Effective date of plan 05/27/2004

**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)
SHAKLEE CORPORATION

4040 NE 2ND AVENUE, SUITE 358
MIAMI, FL 33137

**2b** Employer Identification Number (EIN) 94-3389365

**2c** Plan Sponsor's telephone number 925-924-2248

**2d** Business code (see instructions) 311900

**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 | KELLEY MORAN |
| | **Signature of plan administrator** | Date | Enter name of individual signing as plan administrator |
| **SIGN HERE** | | | |
| | **Signature of employer/plan sponsor** | Date | Enter name of individual signing as employer or plan sponsor |
| **SIGN HERE** | | | |
| | **Signature of DFE** | Date | Enter name of individual signing as DFE |

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

| | | | |
|---|---|---|---|
| **5** | Total number of participants at the beginning of the plan year | **5** | 222 |
| **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)** | 34 |
| **a(2)** | Total number of active participants at the end of the plan year | **6a(2)** | 31 |
| **b** | Retired or separated participants receiving benefits | **6b** | 85 |
| **c** | Other retired or separated participants entitled to future benefits | **6c** | 95 |
| **d** | Subtotal. Add lines **6a(2)**, **6b**, and **6c**. | **6d** | 211 |
| **e** | Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. | **6e** | 9 |
| **f** | Total. Add lines **6d** and **6e**. | **6f** | 220 |
| **g(1)** | Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) | **6g(1)** | |
| **g(2)** | Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) | **6g(2)** | |
| **h** | Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested. | **6h** | 0 |
| **7** | Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) | **7** | |

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

1A 1I 3H

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

| **9a** Plan funding arrangement (check all that apply) | | **9b** Plan benefit arrangement (check all that apply) | |
|---|---|---|---|
| **(1)** [ ] | 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)** [ ] **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
SHAKLEE CORPORATION PENSION PLAN

**B** Three-digit plan number (PN) ▶ 002

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

**D** Employer Identification Number (EIN)
94-3389365

**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** | 13789817 |
| **b** Actuarial value | **2b** | 13447992 |

**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 | 90 | 13019545 | 13019545 |
| **b** For terminated vested participants | 105 | 3970633 | 3970633 |
| **c** For active participants | 31 | 1778227 | 1782364 |
| **d** Total | 226 | 18768405 | 18772542 |

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

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

| | | |
|---|---|---|
| **5** Effective interest rate | **5** | 5.34 % |
| **6** Target normal cost | | |
| **a** Present value of current plan year accruals | **6a** | 0 |
| **b** Expected plan-related expenses | **6b** | 350000 |
| **c** Target normal cost | **6c** | 350000 |

**Statement by Enrolled Actuary**

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

**SIGN HERE**

Signature of actuary

09/30/2026
Date

MISTY LAM, EA, MSPA, MAAA
Type or print name of actuary

26-06737
Most recent enrollment number

GALLAGHER BENEFIT SERVICES, INC.
Firm name

415-395-9300
Telephone number (including area code)

50 CALIFORNIA STREET, 12TH FLOOR
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 | 0 |
| 8 | Portion elected for use to offset prior year's funding requirement (line 35 from prior year) | 0 | 0 |
| 9 | Amount remaining (line 7 minus line 8) | 0 | 0 |
| 10 | Interest on line 9 using prior year's actual return of 8.96 % | 0 | 0 |
| 11 | Prior year's excess contributions to be added to prefunding balance: | | |
| | **a** Present value of excess contributions (line 38a from prior year) | | 758 |
| | **b(1)** Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.07 % | | 38 |
| | **b(2)** Interest on line 38b from prior year Schedule SB, using prior year's actual return | | 0 |
| | **c** Total available at beginning of current plan year to add to prefunding balance | | 796 |
| | **d** Portion of (c) to be added to prefunding balance | | 0 |
| 12 | Other reductions in balances due to elections or deemed elections | 0 | 0 |
| 13 | Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) | 0 | 0 |

## Part III Funding Percentages

| | | | |
|---|---|---|---|
| 14 | Funding target attainment percentage | 14 | 71.63 % |
| 15 | Adjusted funding target attainment percentage | 15 | 71.63 % |
| 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 | 73.20 % |
| 17 | If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage | 17 | % |

## Part IV Contributions and Liquidity Shortfalls

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

| (a) Date (MM-DD-YYYY) | (b) Amount paid by employer(s) | (c) Amount paid by employees | (a) Date (MM-DD-YYYY) | (b) Amount paid by employer(s) | (c) Amount paid by employees |
|---|---|---|---|---|---|
| 04/15/2025 | 215000 | 0 | | | |
| 07/11/2025 | 215000 | 0 | | | |
| 09/29/2025 | 112867 | 0 | | | |
| 10/14/2025 | 214000 | 0 | | | |
| 01/13/2026 | 214000 | 0 | | | |
| 09/02/2026 | 129621 | 0 | | | |
| | | | Totals ► 18(b) | 1100488 | 18(c) 0 |

| | | | |
|---|---|---|---|
| 19 | Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year: | | |
| | **a** Contributions allocated toward unpaid minimum required contributions from prior years | 19a | 0 |
| | **b** Contributions made to avoid restrictions adjusted to valuation date | 19b | 108590 |
| | **c** Contributions allocated toward minimum required contribution for current year adjusted to valuation date | 19c | 948163 |

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** | 62 |

**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** | 350000 |
| **b** Excess assets, if applicable, but not greater than line 31a | **31b** | 0 |

| **32** Amortization installments: | Outstanding Balance | Installment |
|---|---|---|
| **a** Net shortfall amortization installment | 5324550 | 597857 |
| **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** | 947857 |

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

| | | |
|---|---|---|
| **36** Additional cash requirement (line 34 minus line 35) | **36** | 947857 |
| **37** Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) | **37** | 948163 |
| **38** Present value of excess contributions for current year (see instructions) | | |
| **a** Total (excess, if any, of line 37 over line 36) | **38a** | 306 |
| **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<br>Internal Revenue Service<br>Department of Labor<br>Employee Benefits Security Administration<br>Pension Benefit Guaranty Corporation | This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br>▶ **File as an attachment to Form 5500.** | **2025**<br>**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 | **B** Three-digit plan number (PN) ▶ | |
|---|---|---|
| SHAKLEE CORPORATION PENSION PLAN | | 002 |
| **C** Plan sponsor's name as shown on line 2a of Form 5500 | **D** Employer Identification Number (EIN) | |
| SHAKLEE CORPORATION | 94-3389365 | |

## 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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**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

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 | NONE | 72526 | Yes ☐ No ☒ | Yes ☐ No ☐ | | Yes ☐ No ☐ |

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

MORGAN STANLEY

200 WESTCHESTER AVE
PURCHASE, NY 10577

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|---|---|---|---|---|---|---|
| 27 | NONE | 19018 | Yes ☐ No ☒ | Yes ☐ No ☐ | | Yes ☐ No ☐ |

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

MERRILL LYNCH

13-3180817

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|---|---|---|---|---|---|---|
| 27 | NONE | 18352 | 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)

PENSION ASSURANCE LLP

30-0840934

| (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 | 12500 | 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: STEPHEN J. DRAKE
**b** EIN: 36-4291971
**c** Position: ENROLLED ACTUARY
**d** Address: 50 CALIFORNIA STREET, 12TH FLOOR
SAN FRANCISCO, CA 94111
**e** Telephone: 415-395-9300

Explanation: PROJECTS WERE RE-ASSIGNED WITHIN GALLAGHER.

**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 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
SHAKLEE CORPORATION PENSION PLAN

**B** Three-digit plan number (PN) ▶ 002

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

**D** Employer Identification Number (EIN)
94-3389365

## 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) | 300078 | 343621 |
| **(2)** Participant contributions | 1b(2) | | |
| **(3)** Other | 1b(3) | 14502 | 2512 |
| **c** General investments: | | | |
| **(1)** Interest-bearing cash (include money market accounts & certificates of deposit) | 1c(1) | 622718 | 5555 |
| **(2)** U.S. Government securities | 1c(2) | 763825 | 0 |
| **(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) | 0 | 4320380 |
| **(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) | | |
| **(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) | 12105049 | 8338430 |
| **(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 | 13806172 | 13010498 |
| **Liabilities** | | | |
| **1g** Benefit claims payable | 1g | | |
| **1h** Operating payables | 1h | | |
| **1i** Acquisition indebtedness | 1i | | |
| **1j** Other liabilities | 1j | 13038 | 0 |
| **1k** Total liabilities (add all amounts in lines 1g through1j) | 1k | 13038 | 0 |
| **Net Assets** | | | |
| **1l** Net assets (subtract line 1k from line 1f) | 1l | 13793134 | 13010498 |

## 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) | 1100488 | |
| **(B)** Participants | 2a(1)(B) | | |
| **(C)** Others (including rollovers) | 2a(1)(C) | | |
| **(2)** Noncash contributions | 2a(2) | | |
| **(3)** Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)** | 2a(3) | | 1100488 |
| **b Earnings on investments:** | | | |
| **(1)** Interest: | | | |
| **(A)** Interest-bearing cash (including money market accounts and certificates of deposit) | 2b(1)(A) | 3440 | |
| **(B)** U.S. Government securities | 2b(1)(B) | 4036 | |
| **(C)** Corporate debt instruments | 2b(1)(C) | | |
| **(D)** Loans (other than to participants) | 2b(1)(D) | | |
| **(E)** Participant loans | 2b(1)(E) | 483 | |
| **(F)** Other | 2b(1)(F) | | |
| **(G)** Total interest. Add lines **2b(1)(A)** through **(F)** | 2b(1)(G) | | 7959 |
| **(2)** Dividends: **(A)** Preferred stock | 2b(2)(A) | | |
| **(B)** Common stock | 2b(2)(B) | 259380 | |
| **(C)** Registered investment company shares (e.g. mutual funds) | 2b(2)(C) | 169502 | |
| **(D)** Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)** | 2b(2)(D) | | 428882 |
| **(3)** Rents | 2b(3) | | |
| **(4)** Net gain (loss) on sale of assets: **(A)** Aggregate proceeds | 2b(4)(A) | 13595353 | |
| **(B)** Aggregate carrying amount (see instructions) | 2b(4)(B) | 13595682 | |
| **(C)** Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result | 2b(4)(C) | | -329 |
| **(5)** Unrealized appreciation (depreciation) of assets: **(A)** Real estate | 2b(5)(A) | | |
| **(B)** Other | 2b(5)(B) | -621123 | |
| **(C)** Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)** | 2b(5)(C) | | -621123 |

| | | (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) | | |
| (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) | | 276356 |
| c Other income | 2c | | 3330 |
| d Total income. Add all **income** amounts in column (b) and enter total | 2d | | 1195563 |
| **Expenses** | | | |
| e Benefit payment and payments to provide benefits: | | | |
| (1) Directly to participants or beneficiaries, including direct rollovers | 2e(1) | 1668187 | |
| (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) | | 1668187 |
| 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) | 12500 | |
| (5) Investment advisory and investment management fees | 2i(5) | 37370 | |
| (6) Bank or trust company trustee/custodial fees | 2i(6) | 4692 | |
| (7) Actuarial fees | 2i(7) | 72526 | |
| (8) Legal fees | 2i(8) | | |
| (9) Valuation/appraisal fees | 2i(9) | | |
| (10) Other trustee fees and expenses | 2i(10) | 218 | |
| (11) Other expenses | 2i(11) | 182706 | |
| (12) Total administrative expenses. Add lines **2i(1)** through **(11)** | 2i(12) | | 310012 |
| j Total expenses. Add all **expense** amounts in column (b) and enter total | 2j | | 1978199 |
| **Net Income and Reconciliation** | | | |
| k Net income (loss). Subtract line **2j** from line **2d** | 2k | | -782636 |
| 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: PENSION ASSURANCE LLP **(2)** EIN: 30-0840934

**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 | | 25000000 |
| **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 581851.

# 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
SHAKLEE CORPORATION PENSION PLAN

**B** Three-digit plan number (PN) ▶ 002

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

**D** Employer Identification Number (EIN)
94-3389365

## 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): 13-3124172

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

**3** Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year ..... **3** 1

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

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

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

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

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

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

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

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

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

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

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

## Part III Amendments

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

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

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

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

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

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

## Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

**a** Name of contributing employer

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

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

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

---

**a** Name of contributing employer

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

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

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

---

**a** Name of contributing employer

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

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

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

---

**a** Name of contributing employer

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

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

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

---

**a** Name of contributing employer

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

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

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

---

**a** Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

**a** Enter the percentage of plan assets held as:
Public Equity: _____% 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<br>Schedule of Active Participant Data | 2025 |
|---|---|---|
| Department of the Treasury<br>Internal Revenue Service<br>Department of Labor<br>Employee Benefits Security Administration<br>Pension Benefit Guaranty Corporation | | This Form is Open to Public Inspection |

| Name of Plan | SHAKLEE CORPORATION PENSION PLAN | | | | | | |
|---|---|---|---|---|---|---|---|
| Plan Year Begin Date | 01/01/2025 | Plan Year End Date | 12/31/2025 | EIN | 94-3389365 | PN | 002 |

| 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 | | | | | | |
| 45 to 49 | | | | 2 | | |
| 50 to 54 | | | | 2 | | |
| 55 to 59 | | | | 1 | | |
| 60 to 64 | | | | 1 | | |
| 65 to 69 | | | | | | |
| 70 & Up | | | | | | |

| 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 | 2 | | | | | |
| 45 to 49 | 5 | | | | | |
| 50 to 54 | 1 | | | 1 | | |
| 55 to 59 | 6 | | | 3 | | |
| 60 to 64 | 4 | | | | | |
| 65 to 69 | | | | 1 | | |
| 70 & Up | | | | | | |

| Name of Plan | SHAKLEE CORPORATION PENSION PLAN | | | | | | |
|---|---|---|---|---|---|---|---|
| **Plan Year Begin Date** | 01/01/2025 | **Plan Year End Date** | 12/31/2025 | **EIN** | 94-3389365 | **PN** | 002 |

| 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 | | | | | | |
| 55 to 59 | | | | | | |
| 60 to 64 | 1 | | | | | |
| 65 to 69 | | | | | | |
| 70 & Up | | | | | | |

| 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 | | | | | | |
| 70 & Up | | | | | | |

| Name of Plan | SHAKLEE CORPORATION PENSION PLAN | | | | | | |
|---|---|---|---|---|---|---|---|
| **Plan Year Begin Date** | 01/01/2025 | **Plan Year End Date** | 12/31/2025 | **EIN** | 94-3389365 | **PN** | 002 |

| 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** | | | | | | |
| **70 & Up** | | | | | | |

# INDEPENDENT AUDITOR'S REPORT

To the plan administrator and participants of
Shaklee Corporation Pension Plan:

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

We have performed audits of the financial statements of Shaklee Corporation Pension Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the Statements of Net Assets Available for Benefits as of December 31, 2025 and 2024, the related Statements of Changes in Net Assets Available for Benefits for the Year Ended December 31, 2025 and 2024, the Statement of Accumulated Benefits as of December 31, 2024, the Statement of Changes in Accumulated Benefits for the Year Ended December 31, 2024, and the related notes to the financial statements.

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

Management has obtained certifications from a qualified institution as of and for the years ended December 31, 2025 and 2024, stating that the certified investment information, as described in Note 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 accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- the information in the accompanying financial statements related to benefits provided under the plan and certified to by a qualified institution or assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

***Basis for Opinion***

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

***Emphasis of Matter—Plan Freeze***

As disclosed in Note 1a, effective May 27, 2007, the Plan was amended to freeze all future benefit accruals. Our report is not modified with respect to this matter.

***Responsibilities of Management for the Financial Statements***

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for one year after the date that the financial statements are 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 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if, there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

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

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

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

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

***Other Matter—Supplemental Schedules Required by ERISA***

The supplemental schedules of Schedule H, line 4i—Schedule of Assets (Held at End of Year) as of December 31, 2025, and Schedule H, Line 4j —Schedule of Reportable Transactions for the year ended December 31, 2025, are presented for the purpose 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 schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental 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, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion

- the form and content of the supplemental schedule, other than the information in the supplemental schedule that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- the information in the supplemental schedule related to benefits provided under the plan and certified to by a qualified institution or 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).




Agoura Hills, California
October 14, 2026

**Attachment to 2025 Schedule SB (Form 5500)**
**Plan Name: Shaklee Corporation Pension Plan**
**Plan Sponsor: Shaklee Corporation**
**EIN / PN: 94-3389365 / 002**

## Schedule SB, Part V – Statement of Actuarial Assumptions / Methods

## Actuarial Basis

## Overview

This 2025 Form 5500 Schedule SB for the Shaklee Corporation Pension Plan ("Plan") has been prepared for the Internal Revenue Service, the Department of Labor, and the Pension Benefit Guaranty Corporation. The purpose of this 2025 Schedule SB is to provide reporting of the Plan's minimum funding and other Plan information as requested to the Department of Labor's Employee Benefits Security Administration (the "EBSA"), as stated in the instructions to the 2025 Form 5500. This 2025 Schedule SB consists of the three-page Schedule SB form provided by the EBSA and the associated attachments filed concurrently with this form.

This 2025 Schedule SB is signed and dated by Misty Lam. Ms. Lam is the responsible actuary for this 2025 Schedule SB for the Plan, and as an Enrolled Actuary, and a Member of the American Academy of Actuaries, is qualified to issue this 2025 Schedule SB. Ms. Lam is not aware of any conflict of interest which could potentially impact the objectiveness of this work.

This 2025 Schedule SB may not be relied upon by any other party or for any other purposes than as stated above. The funded status disclosed in this 2025 Schedule SB is produced on the basis discussed in this reporting. In particular, Plan assets and liabilities have been measured as of the January 1, 2025 valuation date according to the data, assumptions and methodologies as discussed in this reporting. Other than as disclosed in this reporting, the responsible actuary is not aware of any subsequent events that would have a material impact on the results published here.

Future actuarial measurements may differ significantly from the current measurements presented in this report due to a variety of factors. An analysis of the potential range of such future measurements is outside the scope of this report.

## Schedule SB, Part V – Statement of Actuarial Assumptions / Methods (cont'd)

### Liability Methods

For minimum funding purposes, liabilities shown in this report have been computed using the Unit Credit method. This method is mandated by statute.

### Liability Allocation

The objective of any liability method is to accrue for each participant's Plan benefit based on the allocation of liability between past, present and future.

Liability for past periods should be fully accrued, or if not, any unaccrued past service liability requires remedial accruals. Liability for the present period (e.g., the current plan year) should be accrued as expense for the current period. Liability assigned to future periods should be deferred to future years, and thus result in no current period accrual.

Thus, the current period expense will consist of benefit accruals for the current period, plus any remedial past service accrual.

### Unit Credit

Under the Unit Credit method, liabilities are assigned to past, present and future periods based on the accrual of Plan benefits for those periods, as follows:

- Past service: the present value of the benefits accrued under the Plan as of the beginning of the plan year. For funding purposes, this is called the **Target Liability**.
- Current service: the present value of benefits accrued under the Plan during the plan year. For funding purposes, this is called the **Target Normal Cost**.
- Future service: the present value of benefits to accrue after the end of the plan year.

The current year's required contribution is generally determined as the Target Normal Cost, plus remedial funding of any unfunded Target Liability, minus any overfunding of the Target Liability.

## Schedule SB, Part V – Statement of Actuarial Assumptions / Methods (cont'd)

### Asset Valuation Method

The actuarial value of assets is equal to the two-year average of Plan asset values as of the valuation date. The two-year average is the average of the two prior years' adjusted market value of assets and the current year's market value of assets. For this purpose, the prior years' market values of assets are adjusted to reflect contributions, benefit payments, administrative expenses and expected earnings for the prior years.

Receivable contributions for the prior plan year that are made after the valuation date are included. These receivable contributions are discounted back to the valuation date using the Effective Interest Rate before adding to the actuarial value of assets.

Contributions made for the current plan year, whether made before or after the valuation date, are excluded from the actuarial value of assets.

The resulting actuarial value of assets is adjusted to be within 10% of the market value of assets as of the valuation date, as required by law.

### Valuation Data

The valuation date for the 2025 actuarial valuation is January 1, 2025. Except as discussed below, the January 1, 2025 valuation date is also the information date for this report.

The Plan sponsor provided data on all relevant employees and participants as of the January 1, 2025 valuation date. Employee and participant data was reviewed for reasonableness and consistency, but was otherwise relied upon for accuracy and completeness. If any of the reported data were inaccurate, or if the reported data were not complete, these results would require modification and could not be relied upon.

Any changes in participant data effective after the January 1, 2025 valuation date were not considered in this report.

Participants who terminated without any vested Plan benefit prior to the January 1, 2025 valuation date are excluded from this valuation.

All financial data was provided by the Plan's asset custodian, First State Trust Company. With the exception of the dates and amounts of subsequent Plan contributions as fully noted in this report, changes in financial data after the January 1, 2025 valuation date were not considered. The financial data received was reviewed for consistency with the Plan's published funding recommendations, but was otherwise not analyzed.

The limitations of Code section 415(b) have been incorporated into our calculations.

## Schedule SB, Part V – Statement of Actuarial Assumptions / Methods (cont'd)

### Actuarial Assumptions

### PPA Segment Rates

| | |
|---|---|
| Yield Curve Election: | The Plan sponsor did not elect to use the full yield curve. |
| Applicable Month: | The Plan sponsor elected to base Segment Rates on the September immediately preceding the valuation year. |
| MAP-21 Adjusted Segment Rates reflect ARPA Provisions: | First Segment: 5.07% compounded annually.<br>Second Segment: 5.31% compounded annually.<br>Third Segment: 5.50% compounded annually. |
| Unadjusted Segment Rates: | First Segment: 5.07% compounded annually.<br>Second Segment: 5.33% compounded annually.<br>Third Segment: 5.36% compounded annually. |

### Economic

| | |
|---|---|
| Assumed return for asset averaging purposes: | 6.25% compounded annually. |
| Lump Sum Interest Rates: (For Funding) | As required under the annuity substitution rule in IRS section 430 regulations, the assumed lump sum interest rates under IRC section 417(e) are the valuation interest rates as follows:<br><br>First segment rate: 5.07%<br>Second segment rate: 5.31%<br>Third segment rate: 5.50%<br><br>Under the Plan provisions, the lump sum for pre-2002 accrued benefits is based on 80% of the segment rates listed above. |
| Lump Sum Interest Rates: (For Maximum Deductible and PBGC Variable Rate Premium) | Based on the unadjusted PPA segment rates:<br><br>First segment rate: 4.66%<br>Second segment rate: 5.25%<br>Third segment rate: 5.57%<br><br>Under the Plan provisions, the lump sum for pre-2002 accrued benefits is based on 80% of the segment rates listed above. |

## Schedule SB, Part V – Statement of Actuarial Assumptions / Methods (cont'd)

### Actuarial Assumptions

### Other

Mortality: Mortality tables mandated by applicable law and regulation as specified in IRS Regulation 1.430(h)(3)-1, as amended in the Federal Register on October 20, 2023, in TD 9983, 88 FR 72357, and as amended by IRS Notice 2024-42, applied on a fully generational basis using the IRS 2024 Adjusted Scale MP-2021 Rates mortality improvement scale. The "small plan" option is not reflected in this valuation.

For lump sum payments, the mortality used is as prescribed under Section 417(e) for the 2025 plan year.

Retirement: The assumed rates of retirement are shown in the following table.

Percentage retiring during the year

| Age | Rate |
|---|---|
| 55 to 59 | 4.0% |
| 60 | 10.0% |
| 61 | 10.0% |
| 62 | 30.0% |
| 63 | 10.0% |
| 64 | 10.0% |
| 65 | 100.0% |

These rates represent our best estimate of anticipated future experience under the Plan.

Disability: None.

## Schedule SB, Part V – Statement of Actuarial Assumptions / Methods (cont'd)

### Actuarial Assumptions

Withdrawal: Annual rate per 1,000 employees (not due to disability retirement or mortality).

Samples rates are shown below:

| Age | Male Rates | Female Rates |
|---|---|---|
| 20 | 152 | 178 |
| 25 | 148 | 172 |
| 30 | 126 | 140 |
| 35 | 104 | 112 |
| 40 | 88 | 90 |
| 45 | 78 | 74 |
| 50 | 64 | 64 |
| 55 | 48 | 50 |
| 60 | 34 | 34 |

Form of Payment: As mandated by IRS regulations, no benefit restrictions under IRC section 436 or under the Top 25 rules may be assumed on and after the valuation date. Accordingly, 85% of benefits for future terminated participants eligible for lump sum are assumed to be paid as a lump sum and 15% as a 50% joint and survivor annuity. 5% of current terminated vested participants' benefits eligible for lump sum are assumed to be paid as lump sum immediately and the remaining benefits are assumed to be paid as an annuity at normal retirement date.

Percentage Married: All active and terminated vested participants are assumed to be married.

Age Difference: Husbands are assumed to be three years older than their wives.

Employees: It is assumed that there will be no new or rehired employees since this is a frozen plan.

Administrative Expenses: Expenses paid from the trust (trustee, actuarial, and record keeping fees, and PBGC premiums) are estimated to be $350,000 for the 2025 plan year. This assumption is set based on actual administrative expenses incurred for the prior plan year with an adjustment for the expected PBGC premium for the current plan year.

## Schedule SB, Part V – Statement of Actuarial Assumptions / Methods (cont'd)

### Changes in Assumptions and Methods since the Last Actuarial Valuation

The Segment Rates and Mortality assumptions were updated for the 2025 plan year, as required for minimum funding calculations by IRS regulations under IRC section 430 and 417(e). These updates resulted in an increase in the Target Liability, as disclosed in Section 4.3.

Assumed administrative expenses were updated from $310,000 to $350,000 to reflect expected expenses for the 2025 plan year.

The assumed lump sum interest rates were changed from November 2023 segment rates of 5.50%, 5.76% and 5.83% in 2024 to the November 2024 segment rates of 4.66%, 5.25% and 5.57% in 2025.

### Nature of Assumptions

The Segment Rates, the Lump Sum Interest Rates and the Mortality assumptions for funding purposes are dictated by the provisions of the Pension Protection Act of 2006. These three assumptions were determined by IRC section 430 and the associated IRS regulations (including MAP-21/HATFA/BBA/ARPA), and are based on the Plan sponsor method elections previously made.

The administrative expenses assumption represent an estimate of future experience based on actual experience in the prior plan year, with an adjustment for expected PBGC premium for the current plan year.

In the opinion of the responsible actuary, except as dictated by IRC section 430 and the associated IRS regulations, each of the actuarial assumptions is reasonable, taking into account the experience of the Plan and reasonable expectations, and, in combination, represent a reasonable estimate of the anticipated experience under the Plan.

Future actuarial measurements may differ significantly from the current measurements presented in this report due to a variety of factors. An analysis of the potential range of such future measurements is outside the scope of this report.

# Schedule of Reportable 5% Transactions

Reported By Issue

| Asset Description | Buy or Sell Price | Trade Expense | Cost of Asset | Current Value | Net Gain or Loss | % Turnover |
|---|---|---|---|---|---|---|
| Energy Transfer Equity | | | | | | |
| 262,000 Units Bought On 02/25/2025 | 18.86070000 | 18,340.00 | 4,941,503.40 | 4,941,503.40 | | 36.66% |
| | | | | 4,941,503.40 | 0.00 | 36.66% |
| FDIC Bank Deposit Fund FST | | | | | | |
| 1,789,023.38 Units Bought In 26 Transactions | 100.00000000 | | 1,789,023.38 | 1,789,023.38 | | 13.27% |
| 1,788,295.21 Units Sold In 25 Transactions | 100.00000000 | | 1,788,295.21 | 1,788,295.21 | 0.00 | 13.27% |
| | | | | 3,577,318.59 | 0.00 | 26.54% |
| Federated Hermes Govt Obl Advisor | | | | | | |
| 600,000 Units Bought On 01/02/2025 | 1.00000000 | 0.00 | 600,000.00 | 600,000.00 | | 4.45% |
| 2,047.28 Units Bought On 01/31/2025 | 1.00000000 | 0.00 | 2,047.28 | 2,047.28 | | 0.02% |
| 5,000,000 Units Bought On 02/19/2025 | 1.00000000 | 0.00 | 5,000,000.00 | 5,000,000.00 | | 37.10% |
| 602,047.28 Units Sold On 02/14/2025 | 1.00000000 | 0.00 | 602,047.28 | 602,047.28 | 0.00 | 4.47% |
| 5,000,000 Units Sold On 02/25/2025 | 1.00000000 | 0.00 | 5,000,000.00 | 5,000,000.00 | 0.00 | 37.10% |
| | | | | 11,204,094.56 | 0.00 | 83.13% |
| Guggenheim Total Return Bond Inst'l | | | | | | |
| 26,086.508 Units Bought On 04/16/2025 | 23.56999900 | 0.00 | 614,858.99 | 614,858.99 | | 4.56% |
| 1,699.957 Units Bought On 08/20/2025 | 23.90999800 | 0.00 | 40,645.97 | 40,645.97 | | 0.30% |
| 3,025.343 Units Sold On 05/28/2025 | 23.49999900 | 0.00 | 71,307.33 | 71,095.56 | -211.77 | 0.53% |
| 1,326.483 Units Sold On 05/16/2025 | 23.54000000 | 0.00 | 31,265.20 | 31,225.41 | -39.79 | 0.23% |
| 1,041.864 Units Sold On 08/25/2025 | 23.95999800 | 0.00 | 24,556.73 | 24,963.06 | 406.33 | 0.19% |
| | | | | 782,788.99 | 154.77 | 5.81% |
| iShares Core SP 500 ETF | | | | | | |
| 114 Units Bought On 05/28/2025 | 592.60000000 | 0.00 | 67,556.40 | 67,556.40 | | 0.50% |
| 1,437 Units Bought On 04/16/2025 | 526.77000000 | 0.00 | 756,968.49 | 756,968.49 | | 5.62% |
| 76 Units Sold On 05/16/2025 | 596.66500000 | 0.00 | 40,034.52 | 45,346.54 | 5,312.02 | 0.34% |
| 60 Units Sold On 08/25/2025 | 647.48000000 | 0.00 | 31,606.20 | 38,848.80 | 7,242.60 | 0.29% |

# Schedule of Reportable 5% Transactions

Reported By Issue

| Asset Description | Buy or Sell Price | Trade Expense | Cost of Asset | Current Value | Net Gain or Loss | % Turnover |
|---|---|---|---|---|---|---|
| 114 Units Sold On 08/20/2025 | 640.09000000 | 0.00 | 60,051.78 | 72,970.26 | 12,918.48 | 0.54% |
| 14 Units Sold On 08/20/2025 | 640.09000000 | 0.00 | 7,374.78 | 8,961.26 | 1,586.48 | 0.07% |
| | | | | 990,651.75 | 27,059.58 | 7.35% |
| Lord Abbett Short Duration Income Cl I | | | | | | |
| 396.261 Units Bought On 03/31/2025 | 3.86999900 | 0.00 | 1,533.53 | 1,533.53 | | 0.01% |
| 637.817 Units Bought On 02/28/2025 | 3.88000000 | 0.00 | 2,474.73 | 2,474.73 | | 0.02% |
| 25,906.736 Units Bought On 01/16/2025 | 3.85999900 | 0.00 | 100,000.00 | 100,000.00 | | 0.74% |
| 751.941 Units Bought On 01/31/2025 | 3.86999700 | 0.00 | 2,910.01 | 2,910.01 | | 0.02% |
| 699.49 Units Bought On 12/31/2024 | 3.85999700 | 0.00 | 2,700.03 | 2,700.03 | | 0.02% |
| 100,000 Units Sold On 02/14/2025 | 3.87000000 | 0.00 | 386,000.00 | 387,000.00 | 1,000.00 | 2.87% |
| 92,044.804 Units Sold On 04/16/2025 | 3.85999900 | 0.00 | 355,290.66 | 355,292.94 | 2.28 | 2.64% |
| | | | | 851,911.24 | 1,002.28 | 6.32% |
| Lord Abbett Total Return I | | | | | | |
| 929.048 Units Bought On 02/28/2025 | 8.82999500 | 0.00 | 8,203.49 | 8,203.49 | | 0.06% |
| 602.994 Units Bought On 03/31/2025 | 8.77000400 | 0.00 | 5,288.26 | 5,288.26 | | 0.04% |
| 1,206.959 Units Bought On 01/31/2025 | 8.67999600 | 0.00 | 10,476.40 | 10,476.40 | | 0.08% |
| 1,193.798 Units Bought On 12/31/2024 | 8.65999900 | 0.00 | 10,338.29 | 10,338.29 | | 0.08% |
| 150,000 Units Sold On 02/14/2025 | 8.72000000 | 0.00 | 1,349,196.99 | 1,308,000.00 | -41,196.99 | 9.70% |
| 0.197 Unit Sold On 05/16/2025 | 8.62944100 | 0.00 | 1.76 | 1.70 | -0.06 | 0.00% |
| 141,584 Units Sold On 04/16/2025 | 8.66000000 | 0.00 | 1,265,931.74 | 1,226,117.44 | -39,814.30 | 9.10% |
| | | | | 2,568,425.58 | -81,011.35 | 19.06% |
| ML BANK DEPOSIT PROGRAM | | | | | | |
| 1,579,273 Units Bought In 77 Transactions | 100.00000000 | 0.00 | 1,579,273.00 | 1,579,273.00 | | 11.72% |
| 1,314,773 Units Sold In 34 Transactions | 100.00000000 | 0.00 | 1,314,773.00 | 1,314,773.00 | 0.00 | 9.75% |
| | | | | 2,894,046.00 | 0.00 | 21.47% |
| Morgan Stanley Bank Deposit | | | | | | |

# Schedule of Reportable 5% Transactions

Reported By Issue

| Asset Description | Buy or Sell Price | Trade Expense | Cost of Asset | Current Value | Net Gain or Loss | % Turnover |
|---|---|---|---|---|---|---|
| 10,425,671.11 Units Bought In 20 Transactions | 100.00000000 | 0.00 | 10,425,671.11 | 10,425,671.11 | | 77.35% |
| 11,043,561.98 Units Sold In 9 Transactions | 100.00000000 | 0.00 | 11,043,561.98 | 11,043,561.98 | 0.00 | 81.93% |
| | | | | 21,469,233.09 | 0.00 | 159.28% |
| United States Treas Nts 4.0000% 12/15/25 | | | | | | |
| 765,200 Units Sold On 02/14/2025 | 99.77730000 | 0.00 | 754,528.98 | 763,496.23 | 8,967.25 | 5.66% |
| | | | | 763,496.23 | 8,967.25 | 5.66% |

NOTE : TURNOVER % BASED ON THE 01/01/2025 MARKET VALUE (EXCLUDING ACCRUALS AND PENDING TRANSACTIONS) OF 13,478,553.22

(5 % = 673,927.66)

# Schedule of Reportable 5% Transactions

Reported By Broker

| Asset Description | Buy or Sell Price | Trade Expense | Cost of Asset | Current Value | Net Gain or Loss | % Turnover |
|---|---|---|---|---|---|---|
| * No Broker Specified * | | | | | | |
| FDIC Bank Deposit Fund FST | | | | | | |
| 1,789,023.38 Units Bought In 26 Transactions | 100.00000000 | | 1,789,023.38 | 1,789,023.38 | | 13.27% |
| 1,788,295.21 Units Sold In 25 Transactions | 100.00000000 | | 1,788,295.21 | 1,788,295.21 | 0.00 | 13.27% |
| | | | | 3,577,318.59 | 0.00 | 26.54% |
| Guggenheim Total Return Bond Inst'l | | | | | | |
| 26,086.508 Units Bought On 04/16/2025 | 23.56999900 | 0.00 | 614,858.99 | 614,858.99 | | 4.56% |
| 3,025.343 Units Sold On 05/28/2025 | 23.49999900 | 0.00 | 71,307.33 | 71,095.56 | -211.77 | 0.53% |
| 1,326.483 Units Sold On 05/16/2025 | 23.54000000 | 0.00 | 31,265.20 | 31,225.41 | -39.79 | 0.23% |
| | | | | 717,179.96 | -251.56 | 5.32% |
| iShares Core SP 500 ETF | | | | | | |
| 1,437 Units Bought On 04/16/2025 | 526.77000000 | 0.00 | 756,968.49 | 756,968.49 | | 5.62% |
| 76 Units Sold On 05/16/2025 | 596.66500000 | 0.00 | 40,034.52 | 45,346.54 | 5,312.02 | 0.34% |
| | | | | 802,315.03 | 5,312.02 | 5.95% |
| Lord Abbett Total Return I | | | | | | |
| 141,584 Units Sold On 04/16/2025 | 8.66000000 | 0.00 | 1,265,931.74 | 1,226,117.44 | -39,814.30 | 9.10% |
| | | | | 1,226,117.44 | -39,814.30 | 9.10% |
| | | | | 6,322,931.02 | -34,753.84 | 46.91% |
| Dean Witter Reynolds Inc | | | | | | |
| Energy Transfer Equity | | | | | | |
| 262,000 Units Bought On 02/25/2025 | 18.86070000 | 18,340.00 | 4,941,503.40 | 4,941,503.40 | | 36.66% |
| | | | | 4,941,503.40 | 0.00 | 36.66% |
| Federated Hermes Govt Obl Advisor | | | | | | |
| 600,000 Units Bought On 01/02/2025 | 1.00000000 | 0.00 | 600,000.00 | 600,000.00 | | 4.45% |
| 2,047.28 Units Bought On 01/31/2025 | 1.00000000 | 0.00 | 2,047.28 | 2,047.28 | | 0.02% |
| 5,000,000 Units Bought On 02/19/2025 | 1.00000000 | 0.00 | 5,000,000.00 | 5,000,000.00 | | 37.10% |
| 5,000,000 Units Sold On 02/25/2025 | 1.00000000 | 0.00 | 5,000,000.00 | 5,000,000.00 | 0.00 | 37.10% |
| 602,047.28 Units Sold On 02/14/2025 | 1.00000000 | 0.00 | 602,047.28 | 602,047.28 | 0.00 | 4.47% |

# Schedule of Reportable 5% Transactions

Reported By Broker

| Asset Description | Buy or Sell Price | Trade Expense | Cost of Asset | Current Value | Net Gain or Loss | % Turnover |
|---|---|---|---|---|---|---|
| | | | | 11,204,094.56 | 0.00 | 83.13% |
| Lord Abbett Total Return I | | | | | | |
| 1,193.798 Units Bought On 12/31/2024 | 8.65999900 | 0.00 | 10,338.29 | 10,338.29 | | 0.08% |
| 1,206.959 Units Bought On 01/31/2025 | 8.67999600 | 0.00 | 10,476.40 | 10,476.40 | | 0.08% |
| 929.048 Units Bought On 02/28/2025 | 8.82999500 | 0.00 | 8,203.49 | 8,203.49 | | 0.06% |
| 602.994 Units Bought On 03/31/2025 | 8.77000400 | 0.00 | 5,288.26 | 5,288.26 | | 0.04% |
| 150,000 Units Sold On 02/14/2025 | 8.72000000 | 0.00 | 1,349,196.99 | 1,308,000.00 | -41,196.99 | 9.70% |
| | | | | 1,342,306.44 | -41,196.99 | 9.96% |
| Morgan Stanley Bank Deposit | | | | | | |
| 10,425,671.11 Units Bought In 20 Transactions | 100.00000000 | 0.00 | 10,425,671.11 | 10,425,671.11 | | 77.35% |
| 11,043,561.98 Units Sold In 9 Transactions | 100.00000000 | 0.00 | 11,043,561.98 | 11,043,561.98 | 0.00 | 81.93% |
| | | | | 21,469,233.09 | 0.00 | 159.28% |
| United States Treas Nts 4.0000% 12/15/25 | | | | | | |
| 765,200 Units Sold On 02/14/2025 | 99.77730000 | 0.00 | 754,528.98 | 763,496.23 | 8,967.25 | 5.66% |
| | | | | 763,496.23 | 8,967.25 | 5.66% |
| | | | | 39,720,633.72 | -32,229.74 | 294.69% |
| Data Aggregation Broker | | | | | | |
| ML BANK DEPOSIT PROGRAM | | | | | | |
| 1,475,527 Units Bought In 69 Transactions | 100.00000000 | 0.00 | 1,475,527.00 | 1,475,527.00 | | 10.95% |
| 1,198,169 Units Sold In 31 Transactions | 100.00000000 | 0.00 | 1,198,169.00 | 1,198,169.00 | 0.00 | 8.89% |
| | | | | 2,673,696.00 | 0.00 | 19.84% |
| | | | | 2,673,696.00 | 0.00 | 19.84% |

NOTE : TURNOVER % BASED ON THE 01/01/2025 MARKET VALUE (EXCLUDING ACCRUALS AND PENDING TRANSACTIONS) OF 13,478,553.22

(5 % = 673,927.66)

END OF REPORT

# 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
SHAKLEE CORPORATION PENSION PLAN

**B** Three-digit plan number (PN) ▶ 002

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

**D** Employer Identification Number (EIN)
94-3389365

**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** | 13,789,817 |
| **b** Actuarial value | **2b** | 13,447,992 |

**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 | 90 | 13,019,545 | 13,019,545 |
| **b** For terminated vested participants | 105 | 3,970,633 | 3,970,633 |
| **c** For active participants | 31 | 1,778,227 | 1,782,364 |
| **d** Total | 226 | 18,768,405 | 18,772,542 |

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

| | | |
|---|---|---|
| **a** Funding target disregarding prescribed at-risk assumptions | **4a** | |
| **b** Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor | **4b** | |
| **5** Effective interest rate | **5** | 5.34% |
| **6** Target normal cost | | |
| **a** Present value of current plan year accruals | **6a** | 0 |
| **b** Expected plan-related expenses | **6b** | 350,000 |
| **c** Target normal cost | **6c** | 350,000 |

**Statement by Enrolled Actuary**

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

**SIGN HERE**

Misty Lam
Signature of actuary

9/30/2026
Date

Misty Lam, EA, MSPA, MAAA
Type or print name of actuary

2606737
Most recent enrollment number

GALLAGHER BENEFIT SERVICES, INC.
Firm name

415-395-9300
Telephone number (including area code)

50 California STREET, 12th Floor

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 | 0 |
| 8 | Portion elected for use to offset prior year's funding requirement (line 35 from prior year) | 0 | 0 |
| 9 | Amount remaining (line 7 minus line 8) | 0 | 0 |
| 10 | Interest on line 9 using prior year's actual return of 8.96 % | 0 | 0 |
| 11 | Prior year's excess contributions to be added to prefunding balance: | | |
| | **a** Present value of excess contributions (line 38a from prior year) | | 758 |
| | **b(1)** Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.07 % | | 38 |
| | **b(2)** Interest on line 38b from prior year Schedule SB, using prior year's actual return | | 0 |
| | **c** Total available at beginning of current plan year to add to prefunding balance | | 796 |
| | **d** Portion of (c) to be added to prefunding balance | | 0 |
| 12 | Other reductions in balances due to elections or deemed elections | 0 | 0 |
| 13 | Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) | 0 | 0 |

## Part III Funding Percentages

| | | | |
|---|---|---|---|
| 14 | Funding target attainment percentage | 14 | 71.63 % |
| 15 | Adjusted funding target attainment percentage | 15 | 71.63 % |
| 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 | 73.20 % |
| 17 | If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage | 17 | % |

## Part IV Contributions and Liquidity Shortfalls

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

| (a) Date (MM-DD-YYYY) | (b) Amount paid by employer(s) | (c) Amount paid by employees | (a) Date (MM-DD-YYYY) | (b) Amount paid by employer(s) | (c) Amount paid by employees |
|---|---|---|---|---|---|
| 04/15/2025 | 215,000 | 0 | | | |
| 07/11/2025 | 215,000 | 0 | | | |
| 09/29/2025 | 112,867 | 0 | | | |
| 10/14/2025 | 214,000 | 0 | | | |
| 01/13/2026 | 214,000 | 0 | | | |
| 09/02/2026 | 129,621 | 0 | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | Totals ► 18(b) | 1,100,488 | 18(c) 0 |

| | | | |
|---|---|---|---|
| 19 | Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year: | | |
| | **a** Contributions allocated toward unpaid minimum required contributions from prior years. | 19a | 0 |
| | **b** Contributions made to avoid restrictions adjusted to valuation date | 19b | 108,590 |
| | **c** Contributions allocated toward minimum required contribution for current year adjusted to valuation date. | 19c | 948,163 |

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year

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

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

**21** Discount rate:

**a** Segment rates:

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

| | | |
|---|---|---|
| **b** Applicable month (enter code) | **21b** | 4 |
| **22** Weighted average retirement age | **22** | 62 |

**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** | 350,000 |
| **b** Excess assets, if applicable, but not greater than line 31a | **31b** | 0 |

**32** Amortization installments:

| | Outstanding Balance | Installment |
|---|---|---|
| **a** Net shortfall amortization installment | 5,324,550 | 597,857 |
| **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** | 947,857 |

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

| | | |
|---|---|---|
| **36** Additional cash requirement (line 34 minus line 35) | **36** | 947,857 |
| **37** Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) | **37** | 948,163 |

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

| | | |
|---|---|---|
| **a** Total (excess, if any, of line 37 over line 36) | **38a** | 306 |
| **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

**Attachment to 2025 Schedule SB (Form 5500)**
**Plan Name: Shaklee Corporation Pension Plan**
**Plan Sponsor: Shaklee Corporation**
**EIN / PN: 94-3389365 / 002**

## Schedule SB, line 26a – Schedule of Active Participant Data

| Attained Age | Years of Credited Service | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Under 1 | | 1 to 4 | | 5 to 9 | | 10 to 14 | | 15 to 19 | | 20 to 24 | | 25 to 29 | | 30 to 34 | | 35 to 39 | | 40 & Over | |
| | No. | Avg. Comp. | No. | Avg. Comp. | No. | Avg. Comp. | No. | Avg. Comp. | No. | Avg. Comp. | No. | Avg. Comp. | No. | Avg. Comp. | No. | Avg. Comp. | No. | Avg. Comp. | No. | Avg. Comp. |
| Under 25 | | | | | | | | | | | | | | | | | | | | |
| 25 – 29 | | | | | | | | | | | | | | | | | | | | |
| 30 – 34 | | | | | | | | | | | | | | | | | | | | |
| 35 – 39 | | | | | | | | | | | | | | | | | | | | |
| 40 – 44 | | | | | 2 | | | | | | | | | | | | | | | |
| 45 – 49 | | | 2 | | 5 | | | | | | | | | | | | | | | |
| 50 – 54 | | | 2 | | 1 | | 1 | | | | | | | | | | | | | |
| 55 – 59 | | | 1 | | 6 | | 3 | | | | | | | | | | | | | |
| 60 – 64 | | | 1 | | 4 | | | | 1 | | | | 1 | | | | | | | |
| 65 – 69 | | | | | | | 1 | | | | | | | | | | | | | |
| 70 & Over | | | | | | | | | | | | | | | | | | | | |

Credited service and benefit accruals under the plan were frozen as of May 27, 2007.
Average compensation for active participants is not shown here because plan benefits were frozen as of May 27, 2007.
The participant count was determined as of the January 1, 2025 funding valuation date.

**Attachment to 2025 Schedule SB (Form 5500)**
**Plan Name: Shaklee Corporation Pension Plan**
**Plan Sponsor: Shaklee Corporation**
**EIN / PN: 94-3389365 / 002**

## Schedule SB, line 19 – Discounted Employer Contributions

### (b) Contributions Made to Avoid Restrictions Adjusted to Valuation Date

The Plan requires that payments commence at normal retirement date for all participants. The Plan was under partial benefit restrictions during the 2025 plan year. One participant, who attained normal retirement age, elected 50% lump sum and 50% annuity but did not make a timely election. Therefore, back payments with interest for the annuity portion need to be paid in addition to the 50% lump sum payment. The lump sum consisting the back payments and interest is the restricted portion of the benefit distribution. The Plan Sponsor made a contribution to the Plan equal to the restricted portion as provided for under the Employee Plans Compliance Resolution System ("EPCRS").

Applicable effective interest rate: 5.34%

| Date | Amount | Interest Adjustment | Interest-Adjusted §436 Contribution |
|---|---|---|---|
| 09/29/2025 | $112,867 | ($4,277) | $108,590 |

### (c) Contributions Allocated toward Minimum Required Contribution for the 2025 Plan Year Adjusted to Valuation Date

Applicable effective interest rate: 5.34%

| Date | Amount | Interest Adjustment | Interest-Adjusted §430 Contribution |
|---|---|---|---|
| 04/15/2025 | $215,000 | ($3,164) | $211,836 |
| 07/11/2025 | $215,000 | ($5,774) | $209,226 |
| 10/14/2025 | $214,000 | ($8,548) | $205,452 |
| 01/13/2026 | $214,000 | ($11,195) | $202,805 |
| 09/02/2026 | $129,621 | ($10,777) | $118,844 |
| **Total** | **$987,621** | **($39,458)** | **$948,163** |

**Attachment to 2025 Schedule SB (Form 5500)**
**Plan Name: Shaklee Corporation Pension Plan**
**Plan Sponsor: Shaklee Corporation**
**EIN / PN: 94-3389365/002**

## Schedule SB, line 22 - Description of Weighted Average Retirement Age

| (A) Age | (B) Rate of Retirement | (C) Percent Remaining | (D) Weight | (E) Weighted Retirement Ages |
|---|---|---|---|---|
| 55 | 4.00% | 100.00% | 0.0400000 | 2.20 |
| 56 | 4.00% | 96.00% | 0.0384000 | 2.15 |
| 57 | 4.00% | 92.16% | 0.0368640 | 2.10 |
| 58 | 4.00% | 88.47% | 0.0353894 | 2.05 |
| 59 | 4.00% | 84.93% | 0.0339739 | 2.00 |
| 60 | 10.00% | 81.54% | 0.0815373 | 4.89 |
| 61 | 10.00% | 73.38% | 0.0733835 | 4.47 |
| 62 | 30.00% | 66.05% | 0.1981356 | 12.28 |
| 63 | 10.00% | 46.23% | 0.0462316 | 2.91 |
| 64 | 10.00% | 41.61% | 0.0416085 | 2.66 |
| 65 | 100.00% | 37.45% | 0.3744762 | 24.34 |

**Weighted Average Retirement Age** **62.05**
**Nearest Whole Age** **62.00**

Column (C) = (1.0 - Column (B) for prior age) x (Column (C) for prior age)
Column (D) = (Column (B)) x (Column (C))
Column (E) = (Column (A)) x (Column (D))

**Shaklee Corporation Pension Plan**

Financial Statements with Auditor's Report
As of December 31, 2025 and 2024

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# INDEPENDENT AUDITOR'S REPORT

To the plan administrator and participants of
Shaklee Corporation Pension Plan:

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

We have performed audits of the financial statements of Shaklee Corporation Pension Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the Statements of Net Assets Available for Benefits as of December 31, 2025 and 2024, the related Statements of Changes in Net Assets Available for Benefits for the Year Ended December 31, 2025 and 2024, the Statement of Accumulated Benefits as of December 31, 2024, the Statement of Changes in Accumulated Benefits for the Year Ended December 31, 2024, and the related notes to the financial statements.

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

Management has obtained certifications from a qualified institution as of and for the years ended December 31, 2025 and 2024, stating that the certified investment information, as described in Note 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 accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- the information in the accompanying financial statements related to benefits provided under the plan and certified to by a qualified institution or assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

***Basis for Opinion***

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

***Emphasis of Matter—Plan Freeze***

As disclosed in Note 1a, effective May 27, 2007, the Plan was amended to freeze all future benefit accruals. Our report is not modified with respect to this matter.

***Responsibilities of Management for the Financial Statements***

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for one year after the date that the financial statements are 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 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if, there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

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

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

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

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

***Other Matter—Supplemental Schedules Required by ERISA***

The supplemental schedules of Schedule H, line 4i—Schedule of Assets (Held at End of Year) as of December 31, 2025, and Schedule H, Line 4j —Schedule of Reportable Transactions for the year ended December 31, 2025, are presented for the purpose 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 schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental 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, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion

- the form and content of the supplemental schedule, other than the information in the supplemental schedule that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- the information in the supplemental schedule related to benefits provided under the plan and certified to by a qualified institution or 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).




Agoura Hills, California
October 14, 2026

**Shaklee Corporation Pension Plan**
**Statements of Net Assets Available for Benefits**
**As of December 31, 2025 and 2024**

| | 2025 | 2024 |
|---|---|---|
| Assets: | | |
| Investments, at fair value: | | |
| Mutual funds | $ 2,188,606 | $ 3,135,798 |
| Exchange-traded funds | 6,149,824 | 8,969,251 |
| Common stock | 4,320,380 | - |
| U.S. Treasury security | - | 763,825 |
| | 12,658,810 | 12,868,874 |
| Investments, other: | | |
| Interest-bearing cash | 5,555 | 622,718 |
| Receivables: | | |
| Company contributions | 343,621 | 300,078 |
| Accrued income | 2,512 | 14,502 |
| | 346,133 | 314,580 |
| Total assets | 13,010,498 | 13,806,172 |
| Liabilities: | | |
| Due to broker | - | 13,038 |
| Net assets available for benefits | $ 13,010,498 | $ 13,793,134 |

See accompanying notes.

**Shaklee Corporation Pension Plan**
**Statements of Changes in Net Assets Available for Benefits**
**For the Years Ended December 31, 2025 and 2024**

| | 2025 | 2024 |
|---|---|---|
| Additions to net assets attributable to: | | |
| Contributions: | | |
| Company | $ 1,100,488 | $ 892,078 |
| Investment income: | | |
| Net realized and unrealized appreciation (depreciation) in fair value of investments | (353,756) | 687,063 |
| Interest and dividends | 448,831 | 455,372 |
| | 95,075 | 1,142,435 |
| Total additions | 1,195,563 | 2,034,513 |
| Deductions from net assets attributable to: | | |
| Benefits paid to participants | 1,668,187 | 1,227,548 |
| Plan expenses | 310,012 | 416,920 |
| Total deductions | 1,978,199 | 1,644,468 |
| Net increase (decrease) | (782,636) | 390,045 |
| Net assets available for benefits: | | |
| Beginning of year | 13,793,134 | 13,403,089 |
| End of year | $ 13,010,498 | $ 13,793,134 |

See accompanying notes.

**Shaklee Corporation Pension Plan**
**Statement of Accumulated Benefits**
**As of December 31, 2024**

| | | |
|---|---|---|
| Actuarial present value of accumulated benefits: | | |
| Vested benefits: | | |
| Participants currently receiving payments | $ | 12,552,883 |
| Other participants | | 5,381,091 |
| | | 17,933,974 |
| Non-vested benefits | | 5,213 |
| Total actuarial present value of accumulated benefits | $ | 17,939,187 |

See accompanying notes.

**Shaklee Corporation Pension Plan**
**Statement of Changes in Accumulated Benefits**
**For the Year Ended December 31, 2024**

| | | |
|---|---|---|
| Actuarial present value of accumulated benefits as of the beginning of year | $ | 18,032,489 |
| Increase (decrease) during the year attributable to: | | |
| Net benefits accumulated and (gains) losses | | 7,318 |
| Increase for interest due to decrease in discount period | | 1,089,251 |
| Benefits paid | | (1,227,548) |
| Change in actuarial assumptions | | 37,677 |
| Net decrease | | (93,302) |
| Actuarial present value of accumulated benefits as of the end of year | $ | 17,939,187 |

See accompanying notes.

## 1. Plan Description

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

### a. General

The Plan, originally effective May 27, 2004, and restated January 1, 2008, is a noncontributory defined benefit plan covering all transferred members of Shaklee Corporation (the Company). Effective May 27, 2007, the Plan was amended to freeze all future benefit accruals. Prior to May 27, 2024, all employees of the Company who completed 1,000 hours or credited service within a plan year were eligible to participate. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

### b. Contributions

The Company has agreed to voluntarily contribute such additional amounts as are necessary to provide assets sufficient to meet benefits to be paid to participants as they come due. The Company's present intention is to make annual contributions in amounts sufficient to fund the Plan's current year's services cost, the initial past service cost over a period of 30 years, the amortization of amendments and actuarial gains and losses over the appropriate periods, as well as interest on such items. For the years ended December 31, 2025 and 2024, the Company contributed $1,100,488 and $892,078 to the Plan, respectively.

### c. Vesting

Vesting in the Company's contribution is based on years of credited service. Participants become fully vested after five years of credited service.

### d. Plan Benefits

Participants' pension benefits are determined in accordance with the provisions of the Plan document. Benefits are generally based on credited service and final average compensation, subject to applicable benefit formulas. Participants may elect to receive their benefits in various forms, including joint and survivor annuities, single-life annuities, or lump-sum payments, as permitted under the Plan. The Plan also provides for early and late retirement benefits, as well as pre-retirement death benefits, in accordance with the terms of the Plan.

## 2. Summary of Significant Accounting Policies

### a. Basis of Accounting

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

b. Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

c. Investment Valuation and Income Recognition

Except as noted below, investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 5 for discussion of fair value measurements.

The Plan's interest-bearing cash holdings consist of current deposit accounts with no specified maturity dates. These accounts are carried at the bank's stated balance plus or minus certain adjustments prescribed under the accounting standards. As a practical expedient, insignificant amounts of interest income on cash deposit accounts are recorded when received.

Purchases and sales of securities are generally recorded on a trade-date basis. As permitted by Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 960-325, *Plan Accounting—Defined Contribution Plans: Investments—Other*, settlement-date basis may be used when (a) the settlement date is after the financial statement date, (b) the fair value of the securities purchased or sold did not change significantly from the trade date to the financial statement date, and (c) the purchases or sales do not significantly affect the composition of the plan's net assets available for benefits.

Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net realized and unrealized appreciation (depreciation) in fair value of investments includes the Plan's gains and losses on investments bought and sold as well as held during the year.

d. Payment of Benefits

Benefits are recorded when paid.

e. Plan Expenses

Certain expenses of maintaining the Plan are paid by the Plan, unless otherwise paid by the Company. Expenses that are paid by the Company are excluded from these financial statements. Investment-related expenses are included in net realized and unrealized appreciation (depreciation) in fair value of investments. For the year ended December 31, 2025, the Plan paid $310,012 in plan expenses, including approximately $36,000 in asset management fees, $72,000 in actuarial fees, $12,000 in accounting fees, $5,000 in commission fees, and $183,000 in premiums to the Pension Benefit Guaranty Corporation (PBGC). For the year ended December 31 2024, the Plan paid $416,920 in plan expenses, including approximately $73,000 in asset management fees, $123,000 in actuarial fees, $34,000 in accounting fees, $11,000 in commission fees, and $175,000 in premiums to the PBGC.

f. Subsequent Events

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

3. Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investments, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the Statements of Net Assets Available for Benefits.

4. Funding Policy

Contributions to provide benefits under the Plan are made solely by the Company. The Company's funding policy is to make cash contributions to the Plan in amounts computed by the Plan's actuary using the traditional unit credit method. Under this actuarial method, the objective is to fund each participant's benefits under the plan as they accrue. It is the intention of the Company's funding policy, based on the actuarial assumptions referred to in Note 8, that all eligible participants' benefits will be fully provided for by the time they retire. During 2025 and 2024, the Plan exceeded the minimum funding requirements of ERISA. Plan participants may not make contributions to the Plan.

5. Fair Value Measurement

FASB ASC 820, *Fair Value Measurement*, provides the framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements).

5. Fair Value Measurement (Continued)

The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

| | |
|---|---|
| Level 1 | Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access. |
| Level 2 | Inputs to the valuation methodology include<br>• quoted prices for similar assets or liabilities in active markets;<br>• quoted prices for identical or similar assets or liabilities in inactive markets;<br>• inputs other than quoted prices that are observable for the asset or liability;<br>• inputs that are derived principally from or corroborated by observable market data by correlation or other means.<br>If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability. |
| Level 3 | Inputs to the valuation methodology are unobservable and significant to the fair value measurement. |

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

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

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

*Exchange-traded funds, common stock, and U.S Treasury securities*: Valued at the closing price reported on the active market on which the individual securities are traded.

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

5. Fair Value Measurement (Continued)

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

**Assets at Fair Value as of December 31, 2025**

| | Level 1 | Level 2 | Level 3 | Total |
|---|---|---|---|---|
| Mutual funds | $ 2,188,606 | $ - | $ - | $ 2,188,606 |
| Exchange-traded funds | 6,149,824 | - | - | 6,149,824 |
| Common stock | 4,320,380 | - | - | 4,320,380 |
| Investments, at fair value | $ 12,658,810 | $ - | $ - | $ 12,658,810 |

**Assets at Fair Value as of December 31, 2024**

| | Level 1 | Level 2 | Level 3 | Total |
|---|---|---|---|---|
| Mutual funds | $ 3,135,798 | $ - | $ - | $ 3,135,798 |
| Exchange-traded funds | 8,969,251 | - | - | 8,969,251 |
| U.S. Treasury securities | 763,825 | - | - | 763,825 |
| Investments, at fair value | $ 12,868,874 | $ - | $ - | $ 12,868,874 |

6. Certified Investment Information

Management has elected to have the audits of the Plan 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. Accordingly, First State Trust Company, the Trustee of the Plan, has certified that the following investment information is complete and accurate:

- Fair value of investments and the carrying amount of interest-bearing cash as reflected in the Statements of Net Assets Available for Benefits as of December 31, 2025 and 2024.
- Investment income as reflected in the Statements of Changes in Net Assets Available for Benefits for the Year Ended December 31, 2025 and 2024.
- Investment information as reflected in Note 5 to these financial statements.
- Investment information reflected in the Schedule H, line 4i—Schedule of Assets (Held at End of Year) as of December 31, 2025.

As permitted by ERISA Section 103(a)(3)(C), the audit need not extend to any statements or information related to the certified investment information.

7. Party-In-Interest Transactions

The following table presents exempt transactions with parties-in-interest, as defined by ERISA.

| Party-in-interest | Relationship | ERISA Sec. 408(a) exemption |
|---|---|---|
| First State Trust Company | Trustee | Deposits, investment transactions, distributions in accordance with plan provisions, reasonable compensation for necessary services |
| First State Trust Company | Recordkeeper | Reasonable compensation for necessary services |
| Gallagher Benefit Services | Actuary | Reasonable compensation for necessary services |

In addition, the Plan may compensate other providers, such as investment advisors and other third-party administrators, for such qualified services as fiduciary advice and support, plan design, compliance support, and investment selection.

8. Actuarial Present Value of Accumulated Benefits

Accumulated benefits are those future periodic payments, including lump sums, which are attributable under the Plan's provisions to the services employees have rendered. Accumulated benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. The accumulated benefits for active employees are based on (a) the average of the participant's highest 5 years of annualized earnings during the participant's last 10 calendar years as an eligible employee, (b) the number of years of credited service, and (c) an average of the participant's most recent taxable wage base in effect for each calendar year, not to exceed 35 years.

The actuarial present value of accumulated benefits has been determined by an independent actuary and is the amount that results from applying actuarial assumptions to adjust the accumulated benefits to reflect the time value of money and the probability of payment between the benefit information date and the expected payment dates. The effect of plan amendments on accumulated benefits is recognized during the year in which such amendments become effective. The actuarial valuation is as of January 1, 2025, which is the beginning of the plan year and is presented in the Statement of Accumulated Benefits as of December 31, 2024.

8. Actuarial Present Value of Accumulated Benefits (Continued)

The significant actuarial assumptions used in determining accumulated benefits as of December 31, 2024, are as follows:

| | |
|---|---|
| Investment return | 6.25% |
| Mortality | Pri-2012 White Collar Mortality Table projected generationally With MP-2021 Projection Scale, Reflecting current industry standard expectations. |

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

9. Tax Exempt Status

The Internal Revenue Service (IRS) has determined and informed the Company by a letter dated May 31, 2017, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). Although the Plan has been amended since then, the plan administrator believes the Plan has been operated in accordance with the applicable provisions of the IRC.

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

10. Plan Termination

The Company has the right under the plan document to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of plan termination, participants will become 100 percent vested in their accounts.

10. Plan Termination (Continued)

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal-age retirement benefits, early retirement benefits, and certain disability and survivors' pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed to the level in effect on the date of the Plan's termination. However, there is a statutory ceiling, which is adjusted periodically, on the amount of an individual's monthly benefit that the PBGC guarantees. For plan terminations occurring during 2025 and 2024, the ceiling is $7,432 and $7,108 per month, respectively. The ceiling applies to those pensioners who elect to receive their benefits in the form of a single-life annuity and are at least 65 years old at the time of retirement or plan termination (whichever comes later). For younger annuitants or for those who elect to receive their benefits in some form more valuable than a single-life annuity, the ceiling is actuarially adjusted downward.

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

**Shaklee Corporation Pension Plan**
**EIN: 94-3389365 PLAN: 002**
**Schedule H, line 4i—Schedule of Assets (Held at End of Year)**
**As of December 31, 2025**

| (a) | (b) Identity of Issue, Borrower, Lessor, or Similar Party | (c) Description of Investment | (d) Cost | (e) Current Value |
|---|---|---|---|---|
| | FDIC Bank Deposit Fund | Interest-bearing Cash | $ 5,555 | $ 5,555 |
| | Merrill Lynch Bank Deposit Program | Mutual Fund | 264,500 | 264,500 |
| | BNY Mellon Global Fixed Income Fund Class I | Mutual Fund | 376,886 | 377,923 |
| | Financial Invs Tr Alps Smith I | Mutual Fund | 529,790 | 538,154 |
| | Guggenheim Total Return Bond Instl | Mutual Fund | 528,376 | 540,114 |
| | Causeway International Value Instl | Mutual Fund | 149,426 | 179,250 |
| | MFS International Growth I | Mutual Fund | 171,261 | 176,433 |
| | Delaware Emerging Markets Fund | Mutual Fund | 70,210 | 112,232 |
| | Energy Transfer Equity | Common Stock | 4,941,503 | 4,320,380 |
| | Dimensaional Etf/u S Sm Cap Etf | Exchange-Traded Fund | 188,738 | 213,260 |
| | Invesco S&P 500 Equal Weight ETF | Exchange-Traded Fund | 169,128 | 193,284 |
| | iShares Bitcoin Shs Ben Int | Exchange-Traded Fund | 4,979,144 | 4,021,650 |
| | iShares Core MSCI Emerging | Exchange-Traded Fund | 155,444 | 186,435 |
| | iShares Core S&P Smallcap 600 ETF | Exchange-Traded Fund | 170,568 | 213,199 |
| | iShares Core S&P 500 ETF | Exchange-Traded Fund | 685,458 | 881,518 |
| | iShares Gold Tr Ishares New | Exchange-Traded Fund | 156,965 | 202,276 |
| | Schwab US Dividend Equity | Exchange-Traded Fund | 219,419 | 238,202 |
| | | | $ 13,762,371 | $ 12,664,365 |

See independent auditor's report and accompanying notes.

# Schedule of Reportable 5% Transactions

Reported By Issue

| Asset Description | Buy or Sell Price | Trade Expense | Cost of Asset | Current Value | Net Gain or Loss | % Turnover |
|---|---|---|---|---|---|---|
| **Energy Transfer Equity** | | | | | | |
| 262,000 Units Bought On 02/25/2025 | 18.86070000 | 18,340.00 | 4,941,503.40 | 4,941,503.40 | | 36.66% |
| | | | | 4,941,503.40 | 0.00 | 36.66% |
| **FDIC Bank Deposit Fund FST** | | | | | | |
| 1,789,023.38 Units Bought In 26 Transactions | 100.00000000 | | 1,789,023.38 | 1,789,023.38 | | 13.27% |
| 1,788,295.21 Units Sold In 25 Transactions | 100.00000000 | | 1,788,295.21 | 1,788,295.21 | 0.00 | 13.27% |
| | | | | 3,577,318.59 | 0.00 | 26.54% |
| **Federated Hermes Govt Obl Advisor** | | | | | | |
| 600,000 Units Bought On 01/02/2025 | 1.00000000 | 0.00 | 600,000.00 | 600,000.00 | | 4.45% |
| 2,047.28 Units Bought On 01/31/2025 | 1.00000000 | 0.00 | 2,047.28 | 2,047.28 | | 0.02% |
| 5,000,000 Units Bought On 02/19/2025 | 1.00000000 | 0.00 | 5,000,000.00 | 5,000,000.00 | | 37.10% |
| 602,047.28 Units Sold On 02/14/2025 | 1.00000000 | 0.00 | 602,047.28 | 602,047.28 | 0.00 | 4.47% |
| 5,000,000 Units Sold On 02/25/2025 | 1.00000000 | 0.00 | 5,000,000.00 | 5,000,000.00 | 0.00 | 37.10% |
| | | | | 11,204,094.56 | 0.00 | 83.13% |
| **Guggenheim Total Return Bond Inst'l** | | | | | | |
| 26,086.508 Units Bought On 04/16/2025 | 23.56999900 | 0.00 | 614,858.99 | 614,858.99 | | 4.56% |
| 1,699.957 Units Bought On 08/20/2025 | 23.90999800 | 0.00 | 40,645.97 | 40,645.97 | | 0.30% |
| 3,025.343 Units Sold On 05/28/2025 | 23.49999900 | 0.00 | 71,307.33 | 71,095.56 | -211.77 | 0.53% |
| 1,326.483 Units Sold On 05/16/2025 | 23.54000000 | 0.00 | 31,265.20 | 31,225.41 | -39.79 | 0.23% |
| 1,041.864 Units Sold On 08/25/2025 | 23.95999800 | 0.00 | 24,556.73 | 24,963.06 | 406.33 | 0.19% |
| | | | | 782,788.99 | 154.77 | 5.81% |
| **iShares Core SP 500 ETF** | | | | | | |
| 114 Units Bought On 05/28/2025 | 592.60000000 | 0.00 | 67,556.40 | 67,556.40 | | 0.50% |
| 1,437 Units Bought On 04/16/2025 | 526.77000000 | 0.00 | 756,968.49 | 756,968.49 | | 5.62% |
| 76 Units Sold On 05/16/2025 | 596.66500000 | 0.00 | 40,034.52 | 45,346.54 | 5,312.02 | 0.34% |
| 60 Units Sold On 08/25/2025 | 647.48000000 | 0.00 | 31,606.20 | 38,848.80 | 7,242.60 | 0.29% |

# Schedule of Reportable 5% Transactions

Reported By Issue

| Asset Description | Buy or Sell Price | Trade Expense | Cost of Asset | Current Value | Net Gain or Loss | % Turnover |
|---|---|---|---|---|---|---|
| 114 Units Sold On 08/20/2025 | 640.09000000 | 0.00 | 60,051.78 | 72,970.26 | 12,918.48 | 0.54% |
| 14 Units Sold On 08/20/2025 | 640.09000000 | 0.00 | 7,374.78 | 8,961.26 | 1,586.48 | 0.07% |
| | | | | 990,651.75 | 27,059.58 | 7.35% |
| Lord Abbett Short Duration Income Cl I | | | | | | |
| 396.261 Units Bought On 03/31/2025 | 3.86999900 | 0.00 | 1,533.53 | 1,533.53 | | 0.01% |
| 637.817 Units Bought On 02/28/2025 | 3.88000000 | 0.00 | 2,474.73 | 2,474.73 | | 0.02% |
| 25,906.736 Units Bought On 01/16/2025 | 3.85999900 | 0.00 | 100,000.00 | 100,000.00 | | 0.74% |
| 751.941 Units Bought On 01/31/2025 | 3.86999700 | 0.00 | 2,910.01 | 2,910.01 | | 0.02% |
| 699.49 Units Bought On 12/31/2024 | 3.85999700 | 0.00 | 2,700.03 | 2,700.03 | | 0.02% |
| 100,000 Units Sold On 02/14/2025 | 3.87000000 | 0.00 | 386,000.00 | 387,000.00 | 1,000.00 | 2.87% |
| 92,044.804 Units Sold On 04/16/2025 | 3.85999900 | 0.00 | 355,290.66 | 355,292.94 | 2.28 | 2.64% |
| | | | | 851,911.24 | 1,002.28 | 6.32% |
| Lord Abbett Total Return I | | | | | | |
| 929.048 Units Bought On 02/28/2025 | 8.82999500 | 0.00 | 8,203.49 | 8,203.49 | | 0.06% |
| 602.994 Units Bought On 03/31/2025 | 8.77000400 | 0.00 | 5,288.26 | 5,288.26 | | 0.04% |
| 1,206.959 Units Bought On 01/31/2025 | 8.67999600 | 0.00 | 10,476.40 | 10,476.40 | | 0.08% |
| 1,193.798 Units Bought On 12/31/2024 | 8.65999900 | 0.00 | 10,338.29 | 10,338.29 | | 0.08% |
| 150,000 Units Sold On 02/14/2025 | 8.72000000 | 0.00 | 1,349,196.99 | 1,308,000.00 | -41,196.99 | 9.70% |
| 0.197 Unit Sold On 05/16/2025 | 8.62944100 | 0.00 | 1.76 | 1.70 | -0.06 | 0.00% |
| 141,584 Units Sold On 04/16/2025 | 8.66000000 | 0.00 | 1,265,931.74 | 1,226,117.44 | -39,814.30 | 9.10% |
| | | | | 2,568,425.58 | -81,011.35 | 19.06% |
| ML BANK DEPOSIT PROGRAM | | | | | | |
| 1,579,273 Units Bought In 77 Transactions | 100.00000000 | 0.00 | 1,579,273.00 | 1,579,273.00 | | 11.72% |
| 1,314,773 Units Sold In 34 Transactions | 100.00000000 | 0.00 | 1,314,773.00 | 1,314,773.00 | 0.00 | 9.75% |
| | | | | 2,894,046.00 | 0.00 | 21.47% |
| Morgan Stanley Bank Deposit | | | | | | |

# Schedule of Reportable 5% Transactions

Reported By Issue

| Asset Description | Buy or Sell Price | Trade Expense | Cost of Asset | Current Value | Net Gain or Loss | % Turnover |
|---|---|---|---|---|---|---|
| 10,425,671.11 Units Bought In 20 Transactions | 100.00000000 | 0.00 | 10,425,671.11 | 10,425,671.11 | | 77.35% |
| 11,043,561.98 Units Sold In 9 Transactions | 100.00000000 | 0.00 | 11,043,561.98 | 11,043,561.98 | 0.00 | 81.93% |
| | | | | 21,469,233.09 | 0.00 | 159.28% |
| United States Treas Nts 4.0000% 12/15/25 | | | | | | |
| 765,200 Units Sold On 02/14/2025 | 99.77730000 | 0.00 | 754,528.98 | 763,496.23 | 8,967.25 | 5.66% |
| | | | | 763,496.23 | 8,967.25 | 5.66% |

NOTE : TURNOVER % BASED ON THE 01/01/2025 MARKET VALUE (EXCLUDING ACCRUALS AND PENDING TRANSACTIONS) OF 13,478,553.22

(5 % = 673,927.66)

# Schedule of Reportable 5% Transactions

Reported By Broker

| Asset Description | Buy or Sell Price | Trade Expense | Cost of Asset | Current Value | Net Gain or Loss | % Turnover |
|---|---|---|---|---|---|---|
| * No Broker Specified * | | | | | | |
| FDIC Bank Deposit Fund FST | | | | | | |
| 1,789,023.38 Units Bought In 26 Transactions | 100.00000000 | | 1,789,023.38 | 1,789,023.38 | | 13.27% |
| 1,788,295.21 Units Sold In 25 Transactions | 100.00000000 | | 1,788,295.21 | 1,788,295.21 | 0.00 | 13.27% |
| | | | | 3,577,318.59 | 0.00 | 26.54% |
| Guggenheim Total Return Bond Inst'l | | | | | | |
| 26,086.508 Units Bought On 04/16/2025 | 23.56999900 | 0.00 | 614,858.99 | 614,858.99 | | 4.56% |
| 3,025.343 Units Sold On 05/28/2025 | 23.49999900 | 0.00 | 71,307.33 | 71,095.56 | -211.77 | 0.53% |
| 1,326.483 Units Sold On 05/16/2025 | 23.54000000 | 0.00 | 31,265.20 | 31,225.41 | -39.79 | 0.23% |
| | | | | 717,179.96 | -251.56 | 5.32% |
| iShares Core SP 500 ETF | | | | | | |
| 1,437 Units Bought On 04/16/2025 | 526.77000000 | 0.00 | 756,968.49 | 756,968.49 | | 5.62% |
| 76 Units Sold On 05/16/2025 | 596.66500000 | 0.00 | 40,034.52 | 45,346.54 | 5,312.02 | 0.34% |
| | | | | 802,315.03 | 5,312.02 | 5.95% |
| Lord Abbett Total Return I | | | | | | |
| 141,584 Units Sold On 04/16/2025 | 8.66000000 | 0.00 | 1,265,931.74 | 1,226,117.44 | -39,814.30 | 9.10% |
| | | | | 1,226,117.44 | -39,814.30 | 9.10% |
| | | | | 6,322,931.02 | -34,753.84 | 46.91% |
| Dean Witter Reynolds Inc | | | | | | |
| Energy Transfer Equity | | | | | | |
| 262,000 Units Bought On 02/25/2025 | 18.86070000 | 18,340.00 | 4,941,503.40 | 4,941,503.40 | | 36.66% |
| | | | | 4,941,503.40 | 0.00 | 36.66% |
| Federated Hermes Govt Obl Advisor | | | | | | |
| 600,000 Units Bought On 01/02/2025 | 1.00000000 | 0.00 | 600,000.00 | 600,000.00 | | 4.45% |
| 2,047.28 Units Bought On 01/31/2025 | 1.00000000 | 0.00 | 2,047.28 | 2,047.28 | | 0.02% |
| 5,000,000 Units Bought On 02/19/2025 | 1.00000000 | 0.00 | 5,000,000.00 | 5,000,000.00 | | 37.10% |
| 5,000,000 Units Sold On 02/25/2025 | 1.00000000 | 0.00 | 5,000,000.00 | 5,000,000.00 | 0.00 | 37.10% |
| 602,047.28 Units Sold On 02/14/2025 | 1.00000000 | 0.00 | 602,047.28 | 602,047.28 | 0.00 | 4.47% |

# Schedule of Reportable 5% Transactions

Reported By Broker

| Asset Description | Buy or Sell Price | Trade Expense | Cost of Asset | Current Value | Net Gain or Loss | % Turnover |
|---|---|---|---|---|---|---|
| | | | | 11,204,094.56 | 0.00 | 83.13% |
| Lord Abbett Total Return I | | | | | | |
| 1,193.798 Units Bought On 12/31/2024 | 8.65999900 | 0.00 | 10,338.29 | 10,338.29 | | 0.08% |
| 1,206.959 Units Bought On 01/31/2025 | 8.67999600 | 0.00 | 10,476.40 | 10,476.40 | | 0.08% |
| 929.048 Units Bought On 02/28/2025 | 8.82999500 | 0.00 | 8,203.49 | 8,203.49 | | 0.06% |
| 602.994 Units Bought On 03/31/2025 | 8.77000400 | 0.00 | 5,288.26 | 5,288.26 | | 0.04% |
| 150,000 Units Sold On 02/14/2025 | 8.72000000 | 0.00 | 1,349,196.99 | 1,308,000.00 | -41,196.99 | 9.70% |
| | | | | 1,342,306.44 | -41,196.99 | 9.96% |
| Morgan Stanley Bank Deposit | | | | | | |
| 10,425,671.11 Units Bought In 20 Transactions | 100.00000000 | 0.00 | 10,425,671.11 | 10,425,671.11 | | 77.35% |
| 11,043,561.98 Units Sold In 9 Transactions | 100.00000000 | 0.00 | 11,043,561.98 | 11,043,561.98 | 0.00 | 81.93% |
| | | | | 21,469,233.09 | 0.00 | 159.28% |
| United States Treas Nts 4.0000% 12/15/25 | | | | | | |
| 765,200 Units Sold On 02/14/2025 | 99.77730000 | 0.00 | 754,528.98 | 763,496.23 | 8,967.25 | 5.66% |
| | | | | 763,496.23 | 8,967.25 | 5.66% |
| | | | | 39,720,633.72 | -32,229.74 | 294.69% |
| Data Aggregation Broker | | | | | | |
| ML BANK DEPOSIT PROGRAM | | | | | | |
| 1,475,527 Units Bought In 69 Transactions | 100.00000000 | 0.00 | 1,475,527.00 | 1,475,527.00 | | 10.95% |
| 1,198,169 Units Sold In 31 Transactions | 100.00000000 | 0.00 | 1,198,169.00 | 1,198,169.00 | 0.00 | 8.89% |
| | | | | 2,673,696.00 | 0.00 | 19.84% |
| | | | | 2,673,696.00 | 0.00 | 19.84% |

NOTE : TURNOVER % BASED ON THE 01/01/2025 MARKET VALUE (EXCLUDING ACCRUALS AND PENDING TRANSACTIONS) OF 13,478,553.22

(5 % = 673,927.66)

END OF REPORT

## Schedule SB, Part V – Summary of Plan Provisions

Except as noted in this report, this valuation is based on the Plan's provisions as of the January 1, 2025 valuation date. Any amendments to the Plan's provisions that are adopted or are effective after the January 1, 2025 valuation date are not reflected in this valuation except as noted in this report.

| | |
|---|---|
| **EIN/PN** | 94-3389365/002 |
| **Effective Date** | May 27, 2004; restated effective January 1, 2008. |
| **Plan Year** | January 1 to December 31. |
| **Eligibility** | Every participant transferred from the Yamanouchi Consumer Inc. Employees' Pension Plan as of the Effective Date shall be a participant of the plan on the Effective Date. Any employees hired after May 27, 2004 are excluded from participation in the Plan. Eligible employees hired prior to May 27, 2004, who had not met the eligibility requirements at that time will enter the Plan on January 1 or July 1 following one-year of service and completing at least 1,000 Hours of Service. |
| **Legacy Employee** | An employee who had attained age 40 or completed 5 or more years of vesting service as of December 31, 2001. |
| **Non-Legacy Employee** | An employee who was under age 40 and had less than 5 years of vesting service as of December 31, 2001. |
| **Vesting Service** | (a) For service before January 1, 2002:<br>One Year of Vesting Service will be credited for each 12 months of elapsed service. For employees who transferred from Bear Creek, one Year of Vesting Service will be credited for each Plan Year in which they complete 1,000 or more Hours of Service for the period prior to their transfer.<br><br>(b) For service after December 31, 2001:<br>Employees as of December 31, 2001 will be credited with one year of service for each calendar (plan) year in which they work at least 1,000 hours, subject to a minimum of credited |

## Schedule SB, Part V – Summary of Plan Provisions (Cont'd)

service calculated using elapsed time during this period of employment.

Employees hired after December 31, 2001 will be credited with one year of service for each calendar (plan) year in which they work at least 1,000 hours.

**Credited Service**

(a) For service before January 1, 2002:

Elapsed service under ERISA rules.

For employees who transferred from Bear Creek, one Year of Credited Service will be credited for each Plan Year in which they complete 1,000 or more Hours of Service for the period prior to their transfer.

(b) For service after December 31, 2001:

Employees as of December 31, 2001 will be credited with one year of service for each calendar (plan) year in which they work at least 1,000 hours, subject to a minimum of credited service calculated using elapsed time during this period of employment.

Employees hired after December 31, 2001 will be credited with one year of service for each calendar (plan) year in which they work at least 1,000 hours.

Credited Service is frozen as of May 27, 2007.

**Compensation**

Compensation shall include base pay and overtime. Final average compensation shall also include regular bonuses and cash profit sharing. For any calendar year, Compensation is limited as required under Section 401(a)(17), as amended by EGTRRA.

Compensation earned after May 27, 2007 will not be recognized in computing plan benefits.

## Schedule SB, Part V – Summary of Plan Provisions (Cont'd)

**Final Average Compensation**

a) For Non-Legacy Employees:

For benefits accrued prior to January 1, 2002:

Final average monthly compensation is determined as of December 31, 2001 as the total of three components:

(i) The average of the highest 60 consecutive months of compensation (base pay and overtime).

(ii) The average of the highest 60 consecutive months of management bonuses.

(iii) The average of the highest 60 consecutive months of profit sharing/performance sharing awards.

For benefits accrued after December 31, 2001:

Final average monthly compensation is determined as of termination employment as the average of the highest 60 consecutive months of compensation (including management bonuses and profit sharing/performance sharing awards).

(b) For Legacy Employees:

Final average monthly compensation is determined as of termination employment as the total of three components:

(i) The average of the highest 60 consecutive months of compensation (base pay and overtime).

(ii) The average of the highest 60 consecutive months of management bonuses.

## Schedule SB, Part V – Summary of Plan Provisions (Cont'd)

| | |
|---|---|
| | (iii) The average of the highest 60 consecutive months of profit sharing/performance sharing awards. |
| **Normal Retirement Benefit** | Monthly Benefit: 1.6% of final average monthly compensation plus 0.4% of final average monthly compensation in excess of the Social Security Covered Compensation multiplied by years of participation service up to a maximum of 30 years.<br><br>The Normal Retirement Benefit is frozen as of May 27, 2007. |
| **Payment Form** | The Normal Form is a single life annuity for unmarried participants and qualified joint and 50% survivor annuity for married participants. The qualified joint and 50% survivor annuity is unreduced for Legacy participants and for benefits accrued prior to January 1, 2002 for Non-Legacy participants.<br><br>Optional forms are available, including a lump sum payment for benefits accrued before January 1, 2002 for all participants. Lump sum options for benefits accrued after December 31, 2001 are for Legacy participants only. |
| **Normal Retirement Date** | First of the month on or following the participant's 65th birthday. |
| **Early Retirement Benefit** | (i) Eligibility: Age 55 and 10 years of vesting service. |

## Schedule SB, Part V – Summary of Plan Provisions (Cont'd)

(ii) Monthly Benefit: Benefit calculated as of early retirement date using the normal retirement benefit formula, multiplied by an early retirement factor due to earlier commencement of payments.

(a) For Legacy Employees (all benefits) and Non-Legacy Employees (benefits accrued prior to January 1, 2002):

| Age | Early Retirement Factor |
|---|---|
| 55 | 65.0% |
| 56 | 70.0% |
| 57 | 75.0% |
| 58 | 80.0% |
| 59 | 85.0% |
| 60 | 90.0% |
| 61 | 95.0% |
| 62+ | 100.0% |

(b) For Non-Legacy Employees (benefits accrued after December 31, 2001):

| Age | Early Retirement Factor |
|---|---|
| 55 | 50.0% |
| 56 | 55.0% |
| 57 | 60.0% |
| 58 | 65.0% |
| 59 | 70.0% |
| 60 | 75.0% |
| 61 | 80.0% |
| 62 | 85.0% |
| 63 | 90.0% |
| 64 | 95.0% |
| 65+ | 100.0% |

**Termination Benefit**

The termination benefit is equal to the vested accrued benefit, payable in the normal form, commencing at normal retirement date. Optionally, the participant can commence as early as age 55 but is subject to an actuarial reduction of 0.5% for each month earlier than age 65 that the benefit commences.

## Schedule SB, Part V – Summary of Plan Provisions (Cont'd)

**Pre-retirement Death Benefit**

Eligibility: Vested

(a) For benefits accrued prior to January 1, 2002:

The death benefit payable to the beneficiary shall be the lump sum value of the accrued benefit at the time of death, determined as though the participant terminated or retired on the date of death and elected a lump sum payment. If the beneficiary is the surviving spouse, then a monthly annuity payment option will be made available.

(b) For benefits accrued after December 31, 2001:

The death benefit payable to the beneficiary of a Legacy participant shall be the lump sum value of the accrued benefit at the time of death, determined as though the participant terminated or retired on the date of death and elected a lump sum payment. If the beneficiary is the surviving spouse, then a monthly annuity payment option will be made available.

The death benefit payable to the beneficiary of a participant who is not a Legacy participant shall be survivor's portion of the 100% Joint and Survivor Annuity of the accrued benefit at the time of death, determined as though the participant terminated or retired on the date of death.

**Minimum Benefit**

The participant's total accrued benefit will never be less than the greater of the following:

(i) Participant's accrued benefit as of September 30, 1989;

(ii) Participant's accrued benefit as of September 30, 1994; or

(iii) Participant's accrued benefit as of December 31, 2001; or

## Schedule SB, Part V – Summary of Plan Provisions (Cont'd)

(iv) $1,200 per year for participant who has a Period of Participation at any time after September 30, 1998 and before January 1, 2002; or

(v) The minimum benefit as specified in Supplement A of the Shaklee Plan.

**Basis for Calculating Lump Sum**

Effective January 1, 2008, the basis for calculating lump sum is as follows:

(a) For benefits accrued prior to January 1, 2002:

The lump sum interest rate is 80% of the 30-year Treasury rate for the month of November prior to the calendar year in which the lump sum is payable phased in over five years (2008 - 2012) to 80% of the PPA spot segment rates for the month of November prior to the calendar year in which the lump sum is payable and the mortality table is the Applicable Mortality Table under PPA.

(b) For benefits accrued after December 31, 2001:

To calculate the lump sums with respect to benefits accrued after December 31, 2001, the lump sum basis used are the same as described in (a), but "100%" of the interest rates will be used instead of "80%".

**Change in Control**

The YCI Plan was amended effective February 6, 2004, to reflect vesting enhancements related to a Change in Control for YCI. As a result of the amendment, all eligible Shaklee employees who were participants or were to become participants in the Plan upon completing the eligibility requirements will be fully vested in their accrued benefits. Such a change in control occurred on May 27, 2004. All Shaklee Employees became fully vested on that date.

## Schedule SB, Part V – Summary of Plan Provisions (Cont'd)

## Change in Plan Provisions since the Last Actuarial Valuation

There have been no changes in benefits valued since since the last valuation.

**Shaklee Corporation Pension Plan**
**EIN: 94-3389365 PLAN: 002**
**Schedule H, line 4i—Schedule of Assets (Held at End of Year)**
**As of December 31, 2025**

| (a) | (b) Identity of Issue, Borrower, Lessor, or Similar Party | (c) Description of Investment | (d) Cost | (e) Current Value |
|---|---|---|---|---|
| | FDIC Bank Deposit Fund | Interest-bearing Cash | $ 5,555 | $ 5,555 |
| | Merrill Lynch Bank Deposit Program | Mutual Fund | 264,500 | 264,500 |
| | BNY Mellon Global Fixed Income Fund Class I | Mutual Fund | 376,886 | 377,923 |
| | Financial Invs Tr Alps Smith I | Mutual Fund | 529,790 | 538,154 |
| | Guggenheim Total Return Bond Instl | Mutual Fund | 528,376 | 540,114 |
| | Causeway International Value Instl | Mutual Fund | 149,426 | 179,250 |
| | MFS International Growth I | Mutual Fund | 171,261 | 176,433 |
| | Delaware Emerging Markets Fund | Mutual Fund | 70,210 | 112,232 |
| | Energy Transfer Equity | Common Stock | 4,941,503 | 4,320,380 |
| | Dimensaional Etf/u S Sm Cap Etf | Exchange-Traded Fund | 188,738 | 213,260 |
| | Invesco S&P 500 Equal Weight ETF | Exchange-Traded Fund | 169,128 | 193,284 |
| | iShares Bitcoin Shs Ben Int | Exchange-Traded Fund | 4,979,144 | 4,021,650 |
| | iShares Core MSCI Emerging | Exchange-Traded Fund | 155,444 | 186,435 |
| | iShares Core S&P Smallcap 600 ETF | Exchange-Traded Fund | 170,568 | 213,199 |
| | iShares Core S&P 500 ETF | Exchange-Traded Fund | 685,458 | 881,518 |
| | iShares Gold Tr Ishares New | Exchange-Traded Fund | 156,965 | 202,276 |
| | Schwab US Dividend Equity | Exchange-Traded Fund | 219,419 | 238,202 |
| | | | $ 13,762,371 | $ 12,664,365 |

See independent auditor's report and accompanying notes.

**Attachment to 2025 Schedule SB (Form 5500)**
**Plan Name: Shaklee Corporation Pension Plan**
**Plan Sponsor: Shaklee Corporation**
**EIN / PN: 94-3389365 / 002**

## Schedule SB, line 32 – Schedule of Amortization Bases

| Type of Base | Present Value of Remaining Installments | Date Created | Years Remaining | Amortization Installment |
|---|---|---|---|---|
| 2020 Shortfall | $2,072,881 | 1/1/2020 | 10 | $258,131 |
| 2021 Shortfall | 897,148 | 1/1/2021 | 11 | 104,000 |
| 2022 Shortfall | 97,633 | 1/1/2022 | 12 | 10,621 |
| 2023 Shortfall | 1,375,141 | 1/1/2023 | 13 | 141,331 |
| 2024 Shortfall | 353,403 | 1/1/2024 | 14 | 34,511 |
| 2025 Shortfall | 528,344 | 1/1/2025 | 15 | 49,263 |
| **Total Shortfall** | **$ 5,324,550** | | | **$ 597,857** |

**Attachment to 2025 Schedule SB (Form 5500)**
**Plan Name: Shaklee Corporation Pension Plan**
**Plan Sponsor: Shaklee Corporation**
**EIN / PN: 94-3389365 / 002**

## Schedule SB, line 24 – Change in Actuarial Assumptions

## Change in non-prescribed actuarial assumptions:

Assumed administrative expenses were changed from $310,000 to $350,000 to reflect expected expenses for the 2025 plan year.

The assumed lump sum interest rates were changed from November 2023 segment rates of 5.50%, 5.76% and 5.83% in 2024 to the November 2024 segment rates of 4.66%, 5.25% and 5.57% in 2025.

No other change in non-prescribed actuarial assumptions has been made for this valuation since the 2024 valuation.