# 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
- [X] a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
- [ ] a single-employer plan
- [ ] a DFE (specify) _____

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

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

**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
THE WOODBRIDGE GROUP U.S. SALARIED EMPLOYEES' PENSION PLAN

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

**1c** Effective date of plan 01/01/2000

**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)
WOODBRIDGE HOLDINGS INC.

1515 EQUITY DRIVE SUITE 100
TROY, MI 48084-7129

**2b** Employer Identification Number (EIN) 39-1505258

**2c** Plan Sponsor's telephone number 248-288-6576

**2d** Business code (see instructions) 336300

**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 | LAUREN MAGEE |
| | **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** | 839 |
| **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)** | 152 |
| **a(2)** | Total number of active participants at the end of the plan year | **6a(2)** | 139 |
| **b** | Retired or separated participants receiving benefits | **6b** | 334 |
| **c** | Other retired or separated participants entitled to future benefits | **6c** | 303 |
| **d** | Subtotal. Add lines **6a(2)**, **6b**, and **6c**. | **6d** | 776 |
| **e** | Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. | **6e** | 42 |
| **f** | Total. Add lines **6d** and **6e**. | **6f** | 818 |
| **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 1B

**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)** [X] **MEP** (Multiple-Employer Retirement Plan Information)

**b General Schedules**

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

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

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

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

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

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

Receipt Confirmation Code_____

# SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

# Single-Employer Defined Benefit Plan Actuarial Information

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

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

OMB No. 1210-0110

**2025**

**This Form is Open to Public Inspection**

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

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

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

**A** Name of plan
THE WOODBRIDGE GROUP U.S. SALARIED EMPLOYEES' 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
WOODBRIDGE HOLDINGS INC.

**D** Employer Identification Number (EIN)
39-1505258

**E** Type of plan: ☐ Single ☒ Multiple-A ☐ Multiple-B

**F** Prior year plan size: ☐ 100 or fewer ☐ 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** | 61738999 |
| **b** Actuarial value | **2b** | 57226962 |

**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 | 372 | 27358976 | 27358976 |
| **b** For terminated vested participants | 320 | 18260216 | 18260216 |
| **c** For active participants | 152 | 15958117 | 15958117 |
| **d** Total | 844 | 61577309 | 61577309 |

**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** | 5.39 % |
| **6** Target normal cost | | |
| **a** Present value of current plan year accruals | **6a** | 0 |
| **b** Expected plan-related expenses | **6b** | 750000 |
| **c** Target normal cost | **6c** | 750000 |

**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

08/12/2026
Date

MATTHEW C KAISER
Type or print name of actuary

26-05784
Most recent enrollment number

WILLIS TOWERS WATSON US LLC
Firm name

216-937-4000
Telephone number (including area code)

PO BOX 674401
HOUSTON, TX 77267
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 | 892 |
| 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 | 892 |
| 10 | Interest on line 9 using prior year's actual return of 10.94 % | 0 | 70 |
| 11 | Prior year's excess contributions to be added to prefunding balance: | | |
| a | Present value of excess contributions (line 38a from prior year) | | 420464 |
| 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 5.20 % | | 21874 |
| 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 | | 442338 |
| d | Portion of (c) to be added to prefunding balance | | 442338 |
| 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 | 443300 |

## Part III Funding Percentages

| | | | |
|---|---|---|---|
| 14 | Funding target attainment percentage | 14 | 92.21 % |
| 15 | Adjusted funding target attainment percentage | 15 | 92.21 % |
| 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 | 91.39 % |
| 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 |
|---|---|---|---|---|---|
| 01/13/2025 | 107200 | 0 | 07/14/2025 | 107200 | 0 |
| 02/13/2025 | 107200 | 0 | 08/13/2025 | 107200 | 0 |
| 03/13/2025 | 107200 | 0 | 09/15/2025 | 107200 | 0 |
| 04/14/2025 | 107200 | 0 | | | |
| 05/13/2025 | 107200 | 0 | | | |
| 06/13/2025 | 107200 | 0 | | | |
| | | | Totals ► 18(b) | 964800 | 18(c) 0 |

| | | | |
|---|---|---|---|
| 19 | Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year: | | |
| a | Contributions allocated toward unpaid minimum required contributions from prior years | 19a | 0 |
| b | Contributions made to avoid restrictions adjusted to valuation date | 19b | 0 |
| c | Contributions allocated toward minimum required contribution for current year adjusted to valuation date | 19c | 946404 |

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** | 61 |

**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** | 750000 |
| **b** Excess assets, if applicable, but not greater than line 31a | **31b** | 0 |

| **32** Amortization installments: | Outstanding Balance | Installment |
|---|---|---|
| **a** Net shortfall amortization installment | 4793647 | 554249 |
| **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** | 1304249 |

| | Carryover balance | Prefunding balance | Total balance |
|---|---|---|---|
| **35** Balances elected for use to offset funding requirement | 0 | 443300 | 443300 |

| | | |
|---|---|---|
| **36** Additional cash requirement (line 34 minus line 35) | **36** | 860949 |
| **37** Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) | **37** | 946404 |
| **38** Present value of excess contributions for current year (see instructions) | | |
| **a** Total (excess, if any, of line 37 over line 36) | **38a** | 85455 |
| **b** Portion included in line 38a attributable to use of prefunding and funding standard carryover balances | **38b** | 83430 |
| **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
THE WOODBRIDGE GROUP U.S. SALARIED EMPLOYEES' PENSION PLAN

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

**C** Plan sponsor's name as shown on line 2a of Form 5500
WOODBRIDGE HOLDINGS INC.

**D** Employer Identification Number (EIN)
39-1505258

## 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)

WILLS TOWERS WATSON US LLC

53-0181291

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|---|---|---|---|---|---|---|
| 11 50 15 70 17 | NONE | 371551 | Yes ☐ No ☒ | Yes ☐ No ☐ | | Yes ☐ No ☐ |

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

PRINCIPAL TRUST COMPANY

51-0099493

| (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? |
|---|---|---|---|---|---|---|
| 18 21 50 | NONE | 158310 | Yes ☐ No ☒ | Yes ☐ No ☐ | | Yes ☐ No ☐ |

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

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

## Part I Service Provider Information (continued)

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

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

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

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

## Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

(complete as many entries as needed)

**a** Name:

**b** EIN:

**c** Position:

**d** Address:

**e** Telephone:

Explanation:

**a** Name:

**b** EIN:

**c** Position:

**d** Address:

**e** Telephone:

Explanation:

**a** Name:

**b** EIN:

**c** Position:

**d** Address:

**e** Telephone:

Explanation:

**a** Name:

**b** EIN:

**c** Position:

**d** Address:

**e** Telephone:

Explanation:

**a** Name:

**b** EIN:

**c** Position:

**d** Address:

**e** Telephone:

Explanation:

# SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

## DFE/Participating Plan Information

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

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

OMB No. 1210-0110

**2025**

**This Form is Open to Public Inspection.**

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

**A** Name of plan
THE WOODBRIDGE GROUP U.S. SALARIED EMPLOYEES' PENSION PLAN

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

**C** Plan or DFE sponsor's name as shown on line 2a of Form 5500
WOODBRIDGE HOLDINGS INC.

**D** Employer Identification Number (EIN)
39-1505258

**Part I** **Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)**
(Complete as many entries as needed to report all interests in DFEs)

**a** Name of MTIA, CCT, PSA, or 103-12 IE: PRINCIPAL/BLACKROCK LARGE CAP VAL

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

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|
| 52-2265227-001 | C | 6513708 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: PRINCIPAL/BLACKROCK INTERNATIONAL

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

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|
| 52-2265229-001 | C | 8215280 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: PRINCIPAL/BLACKROCK U.S. AGGREGAT

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

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|
| 20-5699010-001 | C | 25285159 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: PRINCIPALL/BLACKROCK LARGE CAP GRO

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

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|
| 52-2265232-001 | C | 6549530 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: PRINCIPAL/BLACKROCK RUSSELL 2000

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

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|
| 52-2265233-001 | C | 3178967 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: PRINCIPAL/BLACKROCK S&P MIDCAP IN

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

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|
| 52-2265235-001 | C | 5610147 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: PRINCIPAL/BLACKROCK S&P 500 INDEX

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

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|
| 94-3224211-001 | C | 8625776 |

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**a** Plan name

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

**a** Plan name

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

**a** Plan name

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

**a** Plan name

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

**a** Plan name

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

**a** Plan name

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

**a** Plan name

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

**a** Plan name

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

**a** Plan name

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

**a** Plan name

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

**a** Plan name

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

**a** Plan name

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

**a** Plan name

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

# SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## Financial Information

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

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

OMB No. 1210-0110

**2025**

**This Form is Open to Public Inspection**

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

**A** Name of plan
THE WOODBRIDGE GROUP U.S. SALARIED EMPLOYEES' PENSION PLAN

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

**C** Plan sponsor's name as shown on line 2a of Form 5500
WOODBRIDGE HOLDINGS INC.

**D** Employer Identification Number (EIN)
39-1505258

## 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) | | |
| **(2)** Participant contributions | 1b(2) | | |
| **(3)** Other | 1b(3) | 6897 | 6166 |
| **c** General investments: | | | |
| **(1)** Interest-bearing cash (include money market accounts & certificates of deposit) | 1c(1) | 1787246 | 1962219 |
| **(2)** U.S. Government securities | 1c(2) | | |
| **(3)** Corporate debt instruments (other than employer securities): | | | |
| **(A)** Preferred | 1c(3)(A) | | |
| **(B)** All other | 1c(3)(B) | | |
| **(4)** Corporate stocks (other than employer securities): | | | |
| **(A)** Preferred | 1c(4)(A) | | |
| **(B)** Common | 1c(4)(B) | | |
| **(5)** Partnership/joint venture interests | 1c(5) | | |
| **(6)** Real estate (other than employer real property) | 1c(6) | | |
| **(7)** Loans (other than to participants) | 1c(7) | | |
| **(8)** Participant loans | 1c(8) | | |
| **(9)** Value of interest in common/collective trusts | 1c(9) | 58087232 | 63978567 |
| **(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) | 1857624 | 2042458 |
| **(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 | 61738999 | 67989410 |
| **Liabilities** | | | |
| **1g** Benefit claims payable | 1g | | |
| **1h** Operating payables | 1h | | |
| **1i** Acquisition indebtedness | 1i | | |
| **1j** Other liabilities | 1j | | |
| **1k** Total liabilities (add all amounts in lines 1g through1j) | 1k | 0 | 0 |
| **Net Assets** | | | |
| **1l** Net assets (subtract line 1k from line 1f) | 1l | 61738999 | 67989410 |

## 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) | 964800 | |
| **(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) | | 964800 |
| **b Earnings on investments:** | | | |
| **(1)** Interest: | | | |
| **(A)** Interest-bearing cash (including money market accounts and certificates of deposit) | 2b(1)(A) | 77078 | |
| **(B)** U.S. Government securities | 2b(1)(B) | | |
| **(C)** Corporate debt instruments | 2b(1)(C) | | |
| **(D)** Loans (other than to participants) | 2b(1)(D) | | |
| **(E)** Participant loans | 2b(1)(E) | | |
| **(F)** Other | 2b(1)(F) | | |
| **(G)** Total interest. Add lines **2b(1)(A)** through **(F)** | 2b(1)(G) | | 77078 |
| **(2)** Dividends: **(A)** Preferred stock | 2b(2)(A) | | |
| **(B)** Common stock | 2b(2)(B) | | |
| **(C)** Registered investment company shares (e.g. mutual funds) | 2b(2)(C) | 55697 | |
| **(D)** Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)** | 2b(2)(D) | | 55697 |
| **(3)** Rents | 2b(3) | | |
| **(4)** Net gain (loss) on sale of assets: **(A)** Aggregate proceeds | 2b(4)(A) | 3329110 | |
| **(B)** Aggregate carrying amount (see instructions) | 2b(4)(B) | 3329110 | |
| **(C)** Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result | 2b(4)(C) | | 0 |
| **(5)** Unrealized appreciation (depreciation) of assets: **(A)** Real estate | 2b(5)(A) | | |
| **(B)** Other | 2b(5)(B) | | |
| **(C)** Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)** | 2b(5)(C) | | 0 |

| | | (a) Amount | (b) Total |
|---|---|---|---|
| (6) Net investment gain (loss) from common/collective trusts | 2b(6) | | 8064077 |
| (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) | | 379748 |
| c Other income | 2c | | |
| d Total income. Add all **income** amounts in column (b) and enter total | 2d | | 9541400 |
| **Expenses** | | | |
| e Benefit payment and payments to provide benefits: | | | |
| (1) Directly to participants or beneficiaries, including direct rollovers | 2e(1) | 2670894 | |
| (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) | | 2670894 |
| 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) | | |
| (5) Investment advisory and investment management fees | 2i(5) | 1300 | |
| (6) Bank or trust company trustee/custodial fees | 2i(6) | 158310 | |
| (7) Actuarial fees | 2i(7) | 371551 | |
| (8) Legal fees | 2i(8) | | |
| (9) Valuation/appraisal fees | 2i(9) | | |
| (10) Other trustee fees and expenses | 2i(10) | | |
| (11) Other expenses | 2i(11) | 88934 | |
| (12) Total administrative expenses. Add lines **2i(1)** through **(11)** | 2i(12) | | 620095 |
| j Total expenses. Add all **expense** amounts in column (b) and enter total | 2j | | 3290989 |
| **Net Income and Reconciliation** | | | |
| k Net income (loss). Subtract line **2j** from line **2d** | 2k | | 6250411 |
| 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: BDO USA, P.C. **(2)** EIN: 13-5381590

**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 | | 20000000 |
| **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 585298.

# 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**

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

**A** Name of plan
THE WOODBRIDGE GROUP U.S. SALARIED EMPLOYEES' PENSION PLAN

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

**C** Plan sponsor's name as shown on line 2a of Form 5500
WOODBRIDGE HOLDINGS INC.

**D** Employer Identification Number (EIN)
39-1505258

## 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): _____ _____

**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_____.

| SCHEDULE MEP (Form 5500) | MULTIPLE-EMPLOYER RETIREMENT PLAN INFORMATION | OMB No. 1210-0110 |
|---|---|---|
| Department of the Treasury<br>Internal Revenue Service<br>Department of Labor<br>Employee Benefits Security Administration | 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)<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<br>THE WOODBRIDGE GROUP U.S. SALARIED EMPLOYEES' PENSION PLAN | **B** Three-digit Plan number (PN)..... ▶ 002 |
| **C** Plan administrator's name as shown on line 3a of Form 5500/Form 5500-SF<br>WOODBRIDGE HOLDINGS INC. | **D** Administrator's EIN<br>39-1505258 |

## Part I Type of Multiple-Employer Pension Plan. All multiple-employer pension plans must complete.

**1 Check the appropriate box to indicate type of multiple-employer pension plan. (Only defined contribution plans may check lines 1a, 1b, and 1c. Defined benefit plans and defined contribution plans not checking lines 1a, 1b, or 1c should check line 1d. See Instructions).**

- **a** ☐ association retirement plan (See 29 CFR 2510.3-55) (Complete Part II)
- **b** ☐ professional employer organization plan (PEO Plan) (See 29 CFR 29 CFR 2510.3-55) (Complete Part II)
- **c** ☐ pooled employer plan (PEP) (See 29 CFR 2510.3-44) (Complete Parts II and III)
- **d** ☒ other multiple-employer pension plan (Describe) DEFINED BENEFITS MEP (Complete Part II)

## Part II Participating Employer Information.

**2** All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan. **Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).**

| **2a** Name of Participating Employer | **2b** EIN | **2c** Percentage of Total Contributions for the Plan Year | **2d** Aggregate Account Balances Attributable to Participating Employer |
|---|---|---|---|
| WOODBRIDGE HOLDINGS INC. | 39-1505258 | 96.92 | |
| **2a** Name of Participating Employer | **2b** EIN | **2c** Percentage of Total Contributions for the Plan Year | **2d** Aggregate Account Balances Attributable to Participating Employer |
| WOODBRIDGE VENTURES INC. | 36-3636409 | 3.08 | |

**CAUTION** Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer "Yes" to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

| | | | |
|---|---|---|---|
| **2e** | Does the plan include any individuals not participating through an employer or who are individual working owners? | **2e** | ☐ Yes ☒ No |
| **2f** | If you answer "Yes" in line 2e, enter a good faith estimate of the percentage of total contributions made by all such individuals that are not listed on line 2a during the plan year. | **2f** | |
| **2g** | If you answer "Yes" in Line 2e, enter the aggregate account balances for all such individuals that are not listed on line 2a. | **2g** | |

## Part III Pooled Employer Plan Information

**Line 3.** All Pooled employer plans must answer all of the questions in Part III, in addition to completing all of Parts I and II.

**3a** Is the pooled plan provider (identified as the plan sponsor and administrator in Part II of the Form 5500) currently in compliance with the Form PR (Pooled Plan Provider Registration Statement) requirements? (See instructions and 29 CFR 2510.3-44) ☐ Yes ☐ No

**3b** If line 3a is "Yes", enter the ACK ID for the most recent Form PR that was required to be filed under the Form PR filing requirements. (Failure to enter a valid ACK ID will subject the Form 5500 filing to rejection as incomplete.)

ACK ID _____

# The Woodbridge Group United States Salaried Employees' Pension Plan

Financial Statements
and ERISA-Required Supplemental Schedules
As of December 31, 2025 and 2024, and
for the Year Ended December 31, 2025

The report accompanying these financial statements was issued by BDO USA, P.C., a Virginia professional corporation, and the U.S. member of BDO International Limited, a UK company limited by guarantee.

# The Woodbridge Group United States Salaried Employees' Pension Plan

Financial Statements and ERISA-Required Supplemental Schedules

As of December 31, 2025 and 2024, and for the Year Ended December 31, 2025

# The Woodbridge Group United States Salaried Employees' Pension Plan

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Note: Other schedules required by Section 2520.103.10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA have been omitted because they are not applicable.

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Fax: 248-362-4459
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2600 West Big Beaver
Suite 600
Troy, MI 48084

# Independent Auditor's Report

The Plan Administrator
The Woodbridge Group United States Salaried Employees' Pension Plan
Troy, Michigan

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

We have performed audits of the financial statements of The Woodbridge Group United States Salaried Employees' 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). The financial statements comprise the statements of net assets available for benefits as of December 31, 2025 and 2024, and the related statement of changes in net assets available for benefits for the year ended December 31, 2025, 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 (DOL) Rules and Regulations for Reporting and Disclosure under ERISA (ERISA Section 103(a)(3)(C) audit). 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 (qualified institution), provided that the investment information is prepared and certified to by the qualified institution in accordance with 29 CFR 2520.103-5 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

Management has obtained certifications from a qualified institution as of December 31, 2025 and 2024, and for the year ended December 31, 2025, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

## *Opinion*

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

- 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 (GAAP).
- The certified investment information in the accompanying financial statements agrees to, or is derived from, in all material respects, the information prepared and certified by a qualified institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

BDO USA, P.C., a Virginia professional corporation, is the U.S. member of BDO International Limited, a UK company limited by guarantee, and forms part of the international BDO network of independent member firms.

BDO is the brand name for the BDO network and for each of the BDO Member Firms.



***Basis for Opinion***

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

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

Management is responsible for the preparation and fair presentation of the financial statements in accordance with GAAP, 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 within one year after the date that the financial statements are available to be issued.

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

***Auditor's Responsibilities for the Audit of the Financial Statements***

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

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 GAAP.

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 GAAP.

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 ERISA-required supplemental schedules, 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 purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the DOL'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 audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial

statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion:

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

BDO USA, P.C.

October 15, 2026

# Financial Statements

# The Woodbridge Group United States Salaried Employees' Pension Plan

## Statements of Net Assets Available for Benefits

| *December 31,* | **2025** | 2024 |
|---|---|---|
| **Investments,** at fair value | **$ 67,983,244** | $ 61,732,102 |
| Accrued interest | **6,166** | 6,897 |
| **Net Assets Available for Benefits** | **$ 67,989,410** | $ 61,738,999 |

*See accompanying notes to financial statements.*

# The Woodbridge Group United States Salaried Employees' Pension Plan

## Statement of Changes in Net Assets Available for Benefits

*Year ended December 31, 2025*

| | | |
|---|---|---|
| **Additions** | | |
| Investment income: | | |
| Net appreciation in fair value of investments | $ | 8,443,825 |
| Interest and dividend income | | 132,775 |
| **Total Investment Income** | | 8,576,600 |
| Employer contributions | | 964,800 |
| **Total Additions** | | 9,541,400 |
| **Deductions** | | |
| Benefit payments | | 2,670,894 |
| Administrative expenses | | 620,095 |
| **Total Deductions** | | 3,290,989 |
| **Net Increase** | | 6,250,411 |
| **Net Assets Available for Benefits,** beginning of year | | 61,738,999 |
| **Net Assets Available for Benefits,** end of year | $ | 67,989,410 |

*See accompanying notes to financial statements.*

## 1. Description of the Plan

The Woodbridge Group United States Salaried Employees' Pension Plan (the Plan) is a non-contributory multiple-employer defined benefit pension plan formed on January 1, 2000 and amended and restated effective January 1, 2013, which covers any person employed by Woodbridge Group (the Company) on December 31, 1999 or thereafter (as defined by the Plan agreement). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA).

As of July 1, 2017, the Plan was closed to new entrants. Any employee who has not become a participant on or before June 30, 2017 shall not become a participant on or after July 1, 2017. The Plan was frozen effective December 31, 2023 for all participants whereby all benefits under the defined benefit formula ceased to accrue after that date.

The Plan is administered by the Company's Pension Committee (the Committee). The Committee has overall responsibility for the operation and administration of the Plan. The Committee determines the appropriateness of the Plan's investment offerings and monitors investment performance.

The following brief description of the Plan is provided for general information purposes only. The participants should refer to the Plan documents for more complete information.

### *Funding Policy*

The annual contributions to the Plan are based on actuarial calculations performed by Willis Towers Watson, an actuarial firm retained by the Company. The Company is required to contribute such amounts as are necessary to provide assets sufficient to meet the benefits to be paid to Plan participants. The contributions of the Company are made in amounts sufficient to at least fund the Plan's current service cost and to fund the prior service cost over a period of 30 years, subject to the full funding limitations. The Company's contributions for 2025 exceeded the minimum funding requirements of ERISA.

### *Participation and Vesting*

Employees shall be eligible to participate in the Plan on the first day of the calendar month following the employee's first day of employment. A participant becomes fully vested after completing five years of vesting service or upon attainment of the participant's normal retirement age. A year of vesting service is earned for each calendar year in which a participant completes at least 1,000 hours of service.

### *Benefit Payments*

The normal retirement form is monthly benefits to all qualified participants who retire on or after age 65 and is based on the product of the compensation and number of years of credited service. The Plan provides for death benefits and certain defined early retirement benefits for participants retiring between ages 55 and 65. In addition, the Plan provides for payment of retirement benefits in various forms on election by the participant. If a participant terminates employment before becoming fully vested, they forfeit the right to receive their accumulated Plan benefits.

Participants may elect to receive their distributions, subject to certain Plan provisions, in the form of various annuity payment options. If the participant's actuarial equivalent of the accrued benefit payable at their normal retirement date is less than $1,000, the participant is paid a lump-sum payment as soon as practicable after his or her termination date.

## 2. Summary of Significant Accounting Policies

### *Basis of Accounting*

The financial statements have been prepared using the accrual basis of accounting.

### *Use of Estimates*

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America (GAAP) requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and the changes therein, the disclosure of contingent assets and liabilities at the date of the financial statements, and the actuarial present value of accumulated Plan benefits. Actual results could differ from those estimates.

### *Investment Valuation and Income Recognition*

The Plan's investments are stated at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date (see Note 4). The fair value of the participation units owned by the Plan in collective investment trusts is based on redemption values on the last business day of the Plan year.

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

### *Contributions*

Contributions are recorded when due to the Plan. The amount of contributions is determined by the Plan's actuary using the accrued benefit (traditional unit credit method) actuarial cost method, based on assumptions described in Note 5.

The January 1, 2025 actuarial valuation was used to determine contributions for the Plan year ended December 31, 2025. Actuarial valuations are completed annually.

### *Benefit Payments*

Benefits are recorded when paid.

### *Administrative Expenses*

All administrative expenses incurred with regard to the purchase, sale, or transfer of investments and other assets in connection with the operation of the Plan and certain professional fees are borne by the Plan and recorded as deductions in the accompanying statement of changes in net assets available for benefits.

## 3. Certified Investment Information

Certain information disclosed in the accompanying financial statements and ERISA-required supplemental schedules, related to investments held at December 31, 2025 and 2024, and net appreciation in fair value of investments and interest and dividend income for the year ended December 31, 2025, was obtained by management and agreed to or derived from information certified as complete and accurate by Principal Bank (Principal), a qualified institution.

## 4. Fair Value Measurements

Accounting Standards Codification (ASC) 820, *Fair Value Measurement*, establishes a 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) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy under ASC 820 are described below:

*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:

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

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

*Level 3* – Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

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

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

*Mutual Fund* – Mutual funds are valued based on quoted market prices, which represent the net asset values (NAV) of units held by the Plan as at year-end. Units of exchange-traded funds are classified as Level 1.

*Collective Investment Trusts and Money Market Fund (Funds)* – The Plan's interests in these Funds are valued based on the NAVs reported by the trustee of the Funds. The NAV is based on the fair value of the underlying investments held by the Funds less its liabilities. The Funds provide for daily redemptions by the Plan at reported NAV with no advance notice. There are no unfunded

commitments related to these investments. The collective investment trusts are direct filing entities.

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

The following tables set forth by level, within the fair value hierarchy, the Plan's net assets available for benefits at fair value:

***December 31, 2025***

| | Level 1 | Level 2 | Level 3 | Total |
|---|---|---|---|---|
| Money market fund | $ - | $ 1,962,219 | $ - | $ 1,962,219 |
| Mutual fund | 2,042,458 | - | - | 2,042,458 |
| Collective investment trusts | - | 63,978,567 | - | 63,978,567 |
| | $ 2,042,458 | $ 65,940,786 | $ - | $ 67,983,244 |

*December 31, 2024*

| | Level 1 | Level 2 | Level 3 | Total |
|---|---|---|---|---|
| Money market fund | $ - | $ 1,787,246 | $ - | $ 1,787,246 |
| Mutual fund | 1,857,624 | - | - | 1,857,624 |
| Collective investment trusts | - | 58,087,232 | - | 58,087,232 |
| | $ 1,857,624 | $ 59,874,478 | $ - | $ 61,732,102 |

## 5. Actuarial Present Value of Accumulated Plan Benefits

Accumulated Plan benefits are those estimated future periodic payments that are attributable under the Plan's provisions to services rendered by the participants to the valuation date. Accumulated Plan benefits include benefits expected to be paid to retired or terminated participants or their beneficiaries and current participants or their beneficiaries. Benefits for retired or terminated participants or their beneficiaries are based on final average earnings and years of credited service as defined by the Plan. The accumulated Plan benefits for active employees are calculated using various assumptions, including expected salary and retirement date. Benefits payable under all circumstances—retirement, death, disability, and termination of employment—are included to the extent that they are deemed attributable to participant service rendered to the valuation date.

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

The actuarial present value of accumulated Plan benefits may be presented as of the beginning or end of the Plan year. The Plan presents the actuarial present value of accumulated Plan benefits at the end of the Plan year. For the years ended December 31, 2025 and 2024, the measurement date for determining the actuarial present value of accumulated Plan benefits is at January 1, 2026 and 2025, respectively. Had the valuations been performed as of December 31, there would be no material differences. The Plans' total actuarial obligation consists of the combined liabilities of Woodbridge Holdings Inc. and Woodbridge Ventures Inc., reported separately below.

The significant actuarial assumptions used in the valuations as of December 31, 2025 and 2024 were as follows:

| *December 31,* | **2025** | 2024 |
|---|---|---|
| Actuarial cost method | **Traditional unit credit method** | Traditional unit credit method |
| Discount rate | **5.50%** | 5.50% |
| Mortality basis | **Pri-2012 table projected with the MP-2021 improvement scale (Blue Collar for Brodhead; White Collar for all others)** | Pri-2012 table projected with the MP-2021 improvement scale (Blue Collar for Brodhead; White Collar for all others) |
| Average retirement age | **62** | 62 |

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

Accumulated Plan benefits information for the United States Salaried Employees' Pension Plan Woodbridge Holdings, Inc. is as follows:

| *December 31,* | **2025** | 2024 |
|---|---|---|
| **Actuarial Present Value of Accumulated Plan Benefits** | | |
| Vested benefits: | | |
| Participants currently receiving payments | **$ 28,938,878** | $ 27,115,070 |
| Other participants | **32,151,807** | 33,419,103 |
| **Total Actuarial Present Value of Accumulated Plan Benefits** | **$ 61,090,685** | $ 60,534,173 |

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

| | |
|---|---|
| **Actuarial Present Value of Accumulated Plan Benefits,** December 31, 2024 | $ 60,534,173 |
| Increase (decrease) during the year due to: | |
| Actuarial (gains) losses | (88,580) |
| Benefits paid | (2,612,445) |
| Decrease in discount period | 3,257,537 |
| **Actuarial Present Value of Accumulated Plan Benefits,** December 31, 2025 | $ 61,090,685 |

Accumulated Plan benefits information for the United States Salaried Employees' Pension Plan Woodbridge Ventures Inc. is as follows:

| *December 31,* | **2025** | 2024 |
|---|---|---|
| **Actuarial Present Value of Accumulated Plan Benefits** | | |
| Vested benefits: | | |
| Participants currently receiving payments | **$ 736,910** | $ 634,307 |
| Other participants | **1,474,876** | 1,521,261 |
| **Total Actuarial Present Value of Accumulated Plan Benefits** | **$ 2,211,786** | $ 2,155,568 |

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

| | |
|---|---|
| **Actuarial Present Value of Accumulated Plan Benefits,** December 31, 2024 | $ 2,155,568 |
| Increase (decrease) during the year due to: | |
| Actuarial (gains) losses | (2,282) |
| Benefits paid | (58,449) |
| Decrease in discount period | 116,949 |
| **Actuarial Present Value of Accumulated Plan Benefits,** December 31, 2025 | $ 2,211,786 |

## 6. Related Party and Party-in-Interest Transactions

Certain Plan investments are managed by Principal, the trustee of the Plan. As described in Note 2, the Plan paid certain expenses related to plan operations and investment activity to various service providers. Fees paid by the Plan in 2025 and 2024 to parties-in-interest amounted to $125,047 and $158,583, respectively. These transactions are party-in-interest transactions, which are exempt from prohibited transaction rules under ERISA.

## 7. Risks and Uncertainties

The Plan invests in various investment securities, which are exposed to various risks such as interest rate and market and credit risks. Due to the level of risk associated with certain investment securities, 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 the amounts reported in the financial statements.

As of December 31, 2025 and 2024, there were $42,126,213 and $38,354,569 investments held that individually accounted for more than 10% of total investments, respectively. See the supplemental Schedule of Assets (Held at End of Year) for a complete listing of investments held at December 31, 2025.

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

## 8. Plan Termination

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

In the event the Plan terminates, the net assets of the Plan will be allocated, as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated:

- Annuity benefits that former employees or their beneficiaries have been receiving for at least three years, or that employees eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan. The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit that would be payable under Plan provisions in effect at any time during the five years preceding Plan termination.
- Other vested benefits insured by the Pension Benefit Guaranty Corporation (PBGC) (a U.S. government agency) up to the applicable limitations (discussed subsequently).
- All other vested benefits (that is, vested benefits not insured by the PBGC).
- All non-vested benefits.

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination.

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 Plan sponsor and the level of benefits guaranteed by the PBGC.

## 9. Tax Status

The Plan has received a determination letter from the Internal Revenue Service (IRS), dated September 8, 2013, stating the Plan is qualified under Section 401(a) of the Internal Revenue Code (IRC) and, therefore, the related trust is exempt from taxation. The Plan has been amended since receiving the determination letter. The Plan administrator believes the Plan is qualified and is currently being operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income taxes has been included in the Plan's financial statements.

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

## 10. Subsequent Events

The Plan has evaluated subsequent events through October 15, 2026, the date the financial statements were available to be issued.

# ERISA-Required Supplemental Schedules

# The Woodbridge Group United States Salaried Employees' Pension Plan

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

**EIN: 39-1505258** **Plan Number: 002**

*December 31, 2025*

| (a) | (b) Identity of Issuer, Borrower, Lessor, or Similar Party | (c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value | (d) Cost | (e) Current Value |
|---|---|---|---|---|
| | **Money Market Fund** | | | |
| * | Principal/BlackRock | Short-term Investment Fund | $ 1,962,220 | $ 1,962,219 |
| | **Collective Investment Trusts** | | | |
| * | Principal/BlackRock | International Equity Index CIT | 6,282,560 | 8,215,280 |
| * | Principal/BlackRock | Large Capital Growth Index CIT | 5,502,260 | 6,549,530 |
| * | Principal/BlackRock | Large Capital Value Index CIT | 5,624,199 | 6,513,708 |
| * | Principal/BlackRock | Russell 2000 Index CIT | 2,796,776 | 3,178,967 |
| * | Principal/BlackRock | S&P Midcap Index CIT | 5,206,421 | 5,610,147 |
| * | Principal/BlackRock | S&P 500 Index CIT | 7,305,865 | 8,625,776 |
| * | Principal/BlackRock | U.S. Aggregate Bond Index CIT | 23,661,161 | 25,285,159 |
| | **Total Collective Investment Trusts** | | 56,379,242 | 63,978,567 |
| | **Mutual Fund** | | | |
| | Vanguard | Emerging Markets Stock Index Fund | 1,691,977 | 2,042,458 |
| | **Total** | | $ 60,033,439 | $ 67,983,244 |

* A party-in-interest, as defined by ERISA.

# The Woodbridge Group United States Salaried Employees' Pension Plan

## Schedule H, Line 4j - Schedule of Reportable Transactions

**EIN: 39-1505258** **Plan Number: 002**

*Year ended December 31, 2025*

| | (a) Identity of Party Involved | (b) Description of Investment | (c) Purchase Price | (d) Selling Price | (g) Cost of Asset | (h) Current Value of Asset on Transaction Date | (i) Net Gain (Loss) |
|---|---|---|---|---|---|---|---|
| | **Category (iii) - Series of Transactions** | | | | | | |
| * | Principal/Blackrock | Short-Term Investment Fund 58 purchases | $ 3,504,084 | $ - | $ 3,504,084 | $ - | $ - |
| * | Principal/Blackrock | Short-Term Investment Fund 51 sales | - | 3,329,113 | 3,329,113 | - | - |
| * | Principal/Blackrock | U.S. Aggregate Bond Index CIT 5 purchases | 2,368,519 | - | 2,368,519 | - | - |
| * | Principal/Blackrock | U.S. Aggregate Bond Index CIT 5 sales | - | 1,981,997 | 1,841,440 | - | 140,557 |

* Party-in-interest

There were no category (i), (ii), or (iv) reportable transactions during the year.

# SCHEDULE SB ATTACHMENTS

## Schedule SB, Line 26a
## Schedule of Active Participant Data as of January 1, 2025

The Woodbridge Group U.S. Salaried Employees' Pension Plan – Woodbridge Holdings Inc

| | Attained Years of Credited Service[1] | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Attained Age | Under 1 | 1-4 | 5-9 | 10-14 | 15-19 | 20-24 | 25-29 | 30-34 | 35-39 | 40 & Over | Total |
| Under 25 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 25-29 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 30-34 | 1 | 0 | 4 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 5 |
| 35-39 | 0 | 0 | 6 | 3 | 0 | 0 | 0 | 0 | 0 | 0 | 9 |
| 40-44 | 0 | 0 | 5 | 4 | 2 | 0 | 0 | 0 | 0 | 0 | 11 |
| 45-49 | 0 | 0 | 11 | 6 | 2 | 5 | 1 | 0 | 0 | 0 | 25 |
| 50-54 | 0 | 0 | 4 | 9 | 1 | 5 | 8 | 1 | 0 | 0 | 28 |
| 55-59 | 0 | 0 | 7 | 6 | 6 | 4 | 4 | 4 | 1 | 0 | 32 |
| 60-64 | 0 | 0 | 4 | 1 | 4 | 5 | 6 | 3 | 3 | 0 | 26 |
| 65-69 | 0 | 0 | 2 | 2 | 0 | 1 | 0 | 0 | 2 | 0 | 7 |
| 70 & over | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 1 |
| Total | 1 | 0 | 43 | 31 | 15 | 20 | 19 | 9 | 6 | 0 | 144 |

[1] Age and service for purposes of determining category are based on exact (not rounded) values.

Plan Name: The Woodbridge Group U.S. Salaried Employees' Pension Plan
EIN / PN: 39-1505258/002
Plan Sponsor: Woodbridge Holdings Inc
Valuation Date: January 1, 2025

# SCHEDULE SB ATTACHMENTS

## Schedule SB, Line 26a
## Schedule of Active Participant Data as of January 1, 2025

The Woodbridge Group U.S. Salaried Employees' Pension Plan – Woodbridge Ventures Inc.

| | Attained Years of Credited Service[2] | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Attained Age | **Under 1** | **1-4** | **5-9** | **10-14** | **15-19** | **20-24** | **25-29** | **30-34** | **35-39** | **40 & Over** | **Total** |
| Under 25 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 25-29 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 30-34 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 35-39 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 40-44 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 45-49 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 1 |
| 50-54 | 0 | 0 | 0 | 0 | 0 | 3 | 0 | 0 | 0 | 0 | 3 |
| 55-59 | 0 | 0 | 0 | 0 | 0 | 3 | 0 | 0 | 0 | 0 | 3 |
| 60-64 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 1 |
| 65-69 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 70 & over | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Total | 0 | 0 | 0 | 0 | 2 | 6 | 0 | 0 | 0 | 0 | 8 |

[2] Age and service for purposes of determining category are based on exact (not rounded) values.

Plan Name: The Woodbridge Group U.S. Salaried Employees' Pension Plan
EIN / PN: 39-1505258/002
Plan Sponsor: Woodbridge Holdings Inc
Valuation Date: January 1, 2025

# SCHEDULE SB ATTACHMENTS

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

**Woodbridge Holdings Inc.**

### Economic Assumptions

**Interest rate basis**

- Applicable month: September
- Interest rate basis: Segment Rates from Fourth Month Preceding Valuation Date

| Interest rates | Reflecting Stabilization | Not Reflecting Stabilization |
|---|---|---|
| First segment rate | 5.07% | 5.07% |
| Second segment rate | 5.31% | 5.33% |
| Third segment rate | 5.50% | 5.36% |
| Effective interest rate | 5.39% | 5.33% |

**Annual rates of increase**

- Salaries: Graded by age
- Weighted average: 4.56%
- Future Social Security wage bases: 4.00%
- Statutory limits on compensation: 4.00%
- Statutory limits on benefits: 4.00%

**Plan-related expenses** $725,000

As permitted by law, rates reflecting stabilization are used to determine the funding target and target normal cost, and thus the minimum required contribution under IRC §430 for the plan. Because these assumptions are subject to a corridor based on average interest rates over a 25-year period, they may differ from (and currently are higher than) current market interest rates and may be inconsistent with other economic assumptions used in the valuation.

# SCHEDULE SB ATTACHMENTS

## Demographic and Other Assumptions

**Inclusion date**

The valuation date coincident with or next following the date on which the employee becomes a participant

**New or rehired employees**

It was assumed there will be no new or rehired employees.

**Mortality**

- Healthy

Separate rates for non-annuitants and annuitants based on Pri-2012 “Employees” and “Healthy Annuitants” (participants and beneficiaries combined) tables, respectively, without collar or amount adjustments and then projected forward with a generational projection as specified in the regulations under §1.430(h)(3)-1 using the IRS adjusted Scale MP-2021 (i.e., MP-2021 with no mortality improvement for 2020-2023 and future mortality improvement capped at 0.78% for years after 2024).

- Disabled

Separate rates for non-annuitants and annuitants based on Pri-2012 “Employees” and “Healthy Annuitants” (participants and beneficiaries combined) tables, respectively, without collar or amount adjustments and then projected forward with a generational projection as specified in the regulations under §1.430(h)(3)-1 using the IRS adjusted Scale MP-2021 (i.e., MP-2021 with no mortality improvement for 2020-2023 and future mortality improvement capped at 0.78% for years after 2024).

**Termination**

Rates varying by age and service.

| Percentage leaving during the year | Years of Service | | | | | |
|---|---|---|---|---|---|---|
| Age | 0-1 | 1-2 | 2-3 | 3-4 | 4-5 | 5+ |
| 25 | 35.0% | 27.0% | 21.0% | 17.0% | 15.0% | 7.8% |
| 40 | 35.0% | 27.0% | 21.0% | 17.0% | 15.0% | 7.3% |
| 54 | 35.0% | 27.0% | 21.0% | 17.0% | 15.0% | 4.8% |
| 55 | 35.0% | 27.0% | 21.0% | 17.0% | 15.0% | 0.0% |

**Disability**

Rates varying by age and gender.

| Percentage becoming disabled during the year | | |
|---|---|---|
| Age | Males | Females |
| 30 | 0.21% | 0.16% |
| 40 | 0.44% | 0.39% |
| 50 | 1.09% | 0.94% |
| 60 | 2.90% | 1.93% |

# SCHEDULE SB ATTACHMENTS

**Retirement**

Rates varying by age and service.

| Age | Percentage retiring during the year<br>Years of Service<br>0-4 | 5-9 | 10-19 | 20+ |
|---|---|---|---|---|
| 55 | 0% | 0% | 0% | 10% |
| 60 | 0% | 0% | 10% | 10% |
| 62 | 0% | 0% | 10% | 10% |
| 65 | 0% | 100% | 100% | 100% |
| 67 | 0% | 100% | 100% | 100% |
| 70 | 0% | 100% | 100% | 100% |

**Benefit commencement dates**

- Preretirement death benefit — The later of the death of the active participant or the date the participant would have attained age 55
- Deferred vested benefit — The later of age 65 or termination of employment
- Disability benefit — Upon disablement for current disabled participants, age 65 for current actives assumed to become disabled
- Retirement benefit — Upon termination of employment

**Form of payment**

Life annuity for unmarried participants; 50% joint and survivor annuity for married participants

**Percent married**

60% (90% for Brodhead participants). These assumptions are used to value pre-retirement surviving spouse benefits and in determining the optional form expected to be elected at commencement.

**Spouse age**

Wife two years younger than husband (three years for Brodhead participants)

**Covered pay**

Rate of pay as of the valuation date

**Timing of benefit payments**

Annuity payments are payable monthly at the beginning of the month and lump sum payments are payable on date of decrement.

# SCHEDULE SB ATTACHMENTS

## Methods

| | |
|---|---|
| Valuation date | First day of plan year |
| **Funding target** | Present value of accrued benefits as required by regulations under IRC §430. |
| **Target normal cost** | Present value of benefits expected to accrue during the plan year plus plan-related expenses expected to be paid from plan assets during the plan year as required by regulations under IRC §430. |
| **Decrement timing** | The approach used is called rounded middle of year (rounded MOY) decrement timing. Most events are assumed to occur at the middle of year during which the eligibility condition will be met, or the start/end date will occur. For death and disability decrements, the rate applied is based on the participant's rounded age (nearest integer age) at the beginning of the year, to align with the methodology generally used to create those rate tables. For retirement and withdrawal decrements: the age is generally the participant's rounded age at the middle of the year. |
| **Actuarial value of assets for determining minimum required contributions** | Average of the fair market value of assets on the valuation date and 12 and 24 months preceding valuation dates, adjusted for contributions, benefits, administrative expenses and expected earnings (with such expected earnings limited as described in IRS Notice 2009-22). The average asset value must be within 10% of market value, including discounted contributions receivable (discounted using the effective interest rate for the 2024 plan year.)<br><br>The method of computing the actuarial value of assets complies with rules governing the calculation of such values under the Pension Protection Act of 2006 (PPA). These rules produce smoothed values that reflect the underlying market value of plan assets but fluctuate less than the market value. As a result, the actuarial value of assets will be lower than the market value in some years and greater in other years. However, over the long term under PPA's smoothing rules, the method has a significant bias to produce an actuarial value of assets that is below the market value of assets.<br><br>The actuarial value, including all contributions for the prior plan year, is allocated to each portion of the plan. |

# SCHEDULE SB ATTACHMENTS

**Benefits not valued**

All benefits described in the Plan Provisions section of this report were valued. WTW has reviewed the plan provisions with The Woodbridge Group and based on that review, is not aware of any significant benefits required to be valued that were not.

## Data Sources

The plan sponsor furnished participant data as of 1/1/2025 via the eePoint administration system. Information on assets, contributions and plan provisions was supplied by the plan sponsor. Data and other information were reviewed for reasonableness and consistency, but no audit was performed. Based on discussions with the plan sponsor, assumptions or estimates were made when data were not available, and the data was adjusted to reflect any significant events that occurred between the date the data was collected and the measurement date. In consultation with The Woodbridge Group, the following assumptions were made for missing or apparently inconsistent data elements:

- Missing beneficiary information was assumed to follow the spousal assumptions detailed herein the Demographic Assumptions section.
- Missing benefits were estimated using data provided.
- Deceased records with unknown beneficiaries are valued assuming full benefit is still payable over participant lifetime.
- Missing pay was estimated by applying the salary scale to prior year pensionable earnings.

We are not aware of any errors or omissions in the data that would have a significant effect on the results of our calculations.

# SCHEDULE SB ATTACHMENTS

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

**Woodbridge Ventures Inc.**

### Economic Assumptions

**Interest rate basis**

- Applicable month: September
- Interest rate basis: Segment Rates from Fourth Month Preceding Valuation Date

| Interest rates | Reflecting Stabilization | Not Reflecting Stabilization |
|---|---|---|
| • First segment rate | 5.07% | 5.07% |
| • Second segment rate | 5.31% | 5.33% |
| • Third segment rate | 5.50% | 5.36% |
| • Effective interest rate | 5.40% | 5.34% |

**Annual rates of increase**

- Salaries: Graded by age
  - Weighted average: 4.56%
- Future Social Security wage bases: 4.00%
- Statutory limits on compensation: 4.00%
- Statutory limits on benefits: 4.00%

**Plan-related expenses** $25,000

As permitted by law, rates reflecting stabilization are used to determine the funding target and target normal cost, and thus the minimum required contribution under IRC §430 for the plan. Because these assumptions are subject to a corridor based on average interest rates over a 25-year period, they may differ from (and currently are higher than) current market interest rates, and may be inconsistent with other economic assumptions used in the valuation.

Plan Name: The Woodbridge Group U.S. Salaried Employees' Pension Plan
EIN / PN: 39-1505258/002
Plan Sponsor: Woodbridge Holdings Inc
Valuation Date: January 1, 2025

# SCHEDULE SB ATTACHMENTS

## Demographic and Other Assumptions

**Inclusion date**

The valuation date coincident with or next following the date on which the employee becomes a participant

**New or rehired employees**

It was assumed there will be no new or rehired employees.

**Mortality**

- Healthy

Separate rates for non-annuitants and annuitants based on Pri-2012 "Employees" and "Healthy Annuitants" (participants and beneficiaries combined) tables, respectively, without collar or amount adjustments and then projected forward with a generational projection as specified in the regulations under §1.430(h)(3)-1 using the IRS adjusted Scale MP-2021 (i.e., MP-2021 with no mortality improvement for 2020-2023 and future mortality improvement capped at 0.78% for years after 2024).

- Disabled

Separate rates for non-annuitants and annuitants based on Pri-2012 "Employees" and "Healthy Annuitants" (participants and beneficiaries combined) tables, respectively, without collar or amount adjustments and then projected forward with a generational projection as specified in the regulations under §1.430(h)(3)-1 using the IRS adjusted Scale MP-2021 (i.e., MP-2021 with no mortality improvement for 2020-2023 and future mortality improvement capped at 0.78% for years after 2024).

**Termination**

Rates varying by age and service.

| | Percentage leaving during the year | | | | | |
|---|---|---|---|---|---|---|
| | Years of Service | | | | | |
| Age | 0-1 | 1-2 | 2-3 | 3-4 | 4-5 | 5+ |
| 25 | 35.0% | 27.0% | 21.0% | 17.0% | 15.0% | 7.8% |
| 40 | 35.0% | 27.0% | 21.0% | 17.0% | 15.0% | 7.3% |
| 54 | 35.0% | 27.0% | 21.0% | 17.0% | 15.0% | 4.8% |
| 55 | 35.0% | 27.0% | 21.0% | 17.0% | 15.0% | 0.0% |

# SCHEDULE SB ATTACHMENTS

**Disability**

Rates varying by age and gender.

| Percentage becoming disabled during the year | | |
|---|---|---|
| Age | Males | Females |
| 30 | 0.21% | 0.16% |
| 40 | 0.44% | 0.39% |
| 50 | 1.09% | 0.94% |
| 60 | 2.90% | 1.93% |

**Retirement**

Rates varying by age and service.

| Percentage retiring during the year | | | | |
|---|---|---|---|---|
| | Years of Service | | | |
| Age | 0-4 | 5-9 | 10-19 | 20+ |
| 55 | 0% | 0% | 0% | 10% |
| 60 | 0% | 0% | 10% | 10% |
| 62 | 0% | 0% | 10% | 10% |
| 65 | 0% | 100% | 100% | 100% |
| 67 | 0% | 100% | 100% | 100% |
| 70 | 0% | 100% | 100% | 100% |

**Benefit commencement dates**

- Preretirement death benefit — The later of the death of the active participant or the date the participant would have attained age 55
- Deferred vested benefit — The later of age 65 or termination of employment
- Disability benefit — Upon disablement for current disabled participants; age 65 for current actives assumed to become disabled
- Retirement benefit — Upon termination of employment

**Form of payment**

Life annuity for unmarried participants; 50% joint and survivor annuity for married participants

**Percent married**

60%: This assumption is used to value pre-retirement surviving spouse benefits and in determining the optional form expected to be elected at commencement

**Spouse age**

Wife two years younger than husband

**Covered pay**

Rate of pay as of the valuation date

# SCHEDULE SB ATTACHMENTS

| | |
|---|---|
| **Timing of benefit payments** | Annuity payments are payable monthly at the beginning of the month and lump sum payments are payable on date of decrement. |

## Methods

| | |
|---|---|
| **Valuation date** | First day of plan year |
| **Funding target** | Present value of accrued benefits as required by regulations under IRC §430. |
| **Target normal cost** | Present value of benefits expected to accrue during the plan year plus plan-related expenses expected to be paid from plan assets during the plan year as required by regulations under IRC §430. |
| **Decrement timing** | The approach used is called rounded middle of year (rounded MOY) decrement timing. Most events are assumed to occur at the middle of year during which the eligibility condition will be met or the start/end date will occur. For death and disability decrements, the rate applied is based on the participant's rounded age (nearest integer age) at the beginning of the year, to align with the methodology generally used to create those rate tables. For retirement and withdrawal decrements: the age is generally the participant's rounded age at the middle of the year. |
| **Actuarial value of assets for determining minimum required contributions** | Average of the fair market value of assets on the valuation date and 12 and 24 months preceding valuation dates, adjusted for contributions, benefits, administrative expenses and expected earnings (with such expected earnings limited as described in IRS Notice 2009-22). The average asset value must be within 10% of market value, including discounted contributions receivable (discounted using the effective interest rate for the 2024 plan year.)<br><br>The method of computing the actuarial value of assets complies with rules governing the calculation of such values under the Pension Protection Act of 2006 (PPA). These rules produce smoothed values that reflect the underlying market value of plan assets but fluctuate less than the market value. As a result, the actuarial value of assets will be lower than the market value in some years and greater in other years. However, over the long term under PPA's smoothing rules, the method has a significant bias to produce an actuarial value of assets that is below the market value of assets. |

# SCHEDULE SB ATTACHMENTS

| | |
|---|---|
| | The actuarial value, including all contributions for the prior plan year, is allocated to each portion of the plan. |
| **Benefits not valued** | All benefits described in the Plan Provisions section of this report were valued. WTW has reviewed the plan provisions with The Woodbridge Group and, based on that review, is not aware of any significant benefits required to be valued that were not. |

## Data Sources

The plan sponsor furnished participant data as of 1/1/2025 via the eePoint administration system. Information on assets, contributions and plan provisions was supplied by the plan sponsor. Data and other information were reviewed for reasonableness and consistency, but no audit was performed. Based on discussions with the plan sponsor, assumptions or estimates were made when data were not available, and the data was adjusted to reflect any significant events that occurred between the date the data was collected and the measurement date. In consultation with The Woodbridge Group, the following assumptions were made for missing or apparently inconsistent data elements:

- Missing beneficiary information was assumed to follow the spousal assumptions detailed herein the Demographic Assumptions section.
- Missing benefits were estimated using data provided.
- Deceased records with unknown beneficiaries are valued assuming full benefit is still payable over participant lifetime.
- Missing pay was estimated by applying the salary scale to prior year pensionable earnings.

We are not aware of any errors or omissions in the data that would have a significant effect on the results of our calculations.

| | |
|---|---|
| **Plan Name** | **The Woodbridge Group U.S. Salaried Employees' Pension Plan** |
| **Plan Sponsor EIN** | **39-1505258** |
| **ERISA Plan #** | **002** |
| **Plan Year Ending** | **December 31, 2025** |

**The required attachment marked with an "X" in the Attachment column is included within the Accountant's Opinion attachment to Sch. H, Part III, Line 3, which consists of the entire audit report issued by the plan's Independent Qualified Public Accountant (IQPA).**

| Form/Schedule | Line # | Description | Attachment |
|---|---|---|---|
| 5500 Sch. H | Line 3 | Financial statements used in formulating the IQPA's opinion | X |
| 5500 Sch. H | Line 4a | Schedule of Delinquent Participant Contributions | |
| 5500 Sch. H | Line 4i | Schedule of Assets (Held at End of Year) | X |
| 5500 Sch. H | Line 4i | Schedule of Assets (Acquired and Disposed of Within Year) | |
| 5500 Sch. H | Line 4j | Schedule of Reportable Transactions | X |

# 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
THE WOODBRIDGE GROUP U.S. SALARIED EMPLOYEES' 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
WOODBRIDGE HOLDINGS INC.

**D** Employer Identification Number (EIN)
39-1505258

**E** Type of plan: ☐ Single ☒ Multiple-A ☐ Multiple-B

**F** Prior year plan size: ☐ 100 or fewer ☐ 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** | 61,738,999 |
| **b** Actuarial value | **2b** | 57,226,962 |

**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 | 372 | 27,358,976 | 27,358,976 |
| **b** For terminated vested participants | 320 | 18,260,216 | 18,260,216 |
| **c** For active participants | 152 | 15,958,117 | 15,958,117 |
| **d** Total | 844 | 61,577,309 | 61,577,309 |

**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** | 5.39 % |
| **6** Target normal cost | | |
| **a** Present value of current plan year accruals | **6a** | 0 |
| **b** Expected plan-related expenses | **6b** | 750,000 |
| **c** Target normal cost | **6c** | 750,000 |

**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**

Matthew C Kaiser MCK
Signature of actuary

August 12, 2026
Date

Matthew C Kaiser
Type or print name of actuary

2605784
Most recent enrollment number

Willis Towers Watson US LLC
Firm name

216-937-4000
Telephone number (including area code)

PO Box 674401

Houston TX 77267
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 | 892 |
| 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 | 892 |
| 10 | Interest on line 9 using prior year's actual return of 10.94 % | 0 | 70 |
| 11 | Prior year's excess contributions to be added to prefunding balance: | | |
| | **a** Present value of excess contributions (line 38a from prior year) | | 420,464 |
| | **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 5.20 % | | 21,874 |
| | **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 | | 442,338 |
| | **d** Portion of (c) to be added to prefunding balance | | 442,338 |
| 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 | 443,300 |

## Part III Funding Percentages

| | | | |
|---|---|---|---|
| 14 | Funding target attainment percentage | 14 | 92.21 % |
| 15 | Adjusted funding target attainment percentage | 15 | 92.21 % |
| 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 | 91.39 % |
| 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 |
|---|---|---|---|---|---|
| 01/13/2025 | 107,200 | 0 | | | |
| 02/13/2025 | 107,200 | 0 | | | |
| 03/13/2025 | 107,200 | 0 | | | |
| 04/14/2025 | 107,200 | 0 | | | |
| 05/13/2025 | 107,200 | 0 | | | |
| 06/13/2025 | 107,200 | 0 | | | |
| 07/14/2025 | 107,200 | 0 | | | |
| 08/13/2025 | 107,200 | 0 | | | |
| 09/15/2025 | 107,200 | 0 | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | Totals ► 18(b) | 964,800 | 18(c) 0 |

| | | | |
|---|---|---|---|
| 19 | Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year: | | |
| | **a** Contributions allocated toward unpaid minimum required contributions from prior years. | 19a | 0 |
| | **b** Contributions made to avoid restrictions adjusted to valuation date | 19b | 0 |
| | **c** Contributions allocated toward minimum required contribution for current year adjusted to valuation date. | 19c | 946,404 |

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** | 61 |

**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** | 750,000 |
| **b** Excess assets, if applicable, but not greater than line 31a | **31b** | 0 |

**32** Amortization installments:

| | Outstanding Balance | Installment |
|---|---|---|
| **a** Net shortfall amortization installment | 4,793,647 | 554,249 |
| **b** Waiver amortization installment | 0 | 0 |

| | | |
|---|---|---|
| **33** If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____ ) and the waived amount | **33** | |
| **34** Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33) | **34** | 1,304,249 |

| | Carryover balance | Prefunding balance | Total balance |
|---|---|---|---|
| **35** Balances elected for use to offset funding requirement | 0 | 443,300 | 443,300 |

| | | |
|---|---|---|
| **36** Additional cash requirement (line 34 minus line 35) | **36** | 860,949 |
| **37** Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) | **37** | 946,404 |

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

| | | |
|---|---|---|
| **a** Total (excess, if any, of line 37 over line 36) | **38a** | 85,455 |
| **b** Portion included in line 38a attributable to use of prefunding and funding standard carryover balances | **38b** | 83,430 |
| **39** Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) | **39** | 0 |
| **40** Unpaid minimum required contributions for all years | **40** | 0 |

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

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

# SCHEDULE SB ATTACHMENTS

## Schedule SB, Line 22
## Description of Weighted Average Retirement Age
## as of January 1, 2025

The average retirement age for Line 22 was calculated by weighting each plan's weighted average retirement by percentage of active employees within each plan.

| (a) Plan | (b) Number of Active Participants | (c) Plan's Weighted Average | Product (d) (b)/229 x (c) |
|---|---|---|---|
| The Woodbridge Group US Salaried Employees' Pension Plan - Woodbridge Holdings Inc. | 144 | 61.51 | 58.27 |
| The Woodbridge Group US Salaried Employees' Pension Plan - Woodbridge Ventures Inc. | 8 | 60.86 | 3.20 |
| Total | 152 | | 61.47 |
| Rounded for Schedule SB line 22 | | | 61 |

Plan Name: The Woodbridge Group U.S. Salaried Employees' Pension Plan
EIN / PN: 39-1505258/002
Plan Sponsor: Woodbridge Holdings Inc
Valuation Date: January 1, 2025

# SCHEDULE SB ATTACHMENTS

## Schedule SB, Line 22
## Description of Weighted Average Retirement Age
## as of January 1, 2025

The Woodbridge Group U.S. Salaried Employees' Pension Plan – Woodbridge Holdings Inc

A fixed population and the retirement rates described in the attached Actuarial Assumptions and Methods and shown below, were used to project the number of retirements per year for ages 55 through 70. Active plan participant characteristics as of January 1, 2025 were factored into the development of Average Service used in application of accelerated retirement rates. Average retirement age was calculated by taking the weighted average of retirements by age, as shown below:

| | |
|---|---|
| **Average Active Age at January 1, 2025** | **52.58** |
| **Average Credited Service at January 1, 2025** | **17.14** |

| Age: | Assumed Active BOY Count: | Average Service (*) | Retirement Rate | Number of Expected Retirements | Number of Remaining Actives | Number of Retirements Times Age |
|---|---|---|---|---|---|---|
| 55 | 1,000 | 20 | 0.000 | 0 | 1,000 | 0 |
| 56 | 1,000 | 21 | 0.100 | 100 | 900 | 5,600 |
| 57 | 900 | 22 | 0.100 | 90 | 810 | 5,130 |
| 58 | 810 | 23 | 0.100 | 81 | 729 | 4,698 |
| 59 | 729 | 24 | 0.100 | 73 | 656 | 4,307 |
| 60 | 656 | 25 | 0.100 | 66 | 590 | 3,960 |
| 61 | 590 | 26 | 0.100 | 59 | 531 | 3,599 |
| 62 | 531 | 27 | 0.100 | 53 | 478 | 3,286 |
| 63 | 478 | 28 | 0.100 | 48 | 430 | 3,024 |
| 64 | 430 | 29 | 0.100 | 43 | 387 | 2,752 |
| 65 | 387 | 30 | 1.000 | 387 | 0 | 25,155 |
| 66 | 0 | 31 | 1.000 | 0 | 0 | 0 |
| 67 | 0 | 32 | 1.000 | 0 | 0 | 0 |
| 68 | 0 | 33 | 1.000 | 0 | 0 | 0 |
| 69 | 0 | 34 | 1.000 | 0 | 0 | 0 |
| 70 | 0 | 35 | 1.000 | 0 | 0 | 0 |
| | | | | | | 61,511 |

(*) Average Service at age 55 equals average credited service at January 1, 2025 plus one full year for each year between average age at January 1, 2025 and age 55

| | |
|---|---|
| 61.51 | Weighted Avg. Ret. Age |
| 62 | Average Retirement Age |

Plan Name: The Woodbridge Group U.S. Salaried Employees' Pension Plan
EIN / PN: 39-1505258/002
Plan Sponsor: Woodbridge Holdings Inc
Valuation Date: January 1, 2025

# SCHEDULE SB ATTACHMENTS

## Schedule SB, Line 22
## Description of Weighted Average Retirement Age
## as of January 1, 2025

The Woodbridge Group U.S. Salaried Employees' Pension Plan – Woodbridge Ventures Inc

A fixed population and the retirement rates described in the attached Actuarial Assumptions and Methods and shown below, were used to project the number of retirements per year for ages 55 through 70. Active plan participant characteristics as of January 1, 2018 were factored into the development of Average Service used in application of accelerated retirement rates. Average retirement age was calculated by taking the weighted average of retirements by age, as shown below:

| | |
|---|---|
| **Average Active Age at January 1, 2025** | **54.38** |
| **Average Credited Service at January 1, 2025** | **20.48** |

| Age: | Assumed Active BOY Count: | Average Service (*) | Retirement Rate | Number of Expected Retirements | Number of Remaining Actives | Number of Retirements Times Age |
|---|---|---|---|---|---|---|
| 55 | 1,000 | 22 | 0.100 | 100 | 900 | 5,500 |
| 56 | 900 | 23 | 0.100 | 90 | 810 | 5,040 |
| 57 | 810 | 24 | 0.100 | 81 | 729 | 4,617 |
| 58 | 729 | 25 | 0.100 | 73 | 656 | 4,234 |
| 59 | 656 | 26 | 0.100 | 66 | 590 | 3,894 |
| 60 | 590 | 27 | 0.100 | 59 | 531 | 3,540 |
| 61 | 531 | 28 | 0.100 | 53 | 478 | 3,233 |
| 62 | 478 | 29 | 0.100 | 48 | 430 | 2,976 |
| 63 | 430 | 30 | 0.100 | 43 | 387 | 2,709 |
| 64 | 387 | 31 | 0.100 | 39 | 348 | 2,496 |
| 65 | 348 | 32 | 1.000 | 348 | 0 | 22,620 |
| 66 | 0 | 33 | 1.000 | 0 | 0 | 0 |
| 67 | 0 | 34 | 1.000 | 0 | 0 | 0 |
| 68 | 0 | 35 | 1.000 | 0 | 0 | 0 |
| 69 | 0 | 36 | 1.000 | 0 | 0 | 0 |
| 70 | 0 | 37 | 1.000 | 0 | 0 | 0 |
| | | | | | | 60,859 |

(*) Average Service at age 55 equals average credited service at January 1, 2025 plus one full year for each year between average age at January 1, 2025 and age 55

| | |
|---|---|
| 60.86 | Weighted Avg. Ret. Age |
| 61 | Average Retirement Age |

Plan Name: The Woodbridge Group U.S. Salaried Employees' Pension Plan
EIN / PN: 39-1505258/002
Plan Sponsor: Woodbridge Holdings Inc
Valuation Date: January 1, 2025

# SCHEDULE SB ATTACHMENTS

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

**Woodbridge Holdings Inc.**

### Economic Assumptions

**Interest rate basis**

- Applicable month: September
- Interest rate basis: Segment Rates from Fourth Month Preceding Valuation Date

| Interest rates | Reflecting Stabilization | Not Reflecting Stabilization |
|---|---|---|
| First segment rate | 5.07% | 5.07% |
| Second segment rate | 5.31% | 5.33% |
| Third segment rate | 5.50% | 5.36% |
| Effective interest rate | 5.39% | 5.33% |

**Annual rates of increase**

- Salaries: Graded by age
- Weighted average: 4.56%
- Future Social Security wage bases: 4.00%
- Statutory limits on compensation: 4.00%
- Statutory limits on benefits: 4.00%

**Plan-related expenses** $725,000

As permitted by law, rates reflecting stabilization are used to determine the funding target and target normal cost, and thus the minimum required contribution under IRC §430 for the plan. Because these assumptions are subject to a corridor based on average interest rates over a 25-year period, they may differ from (and currently are higher than) current market interest rates and may be inconsistent with other economic assumptions used in the valuation.

# SCHEDULE SB ATTACHMENTS

## Demographic and Other Assumptions

**Inclusion date**

The valuation date coincident with or next following the date on which the employee becomes a participant

**New or rehired employees**

It was assumed there will be no new or rehired employees.

**Mortality**

- Healthy

Separate rates for non-annuitants and annuitants based on Pri-2012 "Employees" and "Healthy Annuitants" (participants and beneficiaries combined) tables, respectively, without collar or amount adjustments and then projected forward with a generational projection as specified in the regulations under §1.430(h)(3)-1 using the IRS adjusted Scale MP-2021 (i.e., MP-2021 with no mortality improvement for 2020-2023 and future mortality improvement capped at 0.78% for years after 2024).

- Disabled

Separate rates for non-annuitants and annuitants based on Pri-2012 "Employees" and "Healthy Annuitants" (participants and beneficiaries combined) tables, respectively, without collar or amount adjustments and then projected forward with a generational projection as specified in the regulations under §1.430(h)(3)-1 using the IRS adjusted Scale MP-2021 (i.e., MP-2021 with no mortality improvement for 2020-2023 and future mortality improvement capped at 0.78% for years after 2024).

**Termination**

Rates varying by age and service.

| Percentage leaving during the year | Years of Service | | | | | |
|---|---|---|---|---|---|---|
| Age | 0-1 | 1-2 | 2-3 | 3-4 | 4-5 | 5+ |
| 25 | 35.0% | 27.0% | 21.0% | 17.0% | 15.0% | 7.8% |
| 40 | 35.0% | 27.0% | 21.0% | 17.0% | 15.0% | 7.3% |
| 54 | 35.0% | 27.0% | 21.0% | 17.0% | 15.0% | 4.8% |
| 55 | 35.0% | 27.0% | 21.0% | 17.0% | 15.0% | 0.0% |

**Disability**

Rates varying by age and gender.

| Percentage becoming disabled during the year | | |
|---|---|---|
| Age | Males | Females |
| 30 | 0.21% | 0.16% |
| 40 | 0.44% | 0.39% |
| 50 | 1.09% | 0.94% |
| 60 | 2.90% | 1.93% |

# SCHEDULE SB ATTACHMENTS

**Retirement**

Rates varying by age and service.

| Age | Percentage retiring during the year<br>Years of Service<br>0-4 | 5-9 | 10-19 | 20+ |
|---|---|---|---|---|
| 55 | 0% | 0% | 0% | 10% |
| 60 | 0% | 0% | 10% | 10% |
| 62 | 0% | 0% | 10% | 10% |
| 65 | 0% | 100% | 100% | 100% |
| 67 | 0% | 100% | 100% | 100% |
| 70 | 0% | 100% | 100% | 100% |

**Benefit commencement dates**

- Preretirement death benefit — The later of the death of the active participant or the date the participant would have attained age 55
- Deferred vested benefit — The later of age 65 or termination of employment
- Disability benefit — Upon disablement for current disabled participants, age 65 for current actives assumed to become disabled
- Retirement benefit — Upon termination of employment

**Form of payment**

Life annuity for unmarried participants; 50% joint and survivor annuity for married participants

**Percent married**

60% (90% for Brodhead participants). These assumptions are used to value pre-retirement surviving spouse benefits and in determining the optional form expected to be elected at commencement.

**Spouse age**

Wife two years younger than husband (three years for Brodhead participants)

**Covered pay**

Rate of pay as of the valuation date

**Timing of benefit payments**

Annuity payments are payable monthly at the beginning of the month and lump sum payments are payable on date of decrement.

# SCHEDULE SB ATTACHMENTS

## Methods

| | |
|---|---|
| Valuation date | First day of plan year |
| **Funding target** | Present value of accrued benefits as required by regulations under IRC §430. |
| **Target normal cost** | Present value of benefits expected to accrue during the plan year plus plan-related expenses expected to be paid from plan assets during the plan year as required by regulations under IRC §430. |
| **Decrement timing** | The approach used is called rounded middle of year (rounded MOY) decrement timing. Most events are assumed to occur at the middle of year during which the eligibility condition will be met, or the start/end date will occur. For death and disability decrements, the rate applied is based on the participant's rounded age (nearest integer age) at the beginning of the year, to align with the methodology generally used to create those rate tables. For retirement and withdrawal decrements: the age is generally the participant's rounded age at the middle of the year. |
| **Actuarial value of assets for determining minimum required contributions** | Average of the fair market value of assets on the valuation date and 12 and 24 months preceding valuation dates, adjusted for contributions, benefits, administrative expenses and expected earnings (with such expected earnings limited as described in IRS Notice 2009-22). The average asset value must be within 10% of market value, including discounted contributions receivable (discounted using the effective interest rate for the 2024 plan year.)<br><br>The method of computing the actuarial value of assets complies with rules governing the calculation of such values under the Pension Protection Act of 2006 (PPA). These rules produce smoothed values that reflect the underlying market value of plan assets but fluctuate less than the market value. As a result, the actuarial value of assets will be lower than the market value in some years and greater in other years. However, over the long term under PPA's smoothing rules, the method has a significant bias to produce an actuarial value of assets that is below the market value of assets.<br><br>The actuarial value, including all contributions for the prior plan year, is allocated to each portion of the plan. |

# SCHEDULE SB ATTACHMENTS

**Benefits not valued**

All benefits described in the Plan Provisions section of this report were valued. WTW has reviewed the plan provisions with The Woodbridge Group and based on that review, is not aware of any significant benefits required to be valued that were not.

## Data Sources

The plan sponsor furnished participant data as of 1/1/2025 via the eePoint administration system. Information on assets, contributions and plan provisions was supplied by the plan sponsor. Data and other information were reviewed for reasonableness and consistency, but no audit was performed. Based on discussions with the plan sponsor, assumptions or estimates were made when data were not available, and the data was adjusted to reflect any significant events that occurred between the date the data was collected and the measurement date. In consultation with The Woodbridge Group, the following assumptions were made for missing or apparently inconsistent data elements:

- Missing beneficiary information was assumed to follow the spousal assumptions detailed herein the Demographic Assumptions section.
- Missing benefits were estimated using data provided.
- Deceased records with unknown beneficiaries are valued assuming full benefit is still payable over participant lifetime.
- Missing pay was estimated by applying the salary scale to prior year pensionable earnings.

We are not aware of any errors or omissions in the data that would have a significant effect on the results of our calculations.

# SCHEDULE SB ATTACHMENTS

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

**Woodbridge Ventures Inc.**

### Economic Assumptions

**Interest rate basis**

- Applicable month: September
- Interest rate basis: Segment Rates from Fourth Month Preceding Valuation Date

| Interest rates | Reflecting Stabilization | Not Reflecting Stabilization |
|---|---|---|
| • First segment rate | 5.07% | 5.07% |
| • Second segment rate | 5.31% | 5.33% |
| • Third segment rate | 5.50% | 5.36% |
| • Effective interest rate | 5.40% | 5.34% |

**Annual rates of increase**

- Salaries: Graded by age
  - Weighted average: 4.56%
- Future Social Security wage bases: 4.00%
- Statutory limits on compensation: 4.00%
- Statutory limits on benefits: 4.00%

**Plan-related expenses** $25,000

As permitted by law, rates reflecting stabilization are used to determine the funding target and target normal cost, and thus the minimum required contribution under IRC §430 for the plan. Because these assumptions are subject to a corridor based on average interest rates over a 25-year period, they may differ from (and currently are higher than) current market interest rates, and may be inconsistent with other economic assumptions used in the valuation.

# SCHEDULE SB ATTACHMENTS

## Demographic and Other Assumptions

**Inclusion date**

The valuation date coincident with or next following the date on which the employee becomes a participant

**New or rehired employees**

It was assumed there will be no new or rehired employees.

**Mortality**

- Healthy

Separate rates for non-annuitants and annuitants based on Pri-2012 "Employees" and "Healthy Annuitants" (participants and beneficiaries combined) tables, respectively, without collar or amount adjustments and then projected forward with a generational projection as specified in the regulations under §1.430(h)(3)-1 using the IRS adjusted Scale MP-2021 (i.e., MP-2021 with no mortality improvement for 2020-2023 and future mortality improvement capped at 0.78% for years after 2024).

- Disabled

Separate rates for non-annuitants and annuitants based on Pri-2012 "Employees" and "Healthy Annuitants" (participants and beneficiaries combined) tables, respectively, without collar or amount adjustments and then projected forward with a generational projection as specified in the regulations under §1.430(h)(3)-1 using the IRS adjusted Scale MP-2021 (i.e., MP-2021 with no mortality improvement for 2020-2023 and future mortality improvement capped at 0.78% for years after 2024).

**Termination**

Rates varying by age and service.

| | Percentage leaving during the year | | | | | |
|---|---|---|---|---|---|---|
| | Years of Service | | | | | |
| Age | 0-1 | 1-2 | 2-3 | 3-4 | 4-5 | 5+ |
| 25 | 35.0% | 27.0% | 21.0% | 17.0% | 15.0% | 7.8% |
| 40 | 35.0% | 27.0% | 21.0% | 17.0% | 15.0% | 7.3% |
| 54 | 35.0% | 27.0% | 21.0% | 17.0% | 15.0% | 4.8% |
| 55 | 35.0% | 27.0% | 21.0% | 17.0% | 15.0% | 0.0% |

# SCHEDULE SB ATTACHMENTS

**Disability**

Rates varying by age and gender.

| Percentage becoming disabled during the year | | |
|---|---|---|
| Age | Males | Females |
| 30 | 0.21% | 0.16% |
| 40 | 0.44% | 0.39% |
| 50 | 1.09% | 0.94% |
| 60 | 2.90% | 1.93% |

**Retirement**

Rates varying by age and service.

| Percentage retiring during the year | | | | |
|---|---|---|---|---|
| | Years of Service | | | |
| Age | 0-4 | 5-9 | 10-19 | 20+ |
| 55 | 0% | 0% | 0% | 10% |
| 60 | 0% | 0% | 10% | 10% |
| 62 | 0% | 0% | 10% | 10% |
| 65 | 0% | 100% | 100% | 100% |
| 67 | 0% | 100% | 100% | 100% |
| 70 | 0% | 100% | 100% | 100% |

**Benefit commencement dates**

- Preretirement death benefit — The later of the death of the active participant or the date the participant would have attained age 55
- Deferred vested benefit — The later of age 65 or termination of employment
- Disability benefit — Upon disablement for current disabled participants; age 65 for current actives assumed to become disabled
- Retirement benefit — Upon termination of employment

**Form of payment**

Life annuity for unmarried participants; 50% joint and survivor annuity for married participants

**Percent married**

60%: This assumption is used to value pre-retirement surviving spouse benefits and in determining the optional form expected to be elected at commencement

**Spouse age**

Wife two years younger than husband

**Covered pay**

Rate of pay as of the valuation date

# SCHEDULE SB ATTACHMENTS

| | |
|---|---|
| **Timing of benefit payments** | Annuity payments are payable monthly at the beginning of the month and lump sum payments are payable on date of decrement. |

## Methods

| | |
|---|---|
| **Valuation date** | First day of plan year |
| **Funding target** | Present value of accrued benefits as required by regulations under IRC §430. |
| **Target normal cost** | Present value of benefits expected to accrue during the plan year plus plan-related expenses expected to be paid from plan assets during the plan year as required by regulations under IRC §430. |
| **Decrement timing** | The approach used is called rounded middle of year (rounded MOY) decrement timing. Most events are assumed to occur at the middle of year during which the eligibility condition will be met or the start/end date will occur. For death and disability decrements, the rate applied is based on the participant's rounded age (nearest integer age) at the beginning of the year, to align with the methodology generally used to create those rate tables. For retirement and withdrawal decrements: the age is generally the participant's rounded age at the middle of the year. |
| **Actuarial value of assets for determining minimum required contributions** | Average of the fair market value of assets on the valuation date and 12 and 24 months preceding valuation dates, adjusted for contributions, benefits, administrative expenses and expected earnings (with such expected earnings limited as described in IRS Notice 2009-22). The average asset value must be within 10% of market value, including discounted contributions receivable (discounted using the effective interest rate for the 2024 plan year.)<br><br>The method of computing the actuarial value of assets complies with rules governing the calculation of such values under the Pension Protection Act of 2006 (PPA). These rules produce smoothed values that reflect the underlying market value of plan assets but fluctuate less than the market value. As a result, the actuarial value of assets will be lower than the market value in some years and greater in other years. However, over the long term under PPA's smoothing rules, the method has a significant bias to produce an actuarial value of assets that is below the market value of assets. |

# SCHEDULE SB ATTACHMENTS

| | |
|---|---|
| | The actuarial value, including all contributions for the prior plan year, is allocated to each portion of the plan. |
| **Benefits not valued** | All benefits described in the Plan Provisions section of this report were valued. WTW has reviewed the plan provisions with The Woodbridge Group and, based on that review, is not aware of any significant benefits required to be valued that were not. |

## Data Sources

The plan sponsor furnished participant data as of 1/1/2025 via the eePoint administration system. Information on assets, contributions and plan provisions was supplied by the plan sponsor. Data and other information were reviewed for reasonableness and consistency, but no audit was performed. Based on discussions with the plan sponsor, assumptions or estimates were made when data were not available, and the data was adjusted to reflect any significant events that occurred between the date the data was collected and the measurement date. In consultation with The Woodbridge Group, the following assumptions were made for missing or apparently inconsistent data elements:

- Missing beneficiary information was assumed to follow the spousal assumptions detailed herein the Demographic Assumptions section.
- Missing benefits were estimated using data provided.
- Deceased records with unknown beneficiaries are valued assuming full benefit is still payable over participant lifetime.
- Missing pay was estimated by applying the salary scale to prior year pensionable earnings.

We are not aware of any errors or omissions in the data that would have a significant effect on the results of our calculations.

# SCHEDULE SB ATTACHMENTS

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

### The Woodbridge Group

**Plan Provisions**

The original plan was effective January 1, 2000. The plan was most recently amended and restated effective January 1, 2013, and last amended during 2023 for the plan freeze effective December 31, 2023.

| | |
|---|---|
| **Covered employees** | All full time salaried employees |
| **Participation date** | First day of the calendar month following the date of becoming a covered employee, or January 1, 2000, if hired prior to the Effective Date<br>Effective July 1, 2017, participation in the plan was frozen.<br>Effective December 31, 2023, benefit accruals were frozen. |

**Definitions**

| | |
|---|---|
| **Vesting service** | Period of time elapsed since the latter of date of hire or date of participation |
| **Pension service** | Years and months of service as a covered employee |
| **Pensionable pay** | Wages earned, excluding overtime, bonuses and commissions |
| **Normal retirement date (NRD)** | First of month coinciding with or next following the attainment of age 65 |

# SCHEDULE SB ATTACHMENTS

**Monthly pension benefit**

Accrued past service benefit plus the sum of the following amounts, which shall be determined separately for each plan year beginning on or after January 1, 2000, during which the participant is credited with benefit service:

i. 1% of the participant's recognized compensation for such plan year up to covered compensation for such plan year; and

ii. 1.4% of such participant's recognized compensation in excess of covered compensation for such plan year.

Effective January 31, 2008, if a participant is younger than age 45 as of January 31, 2008, or has been hired after January 31, 2008, the participant will receive 1% of the participant's recognized compensation for such plan year.

Effective December 31, 2023, the plan was amended to freeze future benefit accruals.

**Past service benefit**

Employees who joined The Woodbridge Group prior to January 1, 1998, are credited with some past service benefits, which accrue 10% per year. If the employee has less than ten years to Normal Retirement Age (NRA) on the effective date, the annual accrual percentage is based on the number of years to NRA.

The past service benefit is equal to 50% of past benefit service as of December 31, 1999, times the sum of:

i. 1% of the participant's recognized compensation for calendar year 1999 up to covered compensation for such year; and

ii. 1.4% of such participant's recognized compensation in excess of covered compensation for such year.

The plan was amended during 2017 to provide an enhanced benefit to certain participants. Those employed as of July 1, 2017, or those who terminated or retired on or after June 30, 2016 under Early or Normal Retirement, will have their 2012 pay applied to their service prior to 2012 if it results in a greater benefit.

The plan was amended September 7, 2018 to provide the July 1, 2017 enhancement to a few participants who originally did not meet the criteria for inclusion.

# SCHEDULE SB ATTACHMENTS

| | |
|---|---|
| **Monthly preretirement death benefit** | 50% of the monthly pension benefit as of the date of death, reduced for the 50% joint and survivor election and reduced for payment as early as the participant's 55th birthday |

## Eligibility for Benefits

| | |
|---|---|
| **Normal retirement** | Retirement on NRD |
| **Early retirement** | Retirement before NRD and on or after both attaining age 55 and completing ten years of vesting service |
| **Postponed retirement** | Retirement after NRD |
| **Vested termination** | Termination for reasons other than death or retirement after completing five years of vesting service |
| **Preretirement death benefit** | Death while eligible for normal, early, postponed or deferred vested retirement benefits, with a surviving spouse who had been married to the participant for the year preceding death |

## Benefits Paid Upon the Following Events

| | |
|---|---|
| **Normal retirement** | Monthly pension benefit determined as of NRD |
| **Early retirement** | Monthly pension benefit determined as of early retirement date, reduced 6.0% for each year of payment before NRD |
| **Postponed retirement** | Monthly pension benefit determined as of actual retirement date |
| **Vested termination** | Monthly pension benefit determined as of termination date, reduced 6% for each year of payment before the participant's NRD to age 55, provided the participant has ten years of service prior to termination; otherwise, payable unreduced at NRD |

# SCHEDULE SB ATTACHMENTS

| | |
|---|---|
| **Preretirement death** | Monthly preretirement spouse benefit is payable. Benefit is the amount that would have been payable had the participant terminated employment on his or her date of death, survived to earliest retirement age, commenced a 50% joint and survivor annuity and died the next day. Benefit is payable at the participant's earliest retirement age unless the lump sum value is less than $1,000, in which case it is an automatic lump sum cash out. |

## Other Plan Provisions

| | |
|---|---|
| **Forms of payment** | Monthly pension benefits are paid in the form of a Single Life Annuity, 50%, 75% or 100% Joint and Survivor Annuity or 5 or 10-year Certain and Life Annuity, depending on marital status. The 50% J&S is converted using 95% of the Single Life Annuity, 75% is 92% and 100% J&S is 89%, all adjusted if spouse age differs from participant by more than 5 years. The other forms are Actuarial Equivalence using 8% UP1994 (50% male, 50% female). |
| **Maximum limits on benefits and pay** | All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes take effect. Increases in the dollar limits are not assumed for funding or AFTAP purposes. |

# SCHEDULE SB ATTACHMENTS

## Brodhead

### Plan Provisions

| | |
|---|---|
| **Effective Date** | March 30, 1984. Restated December 22, 1994 effective January 1, 1989. Brodhead has since been amended to be part of the Salaried Plan. |
| **Eligibility for Participants** | All hourly employees eligible for participation on March 30, 1984, and all other hourly employees after completing one year of employment with at least 1,000 hours, and who are not eligible for any other retirement plan to which the company contributes. Entry dates are January 1 and July 1. The Brodhead plan was merged into the U.S. Salaried plan as of December 31, 2009.<br><br>There are currently no active participants. |

### Definitions

| | |
|---|---|
| **Vesting service** | The period of service from date of hire to date of termination of employment excluding the period of any breaks in service. One full year of Vesting Service is accrued for each Plan Year in which an employee has at least 1,000 hours of service, with no credit for Plan Years with less than 1,000 hours of service. |
| **Credited service** | The period of service from date of hire to date of termination of employment excluding the period of any breaks in service. One full year of Credited Service is accrued for each Plan Year in which an employee has at least 1,700 hours of service, with partial credit for Plan Years with less than 1,700 hours of service. |
| **Normal retirement date (NRD)** | First of month coinciding with or next following the attainment of age 65 |
| **Monthly retirement benefit** | $19.00 per year of Credited Service, increasing to:<br><br>$19.50 effective May 18, 2004<br><br>$20.00 effective May 18, 2005<br><br>$20.50 effective May 18, 2006 |

# SCHEDULE SB ATTACHMENTS

| | |
|---|---|
| **Normal form of benefit** | The retirement benefit specified in the monthly retirement benefit above payable for life; if employee is married the benefit is actuarially reduced in order to provide for continuation of 50% of the reduced benefit to a surviving spouse. |

## Eligibility for Benefits

| | |
|---|---|
| **Normal retirement** | Retirement on NRD |
| **Early retirement** | Retirement before NRD and on or after attaining age 55 and completing 10 or more years of credited service |
| **Deferred Vested termination** | Termination for reasons other than death or retirement after completing 5 or more years of vesting service |
| **Pre-retirement death benefit** | Death after completing 5 or more years of vesting service, with a surviving spouse |

## Benefits Paid Upon the Following Events

| | |
|---|---|
| **Normal retirement** | Monthly retirement benefit determined as of NRD |
| **Early retirement** | Monthly retirement benefit based upon credited service to date of retirement, reduced 6% for each year that early retirement date precedes NRD |
| **Deferred vested termination** | Monthly retirement benefits above, based upon credited service to date of termination |
| **Preretirement death** | 50% of the reduced early retirement benefit computed under the Joint and 50% to Survivor Annuity form of income. Payments can commence no earlier than the date the employee would have attained age 55. |

# SCHEDULE SB ATTACHMENTS

## Whitmore Lake

### Plan Provisions

| | |
|---|---|
| **Effective date** | The plan was originally effective January 1, 1995. Whitmore Lake has since been amended to be part of the Salaried Plan. |
| **Eligibility for participation** | All hourly employees who were accruing benefits under the Foam Division, Whitmore Lake Plan of Hoover Universal, Inc. On October 7, 1993, and all other hourly employees of the Foam Division, Whitmore Lake Plant who have attained age 18 and have completed one year of employment with at least 1,000 hours, and who are not eligible for any other retirement plan to which the company contributes. Entry date is hire date. Effective May 1, 2003, participation in the plan will be frozen.<br><br>There are currently no active participants. |

### Definitions

| | |
|---|---|
| **Vesting service** | The period of service from date of hire to date of termination of employment excluding the period of any breaks in service. One full year of Credited Service is accrued for each Plan Year in which an employee has at least 1,000 hours of service, with no partial credit for Plan Years with less than 1,000 hours of service. |
| **Credited service** | The period of service from date of hire to date of termination of employment excluding the period of any breaks in service. One full year of Credited Service is accrued for each Plan Year in which an employee has at least 1,700 hours of service, with partial credit for Plan Years with less than 1,700 hours of service. |
| **Normal retirement date (NRD)** | First of month coinciding with or next following the attainment of age 65 |
| **Monthly retirement benefit** | $19.75 per year of Credited Service (limited to 35 years), minus the JCI benefit amount payable under the Foam Division, Whitmore Lake Plan of Hoover Universal, Inc. |

# SCHEDULE SB ATTACHMENTS

| | |
|---|---|
| **Normal form of benefit** | The retirement benefit specified in the monthly retirement benefit above payable as a Qualified Joint and Survivor annuity; if employee is married, the benefit is reduced to 95% of benefit otherwise payable, with 55% of the reduced benefit continuing to the surviving spouse. |

## Eligibility for Benefits

| | |
|---|---|
| **Normal retirement** | Retirement on NRD |
| **Early retirement** | Retirement before NRD and on or after both attaining age 55 and completing 5 or more years of vesting service |
| **Vested termination** | Termination for reasons other than death or retirement after completing 5 or more years of Vesting Service |
| **Pre-retirement death benefit** | Death after completing 5 or more years of vesting service with a surviving spouse |

## Benefits Paid Upon the Following Events

| | |
|---|---|
| **Normal retirement** | Monthly retirement benefit determined as of NRD |
| **Early retirement** | Monthly retirement benefit, before the offset of the JCI benefit, based on credited service to date of retirement, reduced 7.2% for each year that early retirement date precedes age 62. This amount is reduced by the amount payable under the Foam Division, Whitmore Lake Plan of Hoover Universal, Inc., and reduced 7.2% for each year that Early Retirement Date precedes age 65. |
| **Deferred vested termination** | Monthly retirement benefit above, before the offset of the JCI benefit, based on credited service to date of termination times projected service at 65, limited to 35 years, divided by projected service at 65, with no limit on service. This amount is reduced by the amount payable under the Foam Division, Whitmore Lake Plan of Hoover Universal, Inc. |

| | |
|---|---|
| **Preretirement death** | 55% of the Early Retirement benefit computed under the Joint and Survivor Annuity form of income. Payments can commence no earlier than the date the employee would have attained age 55. |

## Allen Foam

### Plan Provisions

| | |
|---|---|
| **Effective date** | November 1, 1989. Restated January 1, 2000 effective January 1, 2000. Allen Foam has since been amended to be part of the Salaried Plan. |
| **Eligibility for participation** | Hourly Compton Plant belonging to the bargaining unit participate on their date of hire.<br><br>There are currently no active participants. |

### Definitions

| | |
|---|---|
| **Normal retirement date (NRD)** | First of month coinciding with or next following the attainment of age 65 |
| **Monthly retirement benefit** | Monthly income equal to the benefit rate times years of credited service not to exceed 30 years, according to the following schedule. |

| Termination | Benefit Rate |
|---|---|
| 2/1/78 – 10/31/82 | $6.00 |
| 11/1/82 – 1/31/86 | 7.00 |
| 2/1/86 – 1/31/88 | 9.00 |
| 2/1/88 – 1/31/89 | 10.00 |
| 2/1/89 – 1/31/90 | 11.00 |
| 2/1/90 – 1/30/91 | 13.00 |
| 2/1/91 – 1/30/92 | 14.00 |
| After 1/31/92 | 15.00 |

| | |
|---|---|
| **Normal form of benefits** | The retirement benefit specified in the Monthly retirement benefit above payable for life |

# SCHEDULE SB ATTACHMENTS

## Eligibility for Benefits

| | |
|---|---|
| **Normal retirement** | Retirement on NRD |
| **Early retirement** | Retirement before NRD and on or after both attaining age 60 and completing 10 or more years of credited service |
| **Vested termination** | Termination for reasons other than death or retirement after completing 5 or more years of credited service or employees who were employed by Allen Foam on October 31,1992 and who were not yet eligible for retirement benefits |
| **Disability** | Disablement after completing 5 or more years of credited service |
| **Pre-retirement death** | Death after completing 5 or more years of credited service with a surviving spouse |

## Benefits Paid Upon the Following Events

| | |
|---|---|
| **Normal retirement** | Monthly retirement benefit determined as of NRD |
| **Early retirement** | Monthly retirement benefit above, based upon credited service to date of retirement, reduced 1/180th for each month that early retirement date precedes NRD |
| **Deferred vested termination** | Monthly retirement benefit above, based upon credited service to date of termination |
| **Disablement** | Monthly income of the participant’s accrued pension benefit, or, if the participant is not eligible for Social Security payments, a monthly benefit of twice the accrued pension benefit |
| **Preretirement death** | 50% of the reduced early retirement benefit computed under the Joint and 50% to Survivor Annuity form of income. Payments can commence no earlier than the date the employee would have attained age 60 |

# SCHEDULE SB ATTACHMENTS

## Future Plan Changes

No future plan changes were recognized in determining funding requirements. WTW is not aware of any future plan changes that are required to be reflected.

## Changes in Benefits Valued Since Prior Year

There have been no changes in benefits valued since the prior year.

# SCHEDULE SB ATTACHMENTS

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

**Woodbridge Ventures Inc.**

### Plan Provisions

The original plan was effective January 1, 2000. The plan was most recently amended and restated effective January 1, 2013, and last amended during 2023 for the plan freeze effective December 31, 2023.

| | |
|---|---|
| **Covered employees** | All full time salaried employees |
| **Participation date** | First day of the calendar month following the date of becoming a covered employee, or January 1, 2000, if hired prior to the Effective Date.<br><br>Effective July 1, 2017, participation in the plan was frozen.<br><br>Effective December 31, 2023, benefit accruals were frozen. |

### Definitions

| | |
|---|---|
| **Vesting service** | Period of time elapsed since the latter of date of hire or date of participation |
| **Pension service** | Years and months of service as a covered employee |
| **Pensionable pay** | Wages earned, excluding overtime, bonuses and commissions |
| **Normal retirement date (NRD)** | First of month coinciding with or next following the attainment of age 65 |

# SCHEDULE SB ATTACHMENTS

| | |
|---|---|
| **Monthly pension benefit** | Accrued past service benefit plus the sum of the following amounts, which shall be determined separately for each plan year beginning on or after January 1, 2000, during which the participant is credited with benefit service:<br>iii. 1% of the participant's recognized compensation for such plan year up to covered compensation for such plan year; and<br>iv. 1.4% of such participant's recognized compensation in excess of covered compensation for such plan year.<br>Effective January 31, 2008, if a participant is younger than age 45 as of January 31, 2008, or has been hired after January 31, 2008, the participant will receive 1% of the participant's recognized compensation for such plan year.<br>Effective December 31, 2023, the plan was amended to freeze future benefit accruals. |
| **Past service benefit** | Employees who joined The Woodbridge Group prior to January 1, 1998, are credited with some past service benefits, which accrue 10% per year. If the employee has less than ten years to Normal Retirement Age (NRA) on the effective date, the annual accrual percentage is based on the number of years to NRA.<br>The past service benefit is equal to 50% of past benefit service as of December 31, 1999, times the sum of:<br>iii. 1% of the participant's recognized compensation for calendar year 1999 up to covered compensation for such year; and<br>iv. 1.4% of such participant's recognized compensation in excess of covered compensation for such year.<br>The plan was amended during 2017 to provide an enhanced benefit to certain participants. Those employed as of July 1, 2017, or those who terminated or retired on or after June 30, 2016 under Early or Normal Retirement, will have their 2012 pay applied to their service prior to 2012 if it results in a greater benefit. |
| **Monthly preretirement death benefit** | 50% of the monthly pension benefit as of the date of death, reduced for the 50% joint and survivor election and reduced for payment as early as the participant's 55th birthday |

# SCHEDULE SB ATTACHMENTS

## Eligibility for Benefits

| | |
|---|---|
| **Normal retirement** | Retirement on NRD |
| **Early retirement** | Retirement before NRD and on or after both attaining age 55 and completing ten years of vesting service |
| **Postponed retirement** | Retirement after NRD |
| **Vested termination** | Termination for reasons other than death or retirement after completing five years of vesting service |
| **Preretirement death benefit** | Death while eligible for normal, early, postponed or deferred vested retirement benefits, with a surviving spouse who had been married to the participant for the year preceding death |

## Benefits Paid Upon the Following Events

| | |
|---|---|
| **Normal retirement** | Monthly pension benefit determined as of NRD |
| **Early retirement** | Monthly pension benefit determined as of early retirement date, reduced 6.0% for each year of payment before NRD |
| **Postponed retirement** | Monthly pension benefit determined as of actual retirement date |
| **Vested termination** | Monthly pension benefit determined as of termination date, reduced 6% for each year of payment before the participant's NRD to age 55, provided the participant has ten years of service prior to termination; otherwise, payable unreduced at NRD |
| **Preretirement death** | Monthly preretirement spouse benefit is payable. Benefit is the amount that would have been payable had the participant terminated employment on his or her date of death, survived to earliest retirement age, commenced a 50% joint and survivor annuity and died the next day. Benefit is payable at the participant's earliest retirement age unless the lump sum value is less than $1,000, in which case it is an automatic lump sum cash out. |

# SCHEDULE SB ATTACHMENTS

## Other Plan Provisions

| | |
|---|---|
| **Forms of payment** | Monthly pension benefits are paid in the form of a Single Life Annuity, 50%, 75% or 100% Joint and Survivor Annuity or 5 or 10-year Certain and Life Annuity, depending on marital status. The 50% J&S is converted using 95% of the Single Life Annuity, 75% is 92% and 100% J&S is 89%, all adjusted if spouse age differs from participant by more than 5 years. The other forms are Actuarial Equivalence using 8% UP1994 (50% male, 50% female). |
| **Maximum limits on benefits and pay** | All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes take effect. Increases in the dollar limits are not assumed for funding or AFTAP purposes. |

## Future Plan Changes

No future plan changes were recognized in determining funding requirements. WTW is not aware of any future plan changes that are required to be reflected.

## Changes in Benefits Valued Since Prior Year

There have been no changes in benefits valued since the prior year.

# SCHEDULE SB ATTACHMENTS

## Schedule SB, Line 26a
## Schedule of Active Participant Data as of January 1, 2025

The Woodbridge Group U.S. Salaried Employees' Pension Plan – Woodbridge Holdings Inc

| | Attained Years of Credited Service[1] | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Attained Age | Under 1 | 1-4 | 5-9 | 10-14 | 15-19 | 20-24 | 25-29 | 30-34 | 35-39 | 40 & Over | Total |
| Under 25 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 25-29 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 30-34 | 1 | 0 | 4 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 5 |
| 35-39 | 0 | 0 | 6 | 3 | 0 | 0 | 0 | 0 | 0 | 0 | 9 |
| 40-44 | 0 | 0 | 5 | 4 | 2 | 0 | 0 | 0 | 0 | 0 | 11 |
| 45-49 | 0 | 0 | 11 | 6 | 2 | 5 | 1 | 0 | 0 | 0 | 25 |
| 50-54 | 0 | 0 | 4 | 9 | 1 | 5 | 8 | 1 | 0 | 0 | 28 |
| 55-59 | 0 | 0 | 7 | 6 | 6 | 4 | 4 | 4 | 1 | 0 | 32 |
| 60-64 | 0 | 0 | 4 | 1 | 4 | 5 | 6 | 3 | 3 | 0 | 26 |
| 65-69 | 0 | 0 | 2 | 2 | 0 | 1 | 0 | 0 | 2 | 0 | 7 |
| 70 & over | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 1 |
| Total | 1 | 0 | 43 | 31 | 15 | 20 | 19 | 9 | 6 | 0 | 144 |

[1] Age and service for purposes of determining category are based on exact (not rounded) values.

Plan Name: The Woodbridge Group U.S. Salaried Employees' Pension Plan
EIN / PN: 39-1505258/002
Plan Sponsor: Woodbridge Holdings Inc
Valuation Date: January 1, 2025

# SCHEDULE SB ATTACHMENTS

## Schedule SB, Line 26a
## Schedule of Active Participant Data as of January 1, 2025

The Woodbridge Group U.S. Salaried Employees' Pension Plan – Woodbridge Ventures Inc.

| | Attained Years of Credited Service[2] | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Attained Age | **Under 1** | **1-4** | **5-9** | **10-14** | **15-19** | **20-24** | **25-29** | **30-34** | **35-39** | **40 & Over** | **Total** |
| Under 25 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 25-29 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 30-34 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 35-39 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 40-44 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 45-49 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 1 |
| 50-54 | 0 | 0 | 0 | 0 | 0 | 3 | 0 | 0 | 0 | 0 | 3 |
| 55-59 | 0 | 0 | 0 | 0 | 0 | 3 | 0 | 0 | 0 | 0 | 3 |
| 60-64 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 1 |
| 65-69 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 70 & over | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Total | 0 | 0 | 0 | 0 | 2 | 6 | 0 | 0 | 0 | 0 | 8 |

[2] Age and service for purposes of determining category are based on exact (not rounded) values.

Plan Name: The Woodbridge Group U.S. Salaried Employees' Pension Plan
EIN / PN: 39-1505258/002
Plan Sponsor: Woodbridge Holdings Inc
Valuation Date: January 1, 2025

# SCHEDULE SB ATTACHMENTS

## Schedule SB, Line 32
## Schedule of Amortization Bases
## as of January 1, 2025

The Woodbridge Group U.S. Salaried Employees' Pension Plan – Woodbridge Holdings Inc.

| Type of Base | Date Established | Initial Amount | Remaining Amortization Period (Years) | Outstanding Balance | Amortization Payment |
|---|---|---|---|---|---|
| 1. Shortfall | 01/01/2025 | (240,382) | 15.00000 | (240,382) | (22,413) |
| 2. Shortfall | 01/01/2024 | 1,302,377 | 14.00000 | 1,213,385 | 118,491 |
| 3. Shortfall | 01/01/2023 | 2,211,025 | 13.00000 | 1,970,184 | 202,487 |
| 4. Shortfall | 01/01/2022 | (2,175,531) | 12.00000 | (1,848,087) | (201,044) |
| 5. Shortfall | 01/01/2021 | (300,164) | 11.00000 | (241,437) | (27,988) |
| 6. Shortfall | 01/01/2020 | 4,948,646 | 10.00000 | 3,730,997 | 464,612 |
| Total | | | | 4,584,660 | 534,145 |

Plan Name: The Woodbridge Group U.S. Salaried Employees' Pension Plan
EIN / PN: 39-1505258/002
Plan Sponsor: Woodbridge Holdings Inc
Valuation Date: January 1, 2025

# SCHEDULE SB ATTACHMENTS

## Schedule SB, Line 32
## Schedule of Amortization Bases
## as of January 1, 2025

The Woodbridge Group U.S. Salaried Employees' Pension Plan – Woodbridge Ventures Inc.

| Type of Base | Date Established | Initial Amount | Remaining Amortization Period (Years) | Outstanding Balance | Amortization Payment |
|---|---|---|---|---|---|
| 1. Shortfall | 01/01/2025 | 105,236 | 15.00000 | 105,236 | 9,812 |
| 2. Shortfall | 01/01/2024 | 77,737 | 14.00000 | 72,340 | 7,073 |
| 3. Shortfall | 01/01/2023 | 35,147 | 13.00000 | 31,321 | 3,219 |
| Total | | | | 208,987 | 20,104 |

Plan Name: The Woodbridge Group U.S. Salaried Employees' Pension Plan
EIN / PN: 39-1505258/002
Plan Sponsor: Woodbridge Holdings Inc
Valuation Date: January 1, 2025

**Schedule SB Information for Each Individual Employer**

| Line | Title | Woodbridge Holdings Inc. | Woodbridge Ventures Inc. | Total |
|---|---|---|---|---|
| **Line 2** | Assets | | | |
| (a) | Market Value | 59,663,557 | 2,075,442 | 61,738,999 |
| (b) | Actuarial Value | 55,303,198 | 1,923,764 | 57,226,962 |
| **Line 3** | Participant breakdown | | | |
| (a1) | Retired participants and beneficiaries receiving payment | 365 | 7 | 372 |
| (b1) | Terminated vested participants | 303 | 17 | 320 |
| (c1) | Total active | 144 | 8 | 152 |
| (d1) | Total | 812 | 32 | 844 |
| | Vested funding target | | | |
| (a2) | For retired participants and beneficiaries receiving payment | 26,736,657 | 622,319 | 27,358,976 |
| (b2) | For terminated vested participants | 17,571,674 | 688,542 | 18,260,216 |
| (c2) | For active participants | 15,154,639 | 803,478 | 15,958,117 |
| (d2) | Total | 59,462,970 | 2,114,339 | 61,577,309 |
| | Total funding target | | | |
| (a3) | For retired participants and beneficiaries receiving payment | 26,736,657 | 622,319 | 27,358,976 |
| (b3) | For terminated vested participants | 17,571,674 | 688,542 | 18,260,216 |
| (c3) | For active participants | 15,154,639 | 803,478 | 15,958,117 |
| (d3) | Total | 59,462,970 | 2,114,339 | 61,577,309 |
| **Line 5** | Effective interest rate | 5.39% | 5.40% | 5.39% |
| **Line 6** | Target normal cost | | | |
| (a) | Present value of current plan year accruals | 0 | 0 | 0 |
| (b) | Expected plan-related expenses | 725,000 | 25,000 | 750,000 |
| (c) | Total (6a+6b) | 725,000 | 25,000 | 750,000 |
| **Line 7a** | Carryover balance as of 1/1/2024 | 0 | 0 | 0 |
| **Line 7b** | Prefunding balance as of 1/1/2024 | 365 | 527 | 892 |
| **Line 8a** | Portion of carryover balance used to offset prior year's funding requirement | 0 | 0 | 0 |
| **Line 8b** | Portion of prefunding balance used to offset prior year's funding requirement | 0 | 0 | 0 |
| **Line 9a** | Amount Carryover balance remaining | 0 | 0 | 0 |
| **Line 9b** | Amount Prefunding balance remaining | 365 | 527 | 892 |
| **Line 10** | Interest on item 9 using prior year's actual return of (10.94)%; (5.74)% | 40 | 30 | 70 |
| **Line 11** | Prior year's excess contributions to be added to the prefunding balance: | | | |
| (a) | Present value of excess contributions (line 38a of py SB) | 403,501 | 16,963 | 420,464 |
| (b1) | Interest on excess (py 38a-38b) using prior year's effective rate of 5.20%; 5.26% (blended EIR of combined plans) | 20,982 | 892 | 21,874 |
| (b2) | Interest on line 38.b. from prior year Schedule SB, using prior year's actual return | 0 | 0 | 0 |
| (c) | Total available at 1/1/2023 to add to prefunding balance (11a+11b(1)+11b(2)) | 424,483 | 17,855 | 442,338 |
| (d) | Portion of (c) to be added to prefunding balance | 424,483 | 17,855 | 442,338 |

| | | | | |
|---|---|---|---|---|
| **Line 12** | Reduction in balances due to elections or deemed elections | 0 | 0 | 0 |
| **Line 13(a)** | Carryover balance as of 1/1/2025 | 0 | 0 | 0 |
| **Line 13(b)** | Prefunding balance as of 1/1/2025 | 424,888 | 18,412 | 443,300 |
| **Line 14** | Funding target attainment percentage | 92.28% | 90.11% | 92.21% |
| **Line 15** | Adjusted funding target attainment percentage | 92.28% | 90.11% | 92.21% |
| **Line 16** | Prior year's funding percentage | 91.27% | 94.66% | 91.39% |
| **Line 18** | Contributions made to the plan for the plan year by employer | 935,100 | 29,700 | 964,800 |
| **Line 19** | Discounted employer contributions | 0 | 0 | 0 |
| (c) | Contributions allocated toward minimum required contribution | 917,365 | 29,039 | 946,404 |
| **Line 31a** | Target normal cost | 725,000 | 25,000 | 750,000 |
| **Line 31b** | Excess assets, if applicable, but not greater than line 31.a. | 0 | 0 | 0 |
| **Line 32** | Amortization outstanding balance | 4,584,660 | 208,987 | 4,793,647 |
| **Line 32** | Amortization installments | 534,145 | 20,104 | 554,249 |
| **Line 34** | Total funding requirement | 1,259,145 | 45,104 | 1,304,249 |
| **Line 35** | Balances used to offset funding requirement - Carryover balance | 0 | 0 | 0 |
| **Line 35** | Balances used to offset funding requirement - Prefunding balance | 424,888 | 18,412 | 443,300 |
| **Line 36** | Additional cash requirement (item 34 minus item 35) | 834,257 | 26,692 | 860,949 |
| **Line 37** | Contributions allocated toward minimum required contribution | 915,391 | 28,988 | 944,379 |
| **Line 38** | Excess contributions for current year | 83,108 | 2,347 | 85,455 |
| **Line 39** | Unpaid minimum required contribution for current year | 0 | 0 | 0 |
| **Line 40** | Unpaid minimum required contribution for all years | 0 | 0 | 0 |

# SCHEDULE SB ATTACHMENTS

## Schedule SB, Line 22
## Description of Weighted Average Retirement Age
## as of January 1, 2025

The average retirement age for Line 22 was calculated by weighting each plan's weighted average retirement by percentage of active employees within each plan.

| (a) Plan | (b) Number of Active Participants | (c) Plan's Weighted Average | Product (d) (b)/229 x (c) |
|---|---|---|---|
| The Woodbridge Group US Salaried Employees' Pension Plan - Woodbridge Holdings Inc. | 144 | 61.51 | 58.27 |
| The Woodbridge Group US Salaried Employees' Pension Plan - Woodbridge Ventures Inc. | 8 | 60.86 | 3.20 |
| Total | 152 | | 61.47 |
| Rounded for Schedule SB line 22 | | | 61 |

Plan Name: The Woodbridge Group U.S. Salaried Employees' Pension Plan
EIN / PN: 39-1505258/002
Plan Sponsor: Woodbridge Holdings Inc
Valuation Date: January 1, 2025

# SCHEDULE SB ATTACHMENTS

## Schedule SB, Line 22
## Description of Weighted Average Retirement Age
## as of January 1, 2025

The Woodbridge Group U.S. Salaried Employees' Pension Plan – Woodbridge Holdings Inc

A fixed population and the retirement rates described in the attached Actuarial Assumptions and Methods and shown below, were used to project the number of retirements per year for ages 55 through 70. Active plan participant characteristics as of January 1, 2025 were factored into the development of Average Service used in application of accelerated retirement rates. Average retirement age was calculated by taking the weighted average of retirements by age, as shown below:

| | |
|---|---|
| **Average Active Age at January 1, 2025** | **52.58** |
| **Average Credited Service at January 1, 2025** | **17.14** |

| Age: | Assumed Active BOY Count: | Average Service (*) | Retirement Rate | Number of Expected Retirements | Number of Remaining Actives | Number of Retirements Times Age |
|---|---|---|---|---|---|---|
| 55 | 1,000 | 20 | 0.000 | 0 | 1,000 | 0 |
| 56 | 1,000 | 21 | 0.100 | 100 | 900 | 5,600 |
| 57 | 900 | 22 | 0.100 | 90 | 810 | 5,130 |
| 58 | 810 | 23 | 0.100 | 81 | 729 | 4,698 |
| 59 | 729 | 24 | 0.100 | 73 | 656 | 4,307 |
| 60 | 656 | 25 | 0.100 | 66 | 590 | 3,960 |
| 61 | 590 | 26 | 0.100 | 59 | 531 | 3,599 |
| 62 | 531 | 27 | 0.100 | 53 | 478 | 3,286 |
| 63 | 478 | 28 | 0.100 | 48 | 430 | 3,024 |
| 64 | 430 | 29 | 0.100 | 43 | 387 | 2,752 |
| 65 | 387 | 30 | 1.000 | 387 | 0 | 25,155 |
| 66 | 0 | 31 | 1.000 | 0 | 0 | 0 |
| 67 | 0 | 32 | 1.000 | 0 | 0 | 0 |
| 68 | 0 | 33 | 1.000 | 0 | 0 | 0 |
| 69 | 0 | 34 | 1.000 | 0 | 0 | 0 |
| 70 | 0 | 35 | 1.000 | 0 | 0 | 0 |
| | | | | | | 61,511 |

(*) Average Service at age 55 equals average credited service at January 1, 2025 plus one full year for each year between average age at January 1, 2025 and age 55

| | |
|---|---|
| 61.51 | Weighted Avg. Ret. Age |
| 62 | Average Retirement Age |

Plan Name: The Woodbridge Group U.S. Salaried Employees' Pension Plan
EIN / PN: 39-1505258/002
Plan Sponsor: Woodbridge Holdings Inc
Valuation Date: January 1, 2025

# SCHEDULE SB ATTACHMENTS

## Schedule SB, Line 22
## Description of Weighted Average Retirement Age
## as of January 1, 2025

The Woodbridge Group U.S. Salaried Employees' Pension Plan – Woodbridge Ventures Inc

A fixed population and the retirement rates described in the attached Actuarial Assumptions and Methods and shown below, were used to project the number of retirements per year for ages 55 through 70. Active plan participant characteristics as of January 1, 2018 were factored into the development of Average Service used in application of accelerated retirement rates. Average retirement age was calculated by taking the weighted average of retirements by age, as shown below:

| | |
|---|---|
| **Average Active Age at January 1, 2025** | **54.38** |
| **Average Credited Service at January 1, 2025** | **20.48** |

| Age: | Assumed Active BOY Count: | Average Service (*) | Retirement Rate | Number of Expected Retirements | Number of Remaining Actives | Number of Retirements Times Age |
|---|---|---|---|---|---|---|
| 55 | 1,000 | 22 | 0.100 | 100 | 900 | 5,500 |
| 56 | 900 | 23 | 0.100 | 90 | 810 | 5,040 |
| 57 | 810 | 24 | 0.100 | 81 | 729 | 4,617 |
| 58 | 729 | 25 | 0.100 | 73 | 656 | 4,234 |
| 59 | 656 | 26 | 0.100 | 66 | 590 | 3,894 |
| 60 | 590 | 27 | 0.100 | 59 | 531 | 3,540 |
| 61 | 531 | 28 | 0.100 | 53 | 478 | 3,233 |
| 62 | 478 | 29 | 0.100 | 48 | 430 | 2,976 |
| 63 | 430 | 30 | 0.100 | 43 | 387 | 2,709 |
| 64 | 387 | 31 | 0.100 | 39 | 348 | 2,496 |
| 65 | 348 | 32 | 1.000 | 348 | 0 | 22,620 |
| 66 | 0 | 33 | 1.000 | 0 | 0 | 0 |
| 67 | 0 | 34 | 1.000 | 0 | 0 | 0 |
| 68 | 0 | 35 | 1.000 | 0 | 0 | 0 |
| 69 | 0 | 36 | 1.000 | 0 | 0 | 0 |
| 70 | 0 | 37 | 1.000 | 0 | 0 | 0 |
| | | | | | | 60,859 |

(*) Average Service at age 55 equals average credited service at January 1, 2025 plus one full year for each year between average age at January 1, 2025 and age 55

| | |
|---|---|
| 60.86 | Weighted Avg. Ret. Age |
| 61 | Average Retirement Age |

Plan Name: The Woodbridge Group U.S. Salaried Employees' Pension Plan
EIN / PN: 39-1505258/002
Plan Sponsor: Woodbridge Holdings Inc
Valuation Date: January 1, 2025

**Schedule SB Information for Each Individual Employer**

| Line | Title | Woodbridge Holdings Inc. | Woodbridge Ventures Inc. | Total |
|---|---|---|---|---|
| **Line 2** | Assets | | | |
| (a) | Market Value | 59,663,557 | 2,075,442 | 61,738,999 |
| (b) | Actuarial Value | 55,303,198 | 1,923,764 | 57,226,962 |
| **Line 3** | Participant breakdown | | | |
| (a1) | Retired participants and beneficiaries receiving payment | 365 | 7 | 372 |
| (b1) | Terminated vested participants | 303 | 17 | 320 |
| (c1) | Total active | 144 | 8 | 152 |
| (d1) | Total | 812 | 32 | 844 |
| | Vested funding target | | | |
| (a2) | For retired participants and beneficiaries receiving payment | 26,736,657 | 622,319 | 27,358,976 |
| (b2) | For terminated vested participants | 17,571,674 | 688,542 | 18,260,216 |
| (c2) | For active participants | 15,154,639 | 803,478 | 15,958,117 |
| (d2) | Total | 59,462,970 | 2,114,339 | 61,577,309 |
| | Total funding target | | | |
| (a3) | For retired participants and beneficiaries receiving payment | 26,736,657 | 622,319 | 27,358,976 |
| (b3) | For terminated vested participants | 17,571,674 | 688,542 | 18,260,216 |
| (c3) | For active participants | 15,154,639 | 803,478 | 15,958,117 |
| (d3) | Total | 59,462,970 | 2,114,339 | 61,577,309 |
| **Line 5** | Effective interest rate | 5.39% | 5.40% | 5.39% |
| **Line 6** | Target normal cost | | | |
| (a) | Present value of current plan year accruals | 0 | 0 | 0 |
| (b) | Expected plan-related expenses | 725,000 | 25,000 | 750,000 |
| (c) | Total (6a+6b) | 725,000 | 25,000 | 750,000 |
| **Line 7a** | Carryover balance as of 1/1/2024 | 0 | 0 | 0 |
| **Line 7b** | Prefunding balance as of 1/1/2024 | 365 | 527 | 892 |
| **Line 8a** | Portion of carryover balance used to offset prior year's funding requirement | 0 | 0 | 0 |
| **Line 8b** | Portion of prefunding balance used to offset prior year's funding requirement | 0 | 0 | 0 |
| **Line 9a** | Amount Carryover balance remaining | 0 | 0 | 0 |
| **Line 9b** | Amount Prefunding balance remaining | 365 | 527 | 892 |
| **Line 10** | Interest on item 9 using prior year's actual return of (10.94)%; (5.74)% | 40 | 30 | 70 |
| **Line 11** | Prior year's excess contributions to be added to the prefunding balance: | | | |
| (a) | Present value of excess contributions (line 38a of py SB) | 403,501 | 16,963 | 420,464 |
| (b1) | Interest on excess (py 38a-38b) using prior year's effective rate of 5.20%; 5.26% (blended EIR of combined plans) | 20,982 | 892 | 21,874 |
| (b2) | Interest on line 38.b. from prior year Schedule SB, using prior year's actual return | 0 | 0 | 0 |
| (c) | Total available at 1/1/2023 to add to prefunding balance (11a+11b(1)+11b(2)) | 424,483 | 17,855 | 442,338 |
| (d) | Portion of (c) to be added to prefunding balance | 424,483 | 17,855 | 442,338 |

| | | | | |
|---|---|---|---|---|
| **Line 12** | Reduction in balances due to elections or deemed elections | 0 | 0 | 0 |
| **Line 13(a)** | Carryover balance as of 1/1/2025 | 0 | 0 | 0 |
| **Line 13(b)** | Prefunding balance as of 1/1/2025 | 424,888 | 18,412 | 443,300 |
| **Line 14** | Funding target attainment percentage | 92.28% | 90.11% | 92.21% |
| **Line 15** | Adjusted funding target attainment percentage | 92.28% | 90.11% | 92.21% |
| **Line 16** | Prior year's funding percentage | 91.27% | 94.66% | 91.39% |
| **Line 18** | Contributions made to the plan for the plan year by employer | 935,100 | 29,700 | 964,800 |
| **Line 19** | Discounted employer contributions | 0 | 0 | 0 |
| (c) | Contributions allocated toward minimum required contribution | 917,365 | 29,039 | 946,404 |
| **Line 31a** | Target normal cost | 725,000 | 25,000 | 750,000 |
| **Line 31b** | Excess assets, if applicable, but not greater than line 31.a. | 0 | 0 | 0 |
| **Line 32** | Amortization outstanding balance | 4,584,660 | 208,987 | 4,793,647 |
| **Line 32** | Amortization installments | 534,145 | 20,104 | 554,249 |
| **Line 34** | Total funding requirement | 1,259,145 | 45,104 | 1,304,249 |
| **Line 35** | Balances used to offset funding requirement - Carryover balance | 0 | 0 | 0 |
| **Line 35** | Balances used to offset funding requirement - Prefunding balance | 424,888 | 18,412 | 443,300 |
| **Line 36** | Additional cash requirement (item 34 minus item 35) | 834,257 | 26,692 | 860,949 |
| **Line 37** | Contributions allocated toward minimum required contribution | 915,391 | 28,988 | 944,379 |
| **Line 38** | Excess contributions for current year | 83,108 | 2,347 | 85,455 |
| **Line 39** | Unpaid minimum required contribution for current year | 0 | 0 | 0 |
| **Line 40** | Unpaid minimum required contribution for all years | 0 | 0 | 0 |

# SCHEDULE SB ATTACHMENTS

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

### The Woodbridge Group

**Plan Provisions**

The original plan was effective January 1, 2000. The plan was most recently amended and restated effective January 1, 2013, and last amended during 2023 for the plan freeze effective December 31, 2023.

| | |
|---|---|
| **Covered employees** | All full time salaried employees |
| **Participation date** | First day of the calendar month following the date of becoming a covered employee, or January 1, 2000, if hired prior to the Effective Date<br>Effective July 1, 2017, participation in the plan was frozen.<br>Effective December 31, 2023, benefit accruals were frozen. |

**Definitions**

| | |
|---|---|
| **Vesting service** | Period of time elapsed since the latter of date of hire or date of participation |
| **Pension service** | Years and months of service as a covered employee |
| **Pensionable pay** | Wages earned, excluding overtime, bonuses and commissions |
| **Normal retirement date (NRD)** | First of month coinciding with or next following the attainment of age 65 |

# SCHEDULE SB ATTACHMENTS

**Monthly pension benefit**

Accrued past service benefit plus the sum of the following amounts, which shall be determined separately for each plan year beginning on or after January 1, 2000, during which the participant is credited with benefit service:

i. 1% of the participant's recognized compensation for such plan year up to covered compensation for such plan year; and

ii. 1.4% of such participant's recognized compensation in excess of covered compensation for such plan year.

Effective January 31, 2008, if a participant is younger than age 45 as of January 31, 2008, or has been hired after January 31, 2008, the participant will receive 1% of the participant's recognized compensation for such plan year.

Effective December 31, 2023, the plan was amended to freeze future benefit accruals.

**Past service benefit**

Employees who joined The Woodbridge Group prior to January 1, 1998, are credited with some past service benefits, which accrue 10% per year. If the employee has less than ten years to Normal Retirement Age (NRA) on the effective date, the annual accrual percentage is based on the number of years to NRA.

The past service benefit is equal to 50% of past benefit service as of December 31, 1999, times the sum of:

i. 1% of the participant's recognized compensation for calendar year 1999 up to covered compensation for such year; and

ii. 1.4% of such participant's recognized compensation in excess of covered compensation for such year.

The plan was amended during 2017 to provide an enhanced benefit to certain participants. Those employed as of July 1, 2017, or those who terminated or retired on or after June 30, 2016 under Early or Normal Retirement, will have their 2012 pay applied to their service prior to 2012 if it results in a greater benefit.

The plan was amended September 7, 2018 to provide the July 1, 2017 enhancement to a few participants who originally did not meet the criteria for inclusion.

# SCHEDULE SB ATTACHMENTS

| | |
|---|---|
| **Monthly preretirement death benefit** | 50% of the monthly pension benefit as of the date of death, reduced for the 50% joint and survivor election and reduced for payment as early as the participant's 55th birthday |

## Eligibility for Benefits

| | |
|---|---|
| **Normal retirement** | Retirement on NRD |
| **Early retirement** | Retirement before NRD and on or after both attaining age 55 and completing ten years of vesting service |
| **Postponed retirement** | Retirement after NRD |
| **Vested termination** | Termination for reasons other than death or retirement after completing five years of vesting service |
| **Preretirement death benefit** | Death while eligible for normal, early, postponed or deferred vested retirement benefits, with a surviving spouse who had been married to the participant for the year preceding death |

## Benefits Paid Upon the Following Events

| | |
|---|---|
| **Normal retirement** | Monthly pension benefit determined as of NRD |
| **Early retirement** | Monthly pension benefit determined as of early retirement date, reduced 6.0% for each year of payment before NRD |
| **Postponed retirement** | Monthly pension benefit determined as of actual retirement date |
| **Vested termination** | Monthly pension benefit determined as of termination date, reduced 6% for each year of payment before the participant's NRD to age 55, provided the participant has ten years of service prior to termination; otherwise, payable unreduced at NRD |

# SCHEDULE SB ATTACHMENTS

| | |
|---|---|
| **Preretirement death** | Monthly preretirement spouse benefit is payable. Benefit is the amount that would have been payable had the participant terminated employment on his or her date of death, survived to earliest retirement age, commenced a 50% joint and survivor annuity and died the next day. Benefit is payable at the participant's earliest retirement age unless the lump sum value is less than $1,000, in which case it is an automatic lump sum cash out. |

## Other Plan Provisions

| | |
|---|---|
| **Forms of payment** | Monthly pension benefits are paid in the form of a Single Life Annuity, 50%, 75% or 100% Joint and Survivor Annuity or 5 or 10-year Certain and Life Annuity, depending on marital status. The 50% J&S is converted using 95% of the Single Life Annuity, 75% is 92% and 100% J&S is 89%, all adjusted if spouse age differs from participant by more than 5 years. The other forms are Actuarial Equivalence using 8% UP1994 (50% male, 50% female). |
| **Maximum limits on benefits and pay** | All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes take effect. Increases in the dollar limits are not assumed for funding or AFTAP purposes. |

# SCHEDULE SB ATTACHMENTS

## Brodhead

### Plan Provisions

| | |
|---|---|
| **Effective Date** | March 30, 1984. Restated December 22, 1994 effective January 1, 1989. Brodhead has since been amended to be part of the Salaried Plan. |
| **Eligibility for Participants** | All hourly employees eligible for participation on March 30, 1984, and all other hourly employees after completing one year of employment with at least 1,000 hours, and who are not eligible for any other retirement plan to which the company contributes. Entry dates are January 1 and July 1. The Brodhead plan was merged into the U.S. Salaried plan as of December 31, 2009.<br><br>There are currently no active participants. |

### Definitions

| | |
|---|---|
| **Vesting service** | The period of service from date of hire to date of termination of employment excluding the period of any breaks in service. One full year of Vesting Service is accrued for each Plan Year in which an employee has at least 1,000 hours of service, with no credit for Plan Years with less than 1,000 hours of service. |
| **Credited service** | The period of service from date of hire to date of termination of employment excluding the period of any breaks in service. One full year of Credited Service is accrued for each Plan Year in which an employee has at least 1,700 hours of service, with partial credit for Plan Years with less than 1,700 hours of service. |
| **Normal retirement date (NRD)** | First of month coinciding with or next following the attainment of age 65 |
| **Monthly retirement benefit** | $19.00 per year of Credited Service, increasing to:<br><br>$19.50 effective May 18, 2004<br><br>$20.00 effective May 18, 2005<br><br>$20.50 effective May 18, 2006 |

# SCHEDULE SB ATTACHMENTS

| | |
|---|---|
| **Normal form of benefit** | The retirement benefit specified in the monthly retirement benefit above payable for life; if employee is married the benefit is actuarially reduced in order to provide for continuation of 50% of the reduced benefit to a surviving spouse. |

## Eligibility for Benefits

| | |
|---|---|
| **Normal retirement** | Retirement on NRD |
| **Early retirement** | Retirement before NRD and on or after attaining age 55 and completing 10 or more years of credited service |
| **Deferred Vested termination** | Termination for reasons other than death or retirement after completing 5 or more years of vesting service |
| **Pre-retirement death benefit** | Death after completing 5 or more years of vesting service, with a surviving spouse |

## Benefits Paid Upon the Following Events

| | |
|---|---|
| **Normal retirement** | Monthly retirement benefit determined as of NRD |
| **Early retirement** | Monthly retirement benefit based upon credited service to date of retirement, reduced 6% for each year that early retirement date precedes NRD |
| **Deferred vested termination** | Monthly retirement benefits above, based upon credited service to date of termination |
| **Preretirement death** | 50% of the reduced early retirement benefit computed under the Joint and 50% to Survivor Annuity form of income. Payments can commence no earlier than the date the employee would have attained age 55. |

# SCHEDULE SB ATTACHMENTS

## Whitmore Lake

### Plan Provisions

| | |
|---|---|
| **Effective date** | The plan was originally effective January 1, 1995. Whitmore Lake has since been amended to be part of the Salaried Plan. |
| **Eligibility for participation** | All hourly employees who were accruing benefits under the Foam Division, Whitmore Lake Plan of Hoover Universal, Inc. On October 7, 1993, and all other hourly employees of the Foam Division, Whitmore Lake Plant who have attained age 18 and have completed one year of employment with at least 1,000 hours, and who are not eligible for any other retirement plan to which the company contributes. Entry date is hire date. Effective May 1, 2003, participation in the plan will be frozen.<br><br>There are currently no active participants. |

### Definitions

| | |
|---|---|
| **Vesting service** | The period of service from date of hire to date of termination of employment excluding the period of any breaks in service. One full year of Credited Service is accrued for each Plan Year in which an employee has at least 1,000 hours of service, with no partial credit for Plan Years with less than 1,000 hours of service. |
| **Credited service** | The period of service from date of hire to date of termination of employment excluding the period of any breaks in service. One full year of Credited Service is accrued for each Plan Year in which an employee has at least 1,700 hours of service, with partial credit for Plan Years with less than 1,700 hours of service. |
| **Normal retirement date (NRD)** | First of month coinciding with or next following the attainment of age 65 |
| **Monthly retirement benefit** | $19.75 per year of Credited Service (limited to 35 years), minus the JCI benefit amount payable under the Foam Division, Whitmore Lake Plan of Hoover Universal, Inc. |

# SCHEDULE SB ATTACHMENTS

| | |
|---|---|
| **Normal form of benefit** | The retirement benefit specified in the monthly retirement benefit above payable as a Qualified Joint and Survivor annuity; if employee is married, the benefit is reduced to 95% of benefit otherwise payable, with 55% of the reduced benefit continuing to the surviving spouse. |

## Eligibility for Benefits

| | |
|---|---|
| **Normal retirement** | Retirement on NRD |
| **Early retirement** | Retirement before NRD and on or after both attaining age 55 and completing 5 or more years of vesting service |
| **Vested termination** | Termination for reasons other than death or retirement after completing 5 or more years of Vesting Service |
| **Pre-retirement death benefit** | Death after completing 5 or more years of vesting service with a surviving spouse |

## Benefits Paid Upon the Following Events

| | |
|---|---|
| **Normal retirement** | Monthly retirement benefit determined as of NRD |
| **Early retirement** | Monthly retirement benefit, before the offset of the JCI benefit, based on credited service to date of retirement, reduced 7.2% for each year that early retirement date precedes age 62. This amount is reduced by the amount payable under the Foam Division, Whitmore Lake Plan of Hoover Universal, Inc., and reduced 7.2% for each year that Early Retirement Date precedes age 65. |
| **Deferred vested termination** | Monthly retirement benefit above, before the offset of the JCI benefit, based on credited service to date of termination times projected service at 65, limited to 35 years, divided by projected service at 65, with no limit on service. This amount is reduced by the amount payable under the Foam Division, Whitmore Lake Plan of Hoover Universal, Inc. |

| | |
|---|---|
| **Preretirement death** | 55% of the Early Retirement benefit computed under the Joint and Survivor Annuity form of income. Payments can commence no earlier than the date the employee would have attained age 55. |

## Allen Foam

### Plan Provisions

| | |
|---|---|
| **Effective date** | November 1, 1989. Restated January 1, 2000 effective January 1, 2000. Allen Foam has since been amended to be part of the Salaried Plan. |
| **Eligibility for participation** | Hourly Compton Plant belonging to the bargaining unit participate on their date of hire.<br>There are currently no active participants. |

### Definitions

| | |
|---|---|
| **Normal retirement date (NRD)** | First of month coinciding with or next following the attainment of age 65 |
| **Monthly retirement benefit** | Monthly income equal to the benefit rate times years of credited service not to exceed 30 years, according to the following schedule. |

| Termination | Benefit Rate |
|---|---|
| 2/1/78 – 10/31/82 | $6.00 |
| 11/1/82 – 1/31/86 | 7.00 |
| 2/1/86 – 1/31/88 | 9.00 |
| 2/1/88 – 1/31/89 | 10.00 |
| 2/1/89 – 1/31/90 | 11.00 |
| 2/1/90 – 1/30/91 | 13.00 |
| 2/1/91 – 1/30/92 | 14.00 |
| After 1/31/92 | 15.00 |

| | |
|---|---|
| **Normal form of benefits** | The retirement benefit specified in the Monthly retirement benefit above payable for life |

### Eligibility for Benefits

# SCHEDULE SB ATTACHMENTS

| | |
|---|---|
| **Normal retirement** | Retirement on NRD |
| **Early retirement** | Retirement before NRD and on or after both attaining age 60 and completing 10 or more years of credited service |
| **Vested termination** | Termination for reasons other than death or retirement after completing 5 or more years of credited service or employees who were employed by Allen Foam on October 31,1992 and who were not yet eligible for retirement benefits |
| **Disability** | Disablement after completing 5 or more years of credited service |
| **Pre-retirement death** | Death after completing 5 or more years of credited service with a surviving spouse |

## Benefits Paid Upon the Following Events

| | |
|---|---|
| **Normal retirement** | Monthly retirement benefit determined as of NRD |
| **Early retirement** | Monthly retirement benefit above, based upon credited service to date of retirement, reduced 1/180th for each month that early retirement date precedes NRD |
| **Deferred vested termination** | Monthly retirement benefit above, based upon credited service to date of termination |
| **Disablement** | Monthly income of the participant’s accrued pension benefit, or, if the participant is not eligible for Social Security payments, a monthly benefit of twice the accrued pension benefit |
| **Preretirement death** | 50% of the reduced early retirement benefit computed under the Joint and 50% to Survivor Annuity form of income. Payments can commence no earlier than the date the employee would have attained age 60 |

## Future Plan Changes

# SCHEDULE SB ATTACHMENTS

No future plan changes were recognized in determining funding requirements. WTW is not aware of any future plan changes that are required to be reflected.

## Changes in Benefits Valued Since Prior Year

There have been no changes in benefits valued since the prior year.

# SCHEDULE SB ATTACHMENTS

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

**Woodbridge Ventures Inc.**

### Plan Provisions

The original plan was effective January 1, 2000. The plan was most recently amended and restated effective January 1, 2013, and last amended during 2023 for the plan freeze effective December 31, 2023.

| | |
|---|---|
| **Covered employees** | All full time salaried employees |
| **Participation date** | First day of the calendar month following the date of becoming a covered employee, or January 1, 2000, if hired prior to the Effective Date.<br><br>Effective July 1, 2017, participation in the plan was frozen.<br><br>Effective December 31, 2023, benefit accruals were frozen. |

### Definitions

| | |
|---|---|
| **Vesting service** | Period of time elapsed since the latter of date of hire or date of participation |
| **Pension service** | Years and months of service as a covered employee |
| **Pensionable pay** | Wages earned, excluding overtime, bonuses and commissions |
| **Normal retirement date (NRD)** | First of month coinciding with or next following the attainment of age 65 |

# SCHEDULE SB ATTACHMENTS

**Monthly pension benefit**

Accrued past service benefit plus the sum of the following amounts, which shall be determined separately for each plan year beginning on or after January 1, 2000, during which the participant is credited with benefit service:

iii. 1% of the participant's recognized compensation for such plan year up to covered compensation for such plan year; and

iv. 1.4% of such participant's recognized compensation in excess of covered compensation for such plan year.

Effective January 31, 2008, if a participant is younger than age 45 as of January 31, 2008, or has been hired after January 31, 2008, the participant will receive 1% of the participant's recognized compensation for such plan year.

Effective December 31, 2023, the plan was amended to freeze future benefit accruals.

**Past service benefit**

Employees who joined The Woodbridge Group prior to January 1, 1998, are credited with some past service benefits, which accrue 10% per year. If the employee has less than ten years to Normal Retirement Age (NRA) on the effective date, the annual accrual percentage is based on the number of years to NRA.

The past service benefit is equal to 50% of past benefit service as of December 31, 1999, times the sum of:

iii. 1% of the participant's recognized compensation for calendar year 1999 up to covered compensation for such year; and

iv. 1.4% of such participant's recognized compensation in excess of covered compensation for such year.

The plan was amended during 2017 to provide an enhanced benefit to certain participants. Those employed as of July 1, 2017, or those who terminated or retired on or after June 30, 2016 under Early or Normal Retirement, will have their 2012 pay applied to their service prior to 2012 if it results in a greater benefit.

**Monthly preretirement death benefit**

50% of the monthly pension benefit as of the date of death, reduced for the 50% joint and survivor election and reduced for payment as early as the participant's 55th birthday

# SCHEDULE SB ATTACHMENTS

## Eligibility for Benefits

| | |
|---|---|
| **Normal retirement** | Retirement on NRD |
| **Early retirement** | Retirement before NRD and on or after both attaining age 55 and completing ten years of vesting service |
| **Postponed retirement** | Retirement after NRD |
| **Vested termination** | Termination for reasons other than death or retirement after completing five years of vesting service |
| **Preretirement death benefit** | Death while eligible for normal, early, postponed or deferred vested retirement benefits, with a surviving spouse who had been married to the participant for the year preceding death |

## Benefits Paid Upon the Following Events

| | |
|---|---|
| **Normal retirement** | Monthly pension benefit determined as of NRD |
| **Early retirement** | Monthly pension benefit determined as of early retirement date, reduced 6.0% for each year of payment before NRD |
| **Postponed retirement** | Monthly pension benefit determined as of actual retirement date |
| **Vested termination** | Monthly pension benefit determined as of termination date, reduced 6% for each year of payment before the participant's NRD to age 55, provided the participant has ten years of service prior to termination; otherwise, payable unreduced at NRD |
| **Preretirement death** | Monthly preretirement spouse benefit is payable. Benefit is the amount that would have been payable had the participant terminated employment on his or her date of death, survived to earliest retirement age, commenced a 50% joint and survivor annuity and died the next day. Benefit is payable at the participant's earliest retirement age unless the lump sum value is less than $1,000, in which case it is an automatic lump sum cash out. |

# SCHEDULE SB ATTACHMENTS

## Other Plan Provisions

| | |
|---|---|
| **Forms of payment** | Monthly pension benefits are paid in the form of a Single Life Annuity, 50%, 75% or 100% Joint and Survivor Annuity or 5 or 10-year Certain and Life Annuity, depending on marital status. The 50% J&S is converted using 95% of the Single Life Annuity, 75% is 92% and 100% J&S is 89%, all adjusted if spouse age differs from participant by more than 5 years. The other forms are Actuarial Equivalence using 8% UP1994 (50% male, 50% female). |
| **Maximum limits on benefits and pay** | All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes take effect. Increases in the dollar limits are not assumed for funding or AFTAP purposes. |

## Future Plan Changes

No future plan changes were recognized in determining funding requirements. WTW is not aware of any future plan changes that are required to be reflected.

## Changes in Benefits Valued Since Prior Year

There have been no changes in benefits valued since the prior year.

| | |
|---|---|
| **Plan Name** | **The Woodbridge Group U.S. Salaried Employees' Pension Plan** |
| **Plan Sponsor EIN** | **39-1505258** |
| **ERISA Plan #** | **002** |
| **Plan Year Ending** | **December 31, 2025** |

**The required attachment marked with an "X" in the Attachment column is included within the Accountant's Opinion attachment to Sch. H, Part III, Line 3, which consists of the entire audit report issued by the plan's Independent Qualified Public Accountant (IQPA).**

| Form/Schedule | Line # | Description | Attachment |
|---|---|---|---|
| 5500 Sch. H | Line 3 | Financial statements used in formulating the IQPA's opinion | X |
| 5500 Sch. H | Line 4a | Schedule of Delinquent Participant Contributions | |
| 5500 Sch. H | Line 4i | Schedule of Assets (Held at End of Year) | X |
| 5500 Sch. H | Line 4i | Schedule of Assets (Acquired and Disposed of Within Year) | |
| 5500 Sch. H | Line 4j | Schedule of Reportable Transactions | X |

# SCHEDULE SB ATTACHMENTS

## Schedule SB, Line 32
## Schedule of Amortization Bases
## as of January 1, 2025

The Woodbridge Group U.S. Salaried Employees' Pension Plan – Woodbridge Holdings Inc.

| | Type of Base | Date Established | Initial Amount | Remaining Amortization Period (Years) | Outstanding Balance | Amortization Payment |
|---|---|---|---|---|---|---|
| 1. | Shortfall | 01/01/2025 | (240,382) | 15.00000 | (240,382) | (22,413) |
| 2. | Shortfall | 01/01/2024 | 1,302,377 | 14.00000 | 1,213,385 | 118,491 |
| 3. | Shortfall | 01/01/2023 | 2,211,025 | 13.00000 | 1,970,184 | 202,487 |
| 4. | Shortfall | 01/01/2022 | (2,175,531) | 12.00000 | (1,848,087) | (201,044) |
| 5. | Shortfall | 01/01/2021 | (300,164) | 11.00000 | (241,437) | (27,988) |
| 6. | Shortfall | 01/01/2020 | 4,948,646 | 10.00000 | 3,730,997 | 464,612 |
| Total | | | | | 4,584,660 | 534,145 |

Plan Name: The Woodbridge Group U.S. Salaried Employees' Pension Plan
EIN / PN: 39-1505258/002
Plan Sponsor: Woodbridge Holdings Inc
Valuation Date: January 1, 2025

# SCHEDULE SB ATTACHMENTS

## Schedule SB, Line 32
## Schedule of Amortization Bases
## as of January 1, 2025

The Woodbridge Group U.S. Salaried Employees' Pension Plan – Woodbridge Ventures Inc.

| Type of Base | Date Established | Initial Amount | Remaining Amortization Period (Years) | Outstanding Balance | Amortization Payment |
|---|---|---|---|---|---|
| 1. Shortfall | 01/01/2025 | 105,236 | 15.00000 | 105,236 | 9,812 |
| 2. Shortfall | 01/01/2024 | 77,737 | 14.00000 | 72,340 | 7,073 |
| 3. Shortfall | 01/01/2023 | 35,147 | 13.00000 | 31,321 | 3,219 |
| Total | | | | 208,987 | 20,104 |

Plan Name: The Woodbridge Group U.S. Salaried Employees' Pension Plan
EIN / PN: 39-1505258/002
Plan Sponsor: Woodbridge Holdings Inc
Valuation Date: January 1, 2025