Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

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

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

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [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
CORELLE BRANDS PENSION PLAN

1b Three-digit plan number (PN) ▶ 004

1c Effective date of plan 04/01/1998

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)
CORELLE BRANDS HOLDING, INC.

1600 DUBLIN RD EAST BUILDING
SUITE 200
COLUMBUS, OH 43215

2b Employer Identification Number (EIN)
16-1403318

2c Plan Sponsor's telephone number
847-233-8600

2d Business code (see instructions)
339900

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	TODD WILSON
	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 ☐ Same as Plan Sponsor

ANCHOR HOCKING HOLDINGS INC. BENEFITS COMMITTEE

1600 DUBLIN RD EAST BUILDING
SUITE 200
COLUMBUS, OH 43215

3b Administrator's EIN: 16-1403318

3c Administrator's telephone number: 614-633-4211

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

a Sponsor's name: INSTANT BRANDS HOLDINGS, INC.

c Plan Name: INSTANT BRANDS PENSION PLAN

4b EIN: 16-1403318

4d PN: 004

5	Total number of participants at the beginning of the plan year	**5**	2917
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)**	212
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	149
b	Retired or separated participants receiving benefits	**6b**	1750
c	Other retired or separated participants entitled to future benefits	**6c**	646
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	2545
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	306
f	Total. Add lines **6d** and **6e**.	**6f**	2851
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 1I 3H

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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

- (1) [X] **H** (Financial Information)
- (2) [ ] **I** (Financial Information – Small Plan)
- (3) [X] **A** (Insurance Information) – Number Attached 1
- (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 A
(Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance 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.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

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
CORELLE BRANDS PENSION PLAN

B Three-digit plan number (PN) ▶ 004

C Plan sponsor's name as shown on line 2a of Form 5500
CORELLE BRANDS HOLDING, INC.

D Employer Identification Number (EIN)
16-1403318

Part I **Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
METROPOLITAN LIFE INSURANCE COMPANY

(b) EIN	**(c)** NAIC code	**(d)** Contract or identification number	**(e)** Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	**(g)** To
13-5581829	65978	GAC 8515	2851	01/01/2025	12/31/2025

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	**(b)** Total amount of fees paid

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	-48518
5	Current value of plan's interest under this contract in separate accounts at year end	5	5731064

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	6d	

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☒ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			7b	-40745
c	Additions: (1) Contributions deposited during the year	7c(1)	348		
	(2) Dividends and credits	7c(2)	-3048		
	(3) Interest credited during the year	7c(3)			
	(4) Transferred from separate account	7c(4)	368427		
	(5) Other (specify below) ▶	7c(5)			
	(6) Total additions			7c(6)	365727
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	324982
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	357421		
	(2) Administration charge made by carrier	7e(2)	14847		
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below) ▶ RISK CHARGE	7e(4)	1232		
	(5) Total deductions			7e(5)	373500
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	-48518

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- **a** ☐ Health (other than dental or vision)
- **b** ☐ Dental
- **c** ☐ Vision
- **d** ☐ Life insurance
- **e** ☐ Temporary disability (accident and sickness)
- **f** ☐ Long-term disability
- **g** ☐ Supplemental unemployment
- **h** ☐ Prescription drug
- **i** ☐ Stop loss (large deductible)
- **j** ☐ HMO contract
- **k** ☐ PPO contract
- **l** ☐ Indemnity contract
- **m** ☐ Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	0
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	0
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

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
CORELLE BRANDS PENSION PLAN

B Three-digit plan number (PN) ▶ 004

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

D Employer Identification Number (EIN)
16-1403318

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

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

Part I Basic Information

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

2 Assets:

a Market value	**2a**	97254390
b Actuarial value	**2b**	98332519

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	1982	72330040	72330040
b For terminated vested participants	723	24831589	24831589
c For active participants	212	6723577	6943732
d Total	2917	103885206	104105361

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

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

5 Effective interest rate	**5**	5.34 %
6 Target normal cost		
a Present value of current plan year accruals	**6a**	0
b Expected plan-related expenses	**6b**	1200000
c Target normal cost	**6c**	1200000

Statement by Enrolled Actuary

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

SIGN HERE

Signature of actuary

10/13/2026
Date

MURTAZA RAWAT
Type or print name of actuary

26-08746
Most recent enrollment number

BUCK GLOBAL, LLC
Firm name

972-366-2028
Telephone number (including area code)

2850 GOLF ROAD
ROLLING MEADOWS, IL 60008
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	1048606
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	1048606
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of 2.83 %	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		162
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 5.05 %		0
b(2)	Interest on line 38b from prior year Schedule SB, using prior year's actual return		5
c	Total available at beginning of current plan year to add to prefunding balance		167
d	Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages

14	Funding target attainment percentage	14	94.45 %
15	Adjusted funding target attainment percentage	15	94.45 %
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	96.37 %
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
05/29/2025	380000	0			
08/13/2025	370306	0			
08/14/2025	4694	0			
11/07/2025	370306	0			
03/16/2026	355579	0			
08/24/2026	395712	0			
			Totals ► 18(b)	1876597	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	1780041

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? [ ] Yes [X] 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:

	1st segment:	2nd segment:	3rd segment:	
a Segment rates:	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**	65

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**	1200000
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	5772842	580041
b Waiver amortization installment		

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**	1780041

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

36 Additional cash requirement (line 34 minus line 35)	**36**	1780041
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	1780041
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	**38a**	0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

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

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

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

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

A Name of plan
CORELLE BRANDS PENSION PLAN

B Three-digit plan number (PN) ▶ 004

C Plan sponsor's name as shown on line 2a of Form 5500
CORELLE BRANDS HOLDING, INC.

D Employer Identification Number (EIN)
16-1403318

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

THE VANGUARD GROUP, INC.

23-1945930

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

FIAM TC

20-2159373

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

GCMTC

82-1309416

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

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

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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)

FIAM TC

20-2159373

(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?
28 50 51	NONE	231026	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [ ]

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

JOHN HANCOCK RETIREMENT PLAN SVCS

01-0233346

(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?
15 50 62 64	NONE	176365	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

BUCK GLOBAL, LLC

13-3954297

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 50	NONE	173517	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

AON INVESTMENTS USA INC.

27-2436452

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50 51	NONE	46896	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

COHNREZNICK, LLP

33-4144829

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	39600	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

METLIFE

13-5581829

(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?
28 49 50 51	NONE	25290	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

EVERHART FINANCIAL ADVISORS, INC.

31-1440043

(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?
17 50	NONE	25000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

(complete as many entries as needed)

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

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

A Name of plan
CORELLE BRANDS PENSION PLAN

B Three-digit plan number (PN) ▶ 004

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

D Employer Identification Number (EIN)
16-1403318

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: COMMINGLED PEN TR FD STRATEGIC PROP

b Name of sponsor of entity listed in (a): JPMORGAN CHASE BANK, N.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)
13-6038770-001	C	5606056

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

b Name of sponsor of entity listed in (a): AON 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)
37-6543784-041	C	0

a Name of MTIA, CCT, PSA, or 103-12 IE: FIAM 8-10 YEAR CORPORATE BOND COMMI

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

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)
20-4659714-155	C	16267297

a Name of MTIA, CCT, PSA, or 103-12 IE: FIAM EMERGING MARKETS COMMINGLED PO

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

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)
20-4659714-032	C	1175180

a Name of MTIA, CCT, PSA, or 103-12 IE: FIAM EMERGING MARKETS DEBT COMMINGL

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

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)
20-4659714-022	C	1789054

a Name of MTIA, CCT, PSA, or 103-12 IE: FIAM LONG CORPORATE COMMINGLED POOL

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

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)
20-4659714-187	C	26071403

a Name of MTIA, CCT, PSA, or 103-12 IE: FIAM LONG DURATION COMMINGLED POOL

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

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)
20-4659714-053	C	9053831

a Name of MTIA, CCT, PSA, or 103-12 IE: FIAM SELECT CANADA EQUITY COMMINGLE

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

c EIN-PN 20-4659714-101	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 900789

a Name of MTIA, CCT, PSA, or 103-12 IE: FIAM SELECT EMERGING MARKETS EQUITY

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

c EIN-PN 20-4659714-100	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1171747

a Name of MTIA, CCT, PSA, or 103-12 IE: METLIFE SEPARATE ACCOUNT MI

b Name of sponsor of entity listed in (a): METROPOLITAN LIFE INSURANCE

c EIN-PN 13-5581829-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1544926

a Name of MTIA, CCT, PSA, or 103-12 IE: METLIFE SEPARATE ACCOUNT 632

b Name of sponsor of entity listed in (a): METROPOLITAN LIFE INSURANCE

c EIN-PN 13-5581829-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1578114

a Name of MTIA, CCT, PSA, or 103-12 IE: METLIFE SEPARATE ACCOUNT 417

b Name of sponsor of entity listed in (a): METROPOLITAN LIFE INSURANCE

c EIN-PN 13-5581829-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 943749

a Name of MTIA, CCT, PSA, or 103-12 IE: METLIFE SEPARATE ACCOUNT 469

b Name of sponsor of entity listed in (a): METROPOLITAN LIFE INSURANCE

c EIN-PN 13-5581829-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 507315

a Name of MTIA, CCT, PSA, or 103-12 IE: METLIFE SEPARATE ACCOUNT 135

b Name of sponsor of entity listed in (a): METROPOLITAN LIFE INSURANCE

c EIN-PN 13-5581829-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 942787

a Name of MTIA, CCT, PSA, or 103-12 IE: METLIFE SEPARATE ACCOUNT 838

b Name of sponsor of entity listed in (a): METROPOLITAN LIFE INSURANCE

c EIN-PN 13-5581829-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 214174

a Name of MTIA, CCT, PSA, or 103-12 IE: FIAM SELECT INTERNATIONAL EQUITY CO

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

c EIN-PN 20-4659714-021	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2164667

a Name of MTIA, CCT, PSA, or 103-12 IE: FIAM SELECT INTERNATIONAL SMALL CAP

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

c EIN-PN 20-4659714-026	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 860436

a Name of MTIA, CCT, PSA, or 103-12 IE: FIAM SMALL/MID CAP OPPORTUNITIES CO

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

c EIN-PN 20-4659714-210	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1052816

a Name of MTIA, CCT, PSA, or 103-12 IE: FIAM REIT COMMINGLED POOL

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

c EIN-PN 20-4659714-005	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 655523

a Name of MTIA, CCT, PSA, or 103-12 IE: SPARTAN 500 INDEX POOL

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

c EIN-PN 82-6293122-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 8754799

a Name of MTIA, CCT, PSA, or 103-12 IE: SPARTAN WORLD MINIMUM VOLATILITY IN

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

c EIN-PN 82-6293122-016	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5919264

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

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

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

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

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
CORELLE BRANDS PENSION PLAN

B Three-digit plan number (PN) ▶ 004

C Plan sponsor's name as shown on line 2a of Form 5500
CORELLE BRANDS HOLDING, INC.

D Employer Identification Number (EIN)
16-1403318

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	588285	-12302
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	461997	751291
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	236439	3873192
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	82585473	158593
(2) U.S. Government securities	1c(2)	1663499	1658466
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	349872	591870
(B) All other	1c(3)(B)	832809	540463
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	2570382	2890662
(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)	8082441	81442863
(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)	357765	11266449
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	-40745	-48518
(15) Other	1c(15)	105590	107937

		(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	97793807	103220966
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h		
1i Acquisition indebtedness	1i		
1j Other liabilities	1j	704638	4266528
1k Total liabilities (add all amounts in lines 1g through1j)	1k	704638	4266528
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	97089169	98954438

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)	1876597	
(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)		1876597
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	131235	
(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)		131235
(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)	422550	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		422550
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	2833354	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		2833354

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		8038788
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		717698
(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)		628287
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		14648509
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	11398169	
(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)		11398169
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)	39600	
(5) Investment advisory and investment management fees	2i(5)	479576	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)	173517	
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	692378	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		1385071
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		12783240
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		1865269
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: COHNREZNICK, LLP **(2)** EIN: 33-4144829

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	**4a**		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	**4b**		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	**4c**		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	**4d**		X	
e Was this plan covered by a fidelity bond?	**4e**	X		10000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4g**		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	**4j**	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**			
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 584724.

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

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

A Name of plan
CORELLE BRANDS PENSION PLAN

B Three-digit plan number (PN) ▶ 004

C Plan sponsor's name as shown on line 2a of Form 5500
CORELLE BRANDS HOLDING, INC.

D Employer Identification Number (EIN)
16-1403318

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): 04-3275867 52-2206685

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: 24.0 % Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: 66.0 %
High-Yield Debt: 2.0 % Real Assets: 8.0 % 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_____.

Corelle Brands Pension Plan

Financial Statements
(With Supplementary Information)
and Independent Auditor's Report

December 31, 2025 and 2024

CohnReznick

Corelle Brands Pension Plan

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Independent Auditor's Report

To the Board of Trustees and Plan Administrator
Corelle Brands Pension Plan

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

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

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

Management has obtained certifications from qualified institutions as of December 31, 2025 and 2024, and for the years ended December 31, 2025 and 2024, stating that the certified investment information, as described in Note 6 to the financial statements, is complete and accurate.

Opinion

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

- The amounts and disclosures in the accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- The information in the accompanying financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

Except as described in the Scope and Nature of the ERISA 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 Corelle Brands Pension 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 Corelle Brands Pension Plan's ability to continue as a going concern for a reasonable period of time.

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

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

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

Other Matter - Supplemental Schedules Required by ERISA

The supplemental schedules Schedule H, line 4i - Schedule of Assets (Held at End of Year), and Schedule H, Line 4j - Schedule of Reportable Transactions as of or 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 information in the supplemental schedules related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

CohnReznick LLP

Chicago, Illinois
October 15, 2026

Corelle Brands Pension Plan

Statements of Net Assets Available for Benefits
December 31, 2025 and 2024

	2025	2024
Assets		
Cash	$ -	$ 588,284
Investments		
Investments at fair value	98,177,413	96,038,887
Receivables		
Employer contributions	751,291	461,997
Other receivables	25,733	-
Total receivables	777,024	461,997
Total assets	98,954,437	97,089,168
Net assets available for benefits	$ 98,954,437	$ 97,089,168

See Notes to Financial Statements.

Corelle Brands Pension Plan

Statements of Changes in Net Assets Available for Benefits
Years Ended December 31, 2025 and 2024

	2025	2024
Additions		
Investment income		
Interest and dividends	$ 1,899,770	$ 99,054
Net appreciation in fair value of investments	10,872,142	2,325,330
Total investment income	12,771,912	2,424,384
Contributions	1,876,597	494,268
Total additions	14,648,509	2,918,652
Deductions		
Benefits paid to participants	11,398,169	7,634,399
Administrative expenses	1,385,071	1,101,311
Total deductions	12,783,240	8,735,710
Net increase (decrease)	1,865,269	(5,817,058)
Net assets available for benefits	-	-
Beginning of year	97,089,168	102,906,226
End of year	$ 98,954,437	$ 97,089,168

See Notes to Financial Statements.

1. Description of Plan

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

Effective January 1, 2025, the Plan name was officially amended to change the name from Instant Brands Pension Plan to Corelle Brands Pension Plan.

General

The Plan is a noncontributory defined benefit plan established effective April 1, 1998, as restated January 1, 2013. As of December 31, 2001, benefits were frozen for all participants. No new employees may participate in the Plan. Prior to the Plan freeze, the Plan covered all employees, excluding new employees, of Instant Brands Holdings Inc. and Subsidiaries (the "Company") who have completed 5 years of credited service. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended ("ERISA"). The The Board of Trustees is responsible for oversight of the Plan. The Plan’s Benefits Committee determines the appropriateness of the Plan's investment offerings, monitors investment performance, and reports to the Plan's The Board of Trustees.

Funding policy

The Plan's funding policy is for the Company to contribute an amount which will meet or exceed the annual ERISA minimum funding requirement. The minimum funding requirements of ERISA were met or exceeded in 2025 and 2024.

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 to terminate the Plan subject to the provisions of ERISA.

Pension benefits

Plan participants are entitled to their plan benefits after terminating employment with vested rights. Participants become vested in the Plan upon completion of at least 5 years of service or attainment of the normal retirement age (65), although the Plan does allow for early retirement at the age of 55 If employees terminate before rendering the required years of service, they forfeit the right to receive the portion of their accumulated plan benefits attributable to the Company's contributions. Upon becoming vested, participants are entitled to The flat dollar multiple formula, the career average benefit formula or the final average benefit formula. Upon termination of employment, pension payments are normally paid in the form of a monthly annuity payable for their lifetime or, if married, in the form of a qualified joint or survivor annuity.

Administration

The Plan is administered by the Corelle Brands Benefits Committee (the "Committee"), which is appointed by the Board of Directors of the Company. Effective April 1, 2004, the Committee entered into a trust agreement with John Hancock Trust Company LLC, as trustee, who receives contributions from employer, administers the assets of the trust and distributes benefits to eligible employees as designated by the Committee. As of July 1, 2025, the Committee terminated the previous agreement and entered into another trust agreement with Fidelity Management Trust Company, as trustee.

Death and disability benefits
If an active employee dies at age 55 or older, a death benefit equal to the value of the employee's accumulated pension benefit is paid to the employee's beneficiary. Active employees who become totally disabled receive annual disability benefits that are equal to the equivalent normal retirement benefit they have accumulated as of the time they become disabled. Disability benefits are paid until normal retirement age, at which time disabled participants will receive the normal retirement benefit computed as though they had been employed to normal retirement age, with their annual compensation remaining the same as at the time they became disabled.

2. Summary of accounting policies

Basis of accounting
The financial statements of the Plan are prepared on the accrual basis of accounting.

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

Investment valuation and income recognition
Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's Plan administrator determines the Plan's valuation policies utilizing information provided by the investment advisers, custodians and insurance company, as applicable. See Note 4 for discussion of fair value measurements.

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

The Metropolitan Life Insurance Company ("Metropolitan") is the custodian of the Metropolitan Life Insurance Company Group Annuity Contract #8515 (the "Contract"). The Contract is comprised of amounts held in separate fund accounts and a general account. These separate fund accounts and general account were recorded at the net asset value of the underling investments. Investment income represents the net increase in the value of the annuity, which is based on the fair value of the accounts and reflects income, realized gains, unrealized gains and losses and contingencies. If the Contract is terminated prior to Metropolitan fulfilling all of its duties and obligations, the separate accounts will be paid out at their fair values.

Payment of benefits
Benefits payments to participants are recorded upon distribution.

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

Subsequent events
Subsequent events were evaluated through October 15, 2026, the date the financial statements were available to be issued.

3. Actuarial present value of accumulated plan benefits

Accumulated plan benefits are those future periodic payments, including lump-sum distributions, that are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Benefits under the Plan are based on employees' compensation during each year of credited service. The accumulated plan benefits for active employees will equal the accumulation, with interest, of the annual benefit accruals as of the benefit information date. Benefits payable under all circumstances, such as retirement, death, disability, and termination of employment, are included, to the extent they are attributable to employee service rendered to the valuation date. Benefits to be provided via annuity contracts excluded from plan assets are excluded from accumulated plan benefits.

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

The computations of the actuarial present value of accumulated plan benefits were made as of January 1, 2025. Had the valuation been performed as of December 31, there would be no material differences. The significant actuarial assumptions used in the valuation were (a) life expectancy of participants for 2025 (based on PRI-2012 Total Employee and Retiree Mortality Tables with 21% load, projected with Mortality Improvement Scale MP-2021 for salaried locations, the PRI-2012 Blue Collar Employee and Retiree Mortality Tables with 21% load, projected with Mortality Improvement Scale MP-2021 for the hourly locations and the Pri-2012 Disabled Retiree Mortality Table with 21% load, projected with Mortality Improvement Scale MP-2021 for disabled annuitants)and (b) rates of retirement ages (retirement sample rates) for 2025:

Attained age	Retirement rate
55	10.0%
56-59	7.0%
60-61	10.0%
62	20.0%
63	10.0%
64	15.0%
65-69	25.0%
70 or older	100.0%

(c) discount rate (6.75% per annum as of January 1, 2025), and (d) withdrawal from service (termination sample rates) for 2025:

Attained age	Salaried	Hourly
25-35	12.0%	8.0%
40	10.5%	6.5%
45	8.0%	5.0%
50-55	8.0%	3.8%

Actuarial present value of total accumulated plan benefits at January 1, 2025 is as follows:

Vested Benefits	
Participants currently receiving payments	$ 62,474,072
Terminated vested and deferred disabled	20,950,364
Other participants	5,509,234
	88,933,670
Noninvested benefits	172,661
Total	$ 89,106,331

The changes in actuarial present value of accumulated plan benefits from January 1, 2024 to January 1, 2025 were as follows:

Actuarial present value of accumulated plan benefits at January 1, 2024	$ 90,278,326
Benefits paid	(7,613,464)
Interest	5,841,028
Assumption changes	7,555
Benefits accumulated and other plan experience	592,886
Net decrease	(1,171,995)
Actuarial present value of accumulated plan benefits at January 1, 2025	$ 89,106,331

Assumption changes in actuarial present value of accumulated plan benefits from January 1, 2024 to January 1, 2025 are (1) the interest rate basis was updated to the current rates as specified in IRS Regulation 1.430(h)(2)-1. These rates are constrained in accordance with relevant legislation (2) mortality assumption used to compute lump-sums was updated according to the projection specified in IRS Notice 2024-42.

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits. The computations of the actuarial present value of accumulated plan benefits were made as of January 1, 2025. Had the valuation been performed as of December 31, 2025, there would be no material differences.

4. Fair value measurements

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

- Level 1 - Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.
- Level 2 - Inputs to the valuation methodology include:

  - 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; and

  - 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 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 maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

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

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

Interest-bearing cash: These investments are stated at cost, which approximates fair value.

Common/collective trusts and Contract #8515: Consisting of common-collective trusts and contract #8515, valued at the net asset value ("NAV"). The NAV, as provided by the trustee, is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the fund less its liabilities. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV. Participant transactions (purchases and sales) may occur daily. Were the Plan to initiate a full redemption of the funds, the investment adviser reserves the right to temporarily delay withdrawal from the trust in order to ensure that securities liquidations will be carried out in an orderly business manner.

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

Assets at fair value as of December 31, 2025	**Fair value at December 31, 2025**	**Level 1**	**Level 2**	**Level 3**
Mutual Funds	$ 10,918,463	$ 10,918,463	$ -	$ -
Investments measured at NAV (a)	87,112,659	-	-	-
Interest Bearing Cash	146,291	146,291	-	-
Total assets in the fair value hierarchy	98,177,413	11,064,754	-	-
Total investments at fair value	$ 98,177,413	$ 11,064,754	$ -	$ -

Assets at fair value as of December 31, 2024	**Fair value at December 31, 2024**	**Level 1**	**Level 2**	**Level 3**
Mutual Funds	$ 82,585,474	$ 82,585,474	$ -	$ -
Investment measured at NAV (a)	13,453,413	-	-	-
Total assets in the fair value hierarchy	96,038,887	82,585,474	-	-
Total investments at fair value	$ 96,038,887	$ 82,585,474	$ -	$ -

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

For years ended December 31, 2025 and 2024, there were no significant transfers between Levels 1 and 2 and no transfers in or out of Level 3.

Fair value of investments that calculate net asset value

The following table summarizes investments measured at fair value based on net asset value ("NAV") per share as of December 31, 2025 and 2024. There are no participant redemption restrictions for these investments; the redemption notice period is applicable only to the Plan.

December 31, 2025	Fair Value	Unfunded Commitments	Redemption Frequency (if currently eligible)	Redemption Notice Period
Common/collective trusts	$ 81,417,811	$ -	Daily	Daily
Contract #8515	5,694,848	-	Monthly	Monthly
Total	$ 87,112,659	$ -		

December 31, 2024	Fair Value	Unfunded Commitments	Redemption Frequency (if currently eligible)	Redemption Notice Period
Common/collective trusts	$ 8,082,441	$ -	Monthly	Monthly
Contract #8515	5,370,972	-	Monthly	Monthly
Total	$ 13,453,413	$ -		

Investment strategies for nondirect filing entities

MetLife Separate Account 838

The investment objective is to replicate the total return of the Russell 2000 Index, gross of fees.

MetLife Separate Account 417

The investment objective is to outperform the Morgan Stanley Capital International All-Country World Index (excluding US) (MSCI ACW Index Ex-US) over a full market cycle and to outperform the median manager in an appropriate universe of international equity managers.

MetLife Separate Account 469

The investment objective is to track the performance of the S&P BMI U.S. REIT Index, gross of fees.

MetLife Separate Account 632

The investment objective is to provide a total return that exceeds the total return of the Bloomberg Barclays U.S. Long Government/Credit Index and rank within the top two quartiles of the peer universe over a three-to-five-year period.

MetLife Separate Account MI

The investment objective is to track the performance of the S&P 500 Index, gross of fees.

MetLife Separate Account 135

The investment objective is to outperform the Bloomberg Barclays U.S. Intermediate Government/Credit Bond Index, net of fees, over a full market cycle.

5. Contingent liability - contract #5786

In September 1984, American Home Products Corporation ("AHPC") completed the sale of Ekco Housewares Division to the Ekco Group, Inc. As a result of the sale, the nonbargaining employees of the Ekco Housewares Division who were covered under the AHPC Retirement Plan were transferred to and covered under the Ekco Housewares, Inc. Retirement Plan, which was merged into the Plan effective October 1, 2001. Under an agreement to transfer the assets for the transferred annuitants from the AHPC Group Annuity Contract to Metropolitan, the benefits for the service prior to September 1984 will be provided by Metropolitan Life Insurance Company Group Annuity Contract #5786, a deposit administration contract. Under this agreement, Metropolitan guarantees retirement benefit payments to employees. The Plan is relieved of its obligation for retirement benefits except in the event of bankruptcy or insolvency of Metropolitan. Additionally, in the event that a participant of the contract elects to receive a lump-sum distribution, the Plan will be required to contribute the difference between the amount actuarially determined under the Contract and the amount required to be paid under federal pension law. As of December 31, 2025 and 2024, the actuarial present value of the liability is $76,325 and $116,893, respectively.

6. Information certified by Trustee

The Plan administrator has elected to have an audit performed pursuant to 29 CFR 2520.103-8 of the Department of Labor’s Rules and Regulations for Reporting and Disclosure under ERISA for 2025 and 2024. Accordingly, certain information in the Plan’s financial statements and supplemental schedules was agreed to or derived from information certified as complete and accurate by Fidelity Management Trust Company, the Plan's current Trustee and a qualified institution. The certified information includes the Plan's investments reported in the accompanying statement of net assets available for benefits and the accompanying supplemental Schedule H, Line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2025, and the related investment activity (including net appreciation/depreciation, interest, and dividends) reported in the accompanying statement of changes in net assets available for benefits and the information reported in the accompanying supplemental Schedule H, Line 4j - Schedule of Reportable Transactions for the period from June 1, 2025 through December 31, 2025.

John Hancock Trust Company LLC, the Plan's previous Trustee and a qualified institution, certified to the completeness and accuracy of the Plan's investments reported in the accompanying statement of net assets available for Benefits as of and for the year ended December 31, 2024, and the related investment activity (including net appreciation/depreciation, interest, and dividends) reported in the statement of changes in net assets available for benefits and the information reported in the accompanying supplemental Schedule H, Line 4j - Schedule of Reportable Transactions for the period from January 1, 2025 through May 31, 2025.

7. Related-party and party-in-interest transactions

Certain Plan investments were invested in funds managed by Metropolitan, Aon Hewitt Investments Consulting (administrator of commingled funds) and John Hancock Trust Company LLC and Fidelity Management Trust Company (the trustees), as defined by the Plan and, therefore, these transactions qualify as party-in-interest transactions.

8. Plan termination

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:

1. 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.

2. Other vested benefits insured by the Pension Benefit Guaranty Corporation ("PBGC") (a U.S. government agency) up to the applicable limitations.

3. All other vested benefits (that is, vested benefits not insured by the PBGC).

4. All nonvested 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 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 IRS has determined and informed the Company by a letter dated October 31, 2014, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code ("IRC"). Although the Plan has been amended since receiving the determination letter, the Plan administrator believes that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the IRC and, therefore, believes that the Plan is qualified, and the related trust is tax-exempt.

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

10. Risks and uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks, such as interest rate, market, and credit risks. Due to the level of risk associated with certain 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 statements of net assets available for benefits.

Plan contributions are made, and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates, and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near-term would be material to the financial statements.

Supplementary Information

Corelle Brands Pension Plan
EIN:
Plan Number: 004

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2025

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
	Fidelity Government Portfolio Institutional	Interest-bearing cash	$ 158,593	$ 158,593
*	Metropolitan Life Insurance Company Group- annuity contract #8515	Separate accounts	5,682,546	5,682,546
	Fidelity International Value Funds	Mutual Fund	1,078,540	1,078,540
	Fidelity Large Cap Value Index Fund	Mutual Fund	86,117	86,117
	Fidelity Select Gold Portfolioz	Mutual Fund	367,035	367,035
	Fidelity Long-Term Treasury Bond Index F	Mutual Fund	8,309,644	8,309,644
	Overseas- K	Mutual Fund	1,077,127	1,077,127
	FIAM 8-10 Year Corporate Bond Committee	Common/collective trusts	16,267,297	16,267,297
	FIAM Emerging Markets Commingled Pool	Common/collective trusts	1,175,180	1,175,180
	FIAM Emerging Markets Debt Commingled Pool	Common/collective trusts	1,789,054	1,789,054
	FIAM Long Corporate Commingled Pool	Common/collective trusts	26,046,351	26,046,351
	FIAM Long Duration Commingled Pool	Common/collective trusts	9,053,831	9,053,831
	FIAM Select Canada Equity Commingled Pool	Common/collective trusts	900,789	900,789
	FIAM Select Emerging Markets Equity	Common/collective trusts	1,171,747	1,171,747
	FIAM Select International Equity Commingled Pool	Common/collective trusts	2,164,667	2,164,667
	FIAM Select International Small Cap	Common/collective trusts	860,436	860,436
	FIAM Small/Mid Cap Opportunities Commingled Pool	Common/collective trusts	1,052,816	1,052,816
	FIAM REIT Commingled Pool	Common/collective trusts	655,524	655,524

See Independent Auditor's Report.

Corelle Brands Pension Plan
EIN:
Plan Number: 004

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2025

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
	Spartan 500 Index Pool	Common/collective trusts	8,754,799	8,754,799
	Spartan World Minimum Volatility In	Common/collective trusts	5,919,264	5,919,264
	JP Morgan Strategic Property	Common/collective trusts	5,606,056	5,606,056
Total			$ 98,177,413	$ 98,177,413

*Denotes a party-in-interest.

See Independent Auditor's Report.

Corelle Brands Pension Plan
EIN:
Plan Number: 004

Schedule H, Line 4j - Schedule of Reportable Transactions
Year Ended December 31, 2025

	(a) Identify of party involved	(b) Description of asset	(c) Purchase price	(d) Selling Price	(g) Cost of Asset	(h) Current value	(i) Net gain/(loss)
Single Transactions							
	Anchor Hocking DAA	Mutual Fund	$ 81,615,770	$	$81,615,770	$ 81,615,770	$ -
	Anchor Hocking DAA	Mutual Fund	1,807,472		1,807,472	1,807,472	-
	Anchor Hocking DAA	Mutual Fund	313,376		313,376	313,376	-
	Anchor Hocking DAA	Mutual Fund	-	443,706	443,706	460,395	16,688
	Anchor Hocking DAA	Mutual Fund	-	852,563	852,563	876,043	23,480
	Anchor Hocking DAA	Mutual Fund	-	253,866	253,866	269,601	15,735
	Anchor Hocking DAA	Mutual Fund	-	694,135	694,135	743,965	49,830
	Anchor Hocking DAA	Mutual Fund	-	237,914	237,914	256,312	18,398
	Anchor Hocking DAA	Mutual Fund	431,912		431,912	431,912	-
	Anchor Hocking DAA	Mutual Fund	-	588,106	588,106	632,159	44,053
	Fidelity Government Portfolio Institutional	Mutual Fund	3,242,645		3,242,645	3,242,645	-
	Fidelity Government Portfolio Institutional	Mutual Fund	-	56,339	56,339	56,339	-
	Fidelity Government Portfolio Institutional	Mutual Fund	286		286	286	-
	Fidelity Government Portfolio Institutional	Mutual Fund	-	2,399,546	2,399,546	2,399,546	-
	Fidelity Government Portfolio Institutional	Mutual Fund	-	10,644	10,644	10,644	-
	Fidelity Government Portfolio Institutional	Mutual Fund	5,278		5,278	5,278	-
	Fidelity Government Portfolio Institutional	Mutual Fund	4,517		4,517	4,517	-

See Independent Auditor's Report.

Corelle Brands Pension Plan
EIN:
Plan Number: 004

Schedule H, Line 4j - Schedule of Reportable Transactions
Year Ended December 31, 2025

(a) Identify of party involved	(b) Description of asset	(c) Purchase price	(d) Selling Price	(g) Cost of Asset	(h) Current value	(i) Net gain/(loss)
Fidelity Government Portfolio Institutional	Mutual Fund	3,165		3,165	3,165	-
Fidelity Government Portfolio Institutional	Mutual Fund	573		573	573	-
Fidelity Government Portfolio Institutional	Mutual Fund	-	102,963	102,963	102,963	-
Fidelity Government Portfolio Institutional	Mutual Fund	-	12,500	12,500	12,500	-
Fidelity Government Portfolio Institutional	Mutual Fund	-	632,104	632,104	632,104	-
Fidelity Government Portfolio Institutional	Mutual Fund	2,701		2,701	2,701	-
Fidelity Government Portfolio Institutional	Mutual Fund	4		4	4	-
Fidelity Government Portfolio Institutional	Mutual Fund	361,652		361,652	361,652	-
Fidelity Government Portfolio Institutional	Mutual Fund	1,144		1,144	1,144	-
Fidelity Government Portfolio Institutional	Mutual Fund	778		778	778	-
Fidelity Government Portfolio Institutional	Mutual Fund	-	217,850	217,850	217,850	-
Fidelity Government Portfolio Institutional	Mutual Fund	671		671	671	-
Fidelity Government Portfolio Institutional	Mutual Fund	668,587		668,587	668,587	-

See Independent Auditor's Report.

Corelle Brands Pension Plan
EIN:
Plan Number: 004

Schedule H, Line 4j - Schedule of Reportable Transactions
Year Ended December 31, 2025

(a) Identify of party involved	(b) Description of asset	(c) Purchase price	(d) Selling Price	(g) Cost of Asset	(h) Current value	(i) Net gain/(loss)
Fidelity Government Portfolio Institutional	Mutual Fund	2,952		2,952	2,952	-
Fidelity Government Portfolio Institutional	Mutual Fund	207,456		207,456	207,456	-
Fidelity Government Portfolio Institutional	Mutual Fund	-	459,922	459,922	459,922	-
Fidelity Government Portfolio Institutional	Mutual Fund	-	24,350	24,350	24,350	-
Fidelity Government Portfolio Institutional	Mutual Fund	-	382,090	382,090	382,090	-
Fidelity Government Portfolio Institutional	Mutual Fund	2,340		2,340	2,340	-
Fidelity Government Portfolio Institutional	Mutual Fund	-	44,633	44,633	44,633	-
Fidelity Government Portfolio Institutional	Mutual Fund	-	17,250	17,250	17,250	-
Fidelity Government Portfolio Institutional	Mutual Fund	-	20,100	20,100	20,100	-
Fidelity Government Portfolio Institutional	Mutual Fund	2,855		2,855	2,855	-
Fidelity Government Portfolio Institutional	Mutual Fund	119,400		119,400	119,400	-
Fidelity Government Portfolio Institutional	Mutual Fund	598		598	598	-
Fidelity Government Portfolio Institutional	Mutual Fund	370,911		370,911	370,911	-

See Independent Auditor's Report.

Corelle Brands Pension Plan
EIN:
Plan Number: 004

Schedule H, Line 4j - Schedule of Reportable Transactions
Year Ended December 31, 2025

(a) Identify of party involved	(b) Description of asset	(c) Purchase price	(d) Selling Price	(g) Cost of Asset	(h) Current value	(i) Net gain/(loss)
Fidelity Government Portfolio Institutional	Mutual Fund	2,394		2,394	2,394	-
Fidelity Government Portfolio Institutional	Mutual Fund	-	7,000	7,000	7,000	-
Fidelity Government Portfolio Institutional	Mutual Fund	1,340		1,340	1,340	-
Fidelity Government Portfolio Institutional	Mutual Fund	-	381,896	381,896	381,896	-
Fidelity Government Portfolio Institutional	Mutual Fund	11,399		1,399	1,399	-
Fidelity Government Portfolio Institutional	Mutual Fund	2,810		2,810	2,810	-
Fidelity Government Portfolio Institutional	Mutual Fund	1,177		1,177	1,177	-
Fidelity Government Portfolio Institutional	Mutual Fund	4,363		4,363	4,363	-
Fidelity Government Portfolio Institutional	Mutual Fund	-	64,685	64,685	64,685	-
Fidelity Government Portfolio Institutional	Mutual Fund	-	64,685	41,018	41,081	-
Fidelity Government Portfolio Institutional	Mutual Fund	21,488		21,488	21,488	-
JP Morgan Strategic Property Management	Mutual Fund	6,211,416		6,211,416	6,211,416	-
JP Morgan Strategic Property Management	Mutual Fund	(6,211,416)		(6,211,416)	(6,211,416)	-

See Independent Auditor's Report.

Corelle Brands Pension Plan
EIN:
Plan Number: 004

Schedule H, Line 4j - Schedule of Reportable Transactions
Year Ended December 31, 2025

(a) Identify of party involved	(b) Description of asset	(c) Purchase price	(d) Selling Price	(g) Cost of Asset	(h) Current value	(i) Net gain/(loss)
JP Morgan Strategic Property Management	Mutual Fund	6,211,416		6,211,416	6,211,416	-
JP Morgan Strategic Property Management	Mutual Fund	316,541		316,541	316,541	-
JP Morgan Strategic Property Management	Mutual Fund	(316,541)		(316,541)	(316,541)	-
JP Morgan Strategic Property Management	Mutual Fund	313,140		313,140	316,541	3,401
JP Morgan Strategic Property Management	Mutual Fund	-	425,873	425,873	436,274	10,401
MetLife #8515	Mutual Fund	5,270,625		5,270,625	5,270,625	-
MetLife #8515	Mutual Fund	266,707		266,707	266,707	-
MetLife #8515	Mutual Fund	-	143	143	143	-
MetLife #8515	Mutual Fund	-		-	266,707	266,707
MetLife #8515	Mutual Fund	-		-	143	(143)
MetLife #8515	Mutual Fund	73,521		73,521	73,521	-
MetLife #8515	Mutual Fund	-		-	73,521	73,521
MetLife #8515	Mutual Fund	120,908		120,908	120,908	-
MetLife #8515	Mutual Fund	-		-	120,908	120,908
MetLife #8515	Mutual Fund	43,171		43,171	43,171	-
MetLife #8515	Mutual Fund	-		-	43,171	43,171
MetLife #8515	Mutual Fund	-	12,228	12,228	12,228	-
MetLife #8515	Mutual Fund	-		-	12,228	(12,228)
Series Transactions						
Anchor Hocking DAA	Mutual Fund	84,168,530		84,168,530	84,168,530	-

See Independent Auditor's Report.

Corelle Brands Pension Plan
EIN:
Plan Number: 004

Schedule H, Line 4j - Schedule of Reportable Transactions
Year Ended December 31, 2025

	(a) Identify of party involved	(b) Description of asset	(c) Purchase price	(d) Selling Price	(g) Cost of Asset	(h) Current value	(i) Net gain/(loss)
	Anchor Hocking DAA	Mutual Fund	-	3,070,290	3,070,290	3,238,475	168,184
	Fidelity Government Portfolio Institution	Mutual Fund	5,033,484		5,033,484	5,033,484	-
	Fidelity Government Portfolio Institution	Mutual Fund	-	4,874,890	4,874,890	4,874,890	-
	JP Morgan Strategic Property	Mutual Fund	6,211,416		6,211,416	6,211,416	-
	JP Morgan Strategic Property	Mutual Fund	-	739,013	739,013	752,815	13,802
	MetLife #8515	Mutual Fund	5,774,932		5,774,932	5,774,932	-
	MetLife #8515	Mutual Fund	-	12,371	12,371	504,307	491,936
	Fidelity Government Portfolio Institution	Mutual Fund	-		-	-	-
Identity of Party Involved							
	Broker #DIVRE	Mutual Fund	12,987		12,987	12,987	-
	Broker #FMTC	Mutual Fund	582,647		1,255,691	1,269,493	13,802
	Broker #MFAS	Mutual Fund	10,431,940		15,518,437	15,686,622	168,184
	Broker #TRIN	Mutual Fund	$ 13,685,097	$	$93,097,811	$ 93,097,811	$ -

See Independent Auditor's Report.

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Plan Name: Corelle Brands Pension Plan
Plan Sponsor's Name: Corelle Brands Holdings Inc.
EIN / PN: 16-1403318 / 004

Schedule SB, Line 26a – Schedule of Active Participant Data

Attained Age	Years of Credited Service									
	Under 1	1 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 & up
Under 25	0	0	0	0	0	0	0	0	0	0
25 to 29	0	0	0	0	0	0	0	0	0	0
30 to 34	0	0	0	0	0	0	0	0	0	0
35 to 39	0	0	0	0	0	0	0	0	0	0
40 to 44	0	0	0	0	0	0	0	0	0	0
45 to 49	0	7	7	0	0	0	0	0	0	0
50 to 54	0	10	12	9	4	0	0	0	0	0
55 to 59	1	10	16	13	10	13	0	0	0	0
60 to 64	0	6	13	11	12	11	9	2	0	0
65 to 69	0	3	5	2	5	3	7	3	0	0
70 & up	0	2	2	2	0	0	0	2	0	0
Total	1	38	55	37	31	27	16	7	0	0

Plan Name: Corelle Brands Pension Plan
Plan Sponsor's Name: Corelle Brands Holdings Inc.
EIN / PN: 16-1403318 / 004

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

Funding assumptions and methods selection and rationale

The following assumptions were selected by the plan's enrolled actuary. The asset valuation method was selected by the plan sponsor with the actuary's advice. The actuary selected the expected return on plan assets and the retirement rates, withdrawal rates, and frequency of optional payment forms. The expected asset return assumption was based on an analysis of long term expected returns for the asset classes in which the plan's assets were invested as of the measurement date. The assumed retirement rates, withdrawal rates, and optional payment form frequency were based on an experience study performed in 2024 and are reasonable given historic gain and loss experience of the plan.

Use of Models

Gallagher uses third-party software in the performance of annual actuarial valuations and projections. The model is intended to calculate the liabilities associated with the provisions of the plan using data and assumptions as of the measurement date under the funding rules and/or accounting standards specified in this report. Further, the model applies those funding rules and/or accounting standards to the liabilities derived and other inputs, such as plan assets and contributions, to generate this report. Gallagher has an extensive review process whereby the results of the liability calculations are checked using detailed sample output, changes from year to year are summarized by source, and significant deviations from expectations are investigated. Other funding and/or accounting outputs are similarly reviewed in detail and at a high level for accuracy, reasonability and consistency with prior results. Gallagher also reviews the model when significant changes are made to the software. The review is performed by experts within the company who are familiar with applicable funding and/or accounting rules as well as the manner in which the model generates its output.

Future actuarial measurements

Future actuarial measurements may differ significantly from current measurements due to plan experience differing from that anticipated by the actuarial assumptions, changes expected as part of the natural operation of the methodology used for these measurements, and changes in plan provisions, applicable law or regulations. An analysis of the potential range of such future differences is beyond the scope of this report. However, an assessment of risks for the plan was performed.

Plan Name: Corelle Brands Pension Plan
Plan Sponsor's Name: Corelle Brands Holdings Inc.
EIN / PN: 16-1403318 / 004

Schedule SB, Part V – Statement of Actuarial Assumptions/Methods (continued)

Prescribed Funding/PBGC Assumptions and Methods

The following assumptions and methods are prescribed by ERISA, as currently amended.

Interest rates

	2025 Plan Year	2024 Plan Year
Funding Rates – Constrained*		
First Segment Rate	5.07%	4.75%
Second Segment Rate	5.31%	4.87%
Third Segment Rate	5.50%	5.59%
Effective Interest Rate	5.34%	5.05%
Funding Rates – Unconstrained**		
First Segment Rate	5.07%	3.62%
Second Segment Rate	5.33%	4.46%
Third Segment Rate	5.36%	4.52%
Effective Interest Rate	5.31%	4.41%
PBGC Premium Funding Target Rates		
First Segment Rate	4.65%	5.01%
Second Segment Rate	5.28%	5.13%
Third Segment Rate	5.63%	5.15%
Effective Interest Rate	5.31%	5.12%

* Used for minimum funding and benefit restriction purposes.

**Used for maximum tax-deduction and ERISA 4010 reporting purposes.

The interest rates used for funding purposes are the Segment Rates with 4-month lookback.

Mortality

IRS approved substitute mortality table specific to Corelle Brands Pension Plan projected with MP-2021 Improvement Scale published by the Society of Actuaries (SOA) from the base year of 2016.

Mortality for purposes of calculating lump sums

2025 IRS 417(e) Applicable Mortality table as amended by IRS Notice 2024-42.

Actuarial cost method

The Funding Target is the present value of accrued benefits based on compensation and service to date. The Target Normal Cost is the present value of benefits expected to be accrued during the current plan year, reflecting the effect of expected compensation increases during the year and including expected plan related expenses to be paid from plan assets during the year.

Plan Name: Corelle Brands Pension Plan
Plan Sponsor's Name: Corelle Brands Holdings Inc.
EIN / PN: 16-1403318 / 004

Schedule SB, Part V – Statement of Actuarial Assumptions/Methods (continued)

Non-Prescribed Funding Assumptions and Methods

Expenses

Expected plan related expenses of $1,200,000 were added to the Target Normal Cost. The expense load of $1,200,000 is the average of last three year's expenses (without PBGC Premium) adjusted with inflation rate of 2.00% and expected current year's PBGC Premium, rounded to the nearest $100,000.

Frequency of optional payment forms

It is assumed that that 55% of current and future terminated vested participants will elect a single life annuity (with 6-year certain option, where applicable), 20% will elect a joint and 50% survivor annuity, and 25% will elect a joint and 100% survivor annuity. Active participants with a present value of benefits at termination under $5,000 are assumed to receive an immediate lump sum payment.

Marital percentage

85% of male participants and 80% of female participants are assumed to be married at death. Participants are assumed to be 4 years older than their spouses.

Retirement rates

Age	Assumption
55	10.00%
56	7.00%
57	7.00%
58	7.00%
59	7.00%
60	10.00%
61	10.00%
62	20.00%
63	10.00%
64	15.00%
65	25.00%
66	25.00%
67	25.00%
68	25.00%
69	25.00%
70	100.00%

Plan Name: Corelle Brands Pension Plan
Plan Sponsor's Name: Corelle Brands Holdings Inc.
EIN / PN: 16-1403318 / 004

Schedule SB, Part V – Statement of Actuarial Assumptions/Methods (continued)

Non-Prescribed Funding Assumptions and Methods (continued)

For terminated vested participants:

Age	Assumption
55	2.50%
56	2.50%
57	2.50%
58	2.50%
59	2.50%
60	2.50%
61	10.00%
62	10.00%
63	10.00%
64	10.00%
65	100.00%

Disability rates

Age	Salaried	Hourly
25	0.025%	0.030%
30	0.028%	0.033%
35	0.035%	0.045%
40	0.055%	0.065%
45	0.088%	0.110%
50	0.155%	0.193%
55	0.275%	0.338%
60	0.430%	0.530%
64	0.573%	0.705%

Withdrawal rates for active participants not eligible for retirement

Age	Salaried	Hourly
25	12.00%	8.00%
30	12.00%	8.00%
35	12.00%	8.00%
40	10.50%	6.50%
45	8.00%	5.00%
50	8.00%	3.80%
55	8.00%	3.80%

Plan Name: Corelle Brands Pension Plan
Plan Sponsor's Name: Corelle Brands Holdings Inc.
EIN / PN: 16-1403318 / 004

Schedule SB, Part V – Statement of Actuarial Assumptions/Methods (continued)

Non-Prescribed Funding Assumptions and Methods (continued)

Asset valuation method

The Actuarial Value of Assets is market value as of the valuation date, including the discounted value of accrued contributions, that spreads asset gains/(losses) over 24 months. The gain/(loss) for each period is determined as the actual return on market value during the period less the expected return on market value based on an assumed earnings rate chosen by the actuary but required by current law and regulation to be not greater than the applicable third Segment Rate. The resulting value is constrained to be within a corridor of 90% to 110% of market value, including discounted receivable contributions.

	Actuary's Assumption	Third Segment Rate	Reflecting PPA Limit
2025 Expected Return	6.75%	5.50%	5.50%
2024 Expected Return	6.75%	5.59%	5.59%
2023 Expected Return	6.50%	5.74%	5.74%

Summary of Changes from the January 1, 2024 Valuation

- The interest rate basis was updated to the current rates as specified in IRS Regulation 1.430(h)(2)-1. These rates are constrained in accordance with relevant legislation.
- The mortality assumption used to compute lumps sums was updated according to the projection specified in IRS Notice 2024-42.
- All these changes above decreased the plan's Funding Target by approximately $2.2M.

Corelle Brands Pension Plan
EIN:
Plan Number: 004

Schedule H, Line 4j - Schedule of Reportable Transactions
Year Ended December 31, 2025

	(a) Identify of party involved	(b) Description of asset	(c) Purchase price	(d) Selling Price	(g) Cost of Asset	(h) Current value	(i) Net gain/(loss)
Single Transactions							
	Anchor Hocking DAA	Mutual Fund	$ 81,615,770	$	$81,615,770	$ 81,615,770	$ -
	Anchor Hocking DAA	Mutual Fund	1,807,472		1,807,472	1,807,472	-
	Anchor Hocking DAA	Mutual Fund	313,376		313,376	313,376	-
	Anchor Hocking DAA	Mutual Fund	-	443,706	443,706	460,395	16,688
	Anchor Hocking DAA	Mutual Fund	-	852,563	852,563	876,043	23,480
	Anchor Hocking DAA	Mutual Fund	-	253,866	253,866	269,601	15,735
	Anchor Hocking DAA	Mutual Fund	-	694,135	694,135	743,965	49,830
	Anchor Hocking DAA	Mutual Fund	-	237,914	237,914	256,312	18,398
	Anchor Hocking DAA	Mutual Fund	431,912		431,912	431,912	-
	Anchor Hocking DAA	Mutual Fund	-	588,106	588,106	632,159	44,053
	Fidelity Government Portfolio Institutional	Mutual Fund	3,242,645		3,242,645	3,242,645	-
	Fidelity Government Portfolio Institutional	Mutual Fund	-	56,339	56,339	56,339	-
	Fidelity Government Portfolio Institutional	Mutual Fund	286		286	286	-
	Fidelity Government Portfolio Institutional	Mutual Fund	-	2,399,546	2,399,546	2,399,546	-
	Fidelity Government Portfolio Institutional	Mutual Fund	-	10,644	10,644	10,644	-
	Fidelity Government Portfolio Institutional	Mutual Fund	5,278		5,278	5,278	-
	Fidelity Government Portfolio Institutional	Mutual Fund	4,517		4,517	4,517	-

See Independent Auditor's Report.

Corelle Brands Pension Plan
EIN:
Plan Number: 004

Schedule H, Line 4j - Schedule of Reportable Transactions
Year Ended December 31, 2025

(a) Identify of party involved	(b) Description of asset	(c) Purchase price	(d) Selling Price	(g) Cost of Asset	(h) Current value	(i) Net gain/(loss)
Fidelity Government Portfolio Institutional	Mutual Fund	3,165		3,165	3,165	-
Fidelity Government Portfolio Institutional	Mutual Fund	573		573	573	-
Fidelity Government Portfolio Institutional	Mutual Fund	-	102,963	102,963	102,963	-
Fidelity Government Portfolio Institutional	Mutual Fund	-	12,500	12,500	12,500	-
Fidelity Government Portfolio Institutional	Mutual Fund	-	632,104	632,104	632,104	-
Fidelity Government Portfolio Institutional	Mutual Fund	2,701		2,701	2,701	-
Fidelity Government Portfolio Institutional	Mutual Fund	4		4	4	-
Fidelity Government Portfolio Institutional	Mutual Fund	361,652		361,652	361,652	-
Fidelity Government Portfolio Institutional	Mutual Fund	1,144		1,144	1,144	-
Fidelity Government Portfolio Institutional	Mutual Fund	778		778	778	-
Fidelity Government Portfolio Institutional	Mutual Fund	-	217,850	217,850	217,850	-
Fidelity Government Portfolio Institutional	Mutual Fund	671		671	671	-
Fidelity Government Portfolio Institutional	Mutual Fund	668,587		668,587	668,587	-

See Independent Auditor's Report.

Corelle Brands Pension Plan
EIN:
Plan Number: 004

Schedule H, Line 4j - Schedule of Reportable Transactions
Year Ended December 31, 2025

(a) Identify of party involved	(b) Description of asset	(c) Purchase price	(d) Selling Price	(g) Cost of Asset	(h) Current value	(i) Net gain/(loss)
Fidelity Government Portfolio Institutional	Mutual Fund	2,952		2,952	2,952	-
Fidelity Government Portfolio Institutional	Mutual Fund	207,456		207,456	207,456	-
Fidelity Government Portfolio Institutional	Mutual Fund	-	459,922	459,922	459,922	-
Fidelity Government Portfolio Institutional	Mutual Fund	-	24,350	24,350	24,350	-
Fidelity Government Portfolio Institutional	Mutual Fund	-	382,090	382,090	382,090	-
Fidelity Government Portfolio Institutional	Mutual Fund	2,340		2,340	2,340	-
Fidelity Government Portfolio Institutional	Mutual Fund	-	44,633	44,633	44,633	-
Fidelity Government Portfolio Institutional	Mutual Fund	-	17,250	17,250	17,250	-
Fidelity Government Portfolio Institutional	Mutual Fund	-	20,100	20,100	20,100	-
Fidelity Government Portfolio Institutional	Mutual Fund	2,855		2,855	2,855	-
Fidelity Government Portfolio Institutional	Mutual Fund	119,400		119,400	119,400	-
Fidelity Government Portfolio Institutional	Mutual Fund	598		598	598	-
Fidelity Government Portfolio Institutional	Mutual Fund	370,911		370,911	370,911	-

See Independent Auditor's Report.

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

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

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

A Name of plan
Corelle Brands Pension Plan

B Three-digit plan number (PN) ▶ 004

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
Corelle Brands Holding, Inc.

D Employer Identification Number (EIN)
16-1403318

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

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

Part I Basic Information

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

2 Assets:

a Market value	**2a**	97,254,390
b Actuarial value	**2b**	98,332,519

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	1,982	72,330,040	72,330,040
b For terminated vested participants	723	24,831,589	24,831,589
c For active participants	212	6,723,577	6,943,732
d Total	2,917	103,885,206	104,105,361

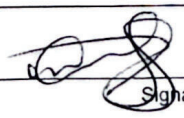
4 If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ]

a Funding target disregarding prescribed at-risk assumptions	**4a**	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	**4b**	
5 Effective interest rate	**5**	5.34%
6 Target normal cost		
a Present value of current plan year accruals	**6a**	0
b Expected plan-related expenses	**6b**	1,200,000
c Target normal cost	**6c**	1,200,000

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



Signature of actuary

10/13/2026
Date

MURTAZA RAWAT
Type or print name of actuary

2608746
Most recent enrollment number

Buck Global, LLC
Firm name

972-366-2028
Telephone number (including area code)

2850 Golf Road
Rolling Meadows IL 60008
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 [ ]

Plan Name: Corelle Brands Pension Plan
Plan Sponsor's Name: Corelle Brands Holdings Inc.
EIN / PN: 16-1403318 / 004

Schedule SB, Line 19 – Discounted Employer Contributions

Date	Amount	Plan Year	Days Discounted at Effective Rate of 5.34%	Days Discounted at Penalty Rate of 10.34%	Discounted Value
Line 19c - Contributions Allocated Toward Minimum Required Contribution for Current Year					
5/29/2025	370,306	2025	104	44	360,555
5/29/2025	9,694	2025	148	0	9,492
8/13/2025	360,547	2025	195	29	347,933
8/13/2025	9,759	2025	224	0	9,453
8/14/2025	4,694	2025	225	0	4,546
11/7/2025	355,723	2025	287	23	339,355
11/7/2025	14,583	2025	310	0	13,953
3/16/2026	355,579	2025	379	60	331,476
8/24/2026	0	2025	379	221	0
8/24/2026	395,712	2025	600	0	363,278
Total	**1,876,597**				**1,780,041**

Plan Name: Corelle Brands Pension Plan
Plan Sponsor's Name: Corelle Brands Holdings Inc.
EIN / PN: 16-1403318 / 004

Schedule SB, Line 22 – Description of Weighted Average Retirement Age

This table calculates the weighted average retirement age for all active persons in the plan

(1) Age	(2) Expected Active Headcount	(3) Retirement Rate	(4) Expected Retirements (2)*(3)	(5) Weighted Age (1)*(4)
55	47.2030	0.1000	4.7203	259.6168
56	49.1756	0.0700	3.4423	192.7684
57	59.3700	0.0700	4.1559	236.8862
58	71.7240	0.0700	5.0207	291.1993
59	81.0395	0.0700	5.6728	334.6932
60	86.5422	0.1000	8.6542	519.2534
61	89.9170	0.1000	8.9917	548.4940
62	86.8029	0.2000	17.3606	1,076.3556
63	82.2547	0.1000	8.2255	518.2048
64	86.7688	0.1500	13.0153	832.9806
65	86.3166	0.2500	21.5791	1,402.6440
66	71.8144	0.2500	17.9536	1,184.9369
67	63.0311	0.2500	15.7578	1,055.7701
68	48.4879	0.2500	12.1220	824.2951
69	36.7154	0.2500	9.1789	633.3413
70	28.0034	1.0000	28.0034	1,960.2388
71	3.0000	1.0000	3.0000	213.0000
72	1.0000	1.0000	1.0000	72.0000
73	2.0000	1.0000	2.0000	146.0000
74	1.0000	1.0000	1.0000	74.0000
75	0.0000	1.0000	0.0000	0.0000
76	0.0000	1.0000	0.0000	0.0000
77	1.0000	1.0000	1.0000	77.0000
Total			**191.8540**	**12,453.6785**
Weighted Average Retirement Age = 12,453.6785 / 191.854				**64.91**
Rounded Weighted Average Retirement Age				**65**

Note to Column 2: The Expected Active Headcount for each age includes persons who are eligible to retire and persons who are not eligible to retire at each age.

Note to Column 3: At each age, these retirement rates are a weighted average of the rates shown in Attachment to Part V for active participants eligible to retire at the age and zero for all other active participants.

General note: The table presents values rounded to fewer significant digits than used in the calculation.

Plan Name: Corelle Brands Pension Plan
Plan Sponsor's Name: Corelle Brands Holdings Inc.
EIN / PN: 16-1403318 / 004

Schedule SB, Line 26b – Schedule of Projection of Expected Benefit Payments

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2025	$ 69,548	$ 1,477,158	$ 7,461,965	$ 9,008,671
2026	$ 155,582	$ 1,474,175	$ 7,249,762	$ 8,879,519
2027	$ 239,129	$ 1,558,581	$ 7,017,089	$ 8,814,799
2028	$ 322,367	$ 1,645,147	$ 6,782,786	$ 8,750,300
2029	$ 388,723	$ 1,721,752	$ 6,539,971	$ 8,650,446
2030	$ 445,541	$ 1,754,410	$ 6,289,943	$ 8,489,894
2031	$ 490,065	$ 1,811,607	$ 6,030,580	$ 8,332,252
2032	$ 522,933	$ 1,835,392	$ 5,764,658	$ 8,122,983
2033	$ 544,445	$ 1,861,303	$ 5,489,923	$ 7,895,671
2034	$ 563,125	$ 1,866,613	$ 5,209,000	$ 7,638,738
2035	$ 576,338	$ 1,866,705	$ 4,923,926	$ 7,366,969
2036	$ 585,110	$ 1,837,026	$ 4,635,239	$ 7,057,375
2037	$ 590,193	$ 1,804,128	$ 4,345,131	$ 6,739,452
2038	$ 591,085	$ 1,765,716	$ 4,054,145	$ 6,410,946
2039	$ 588,654	$ 1,722,576	$ 3,762,568	$ 6,073,798
2040	$ 582,601	$ 1,668,817	$ 3,470,533	$ 5,721,951
2041	$ 574,287	$ 1,611,009	$ 3,184,232	$ 5,369,528
2042	$ 564,426	$ 1,554,017	$ 2,903,354	$ 5,021,797
2043	$ 553,126	$ 1,498,126	$ 2,631,097	$ 4,682,349
2044	$ 538,821	$ 1,436,821	$ 2,367,929	$ 4,343,571
2045	$ 522,885	$ 1,374,767	$ 2,115,560	$ 4,013,212
2046	$ 505,094	$ 1,309,846	$ 1,875,598	$ 3,690,538
2047	$ 485,743	$ 1,243,644	$ 1,649,511	$ 3,378,898
2048	$ 464,964	$ 1,175,937	$ 1,438,576	$ 3,079,477
2049	$ 442,843	$ 1,107,224	$ 1,243,840	$ 2,793,907
2050	$ 419,658	$ 1,037,853	$ 1,066,061	$ 2,523,572
2051	$ 395,486	$ 966,658	$ 905,680	$ 2,267,824
2052	$ 370,525	$ 895,666	$ 762,790	$ 2,028,981
2053	$ 344,983	$ 825,276	$ 637,115	$ 1,807,374
2054	$ 319,086	$ 755,917	$ 528,032	$ 1,603,035
2055	$ 293,104	$ 688,029	$ 434,590	$ 1,415,723
2056	$ 267,310	$ 622,060	$ 355,576	$ 1,244,946
2057	$ 241,974	$ 558,460	$ 289,588	$ 1,090,022
2058	$ 217,355	$ 499,129	$ 235,122	$ 951,606
2059	$ 193,690	$ 442,251	$ 190,651	$ 826,592
2060	$ 171,185	$ 388,207	$ 154,694	$ 714,086
2061	$ 150,020	$ 338,028	$ 125,864	$ 613,912
2062	$ 130,334	$ 291,936	$ 102,900	$ 525,170
2063	$ 112,222	$ 250,067	$ 84,692	$ 446,981
2064	$ 95,739	$ 212,461	$ 70,287	$ 378,487
2065	$ 80,898	$ 179,068	$ 58,884	$ 318,850
2066	$ 67,678	$ 149,754	$ 49,827	$ 267,259
2067	$ 56,029	$ 124,313	$ 42,594	$ 222,936
2068	$ 45,883	$ 102,480	$ 36,774	$ 185,137
2069	$ 37,148	$ 83,947	$ 32,045	$ 153,140
2070	$ 29,720	$ 68,378	$ 28,157	$ 126,255
2071	$ 23,480	$ 55,421	$ 24,920	$ 103,821
2072	$ 18,306	$ 44,726	$ 22,190	$ 85,222
2073	$ 14,074	$ 35,960	$ 19,858	$ 69,892
2074	$ 10,665	$ 28,819	$ 17,838	$ 57,322

Plan Name: Corelle Brands Pension Plan
Plan Sponsor's Name: Corelle Brands Holdings Inc.
EIN / PN: 16-1403318 / 004

Schedule SB, Part V – Summary of Plan Provisions

CCPC Component

Effective Date

April 1, 1998.

Covered Employees

All full-time employees. Employees represented by a union for purposes of collective bargaining with the company shall participate only when such participation results as a term and condition of the collective bargaining agreement.

Eligibility for Participation

Date of employment.

Service

All employment with the Company, determined on an elapsed time basis for Salaried employees, and on an hours basis for Hourly employees.

Credited Service

Service, with adjustments for year of hire and year of termination, and with exceptions for certain acquisitions.

Charleroi

No service credit for 2003, consequently no service credits for 2004.

Compensation

Beginning with 1989, in no event will the plan recognize annual compensation in excess of the limits of Section 401(a)(17).

Actuarial Equivalent

Equality in value of the aggregate amounts expected to be received under different forms of payment based on the Applicable Mortality Table, together with 7% interest. For lump sum distributions and for conversion of Participant's Contributions with Interest to an annuity, the interest rate shall be the Applicable Interest Rate.

Eligibility

A participant's normal retirement date is the first of the month following age 65 after 5 years of credited service.

Basic Monthly Benefit

For Salaried Participants:

The annual pension is equal to 1.5% of pensionable earnings plus .5% of pensionable earnings which contributions have been made. Effective January 1, 2002, benefits for those employees who had not attained age 50 with at least 15 years of service and all highly compensated employees were frozen. For those non-highly compensated employees over age 50 with at least 15 years of service, benefits will continue to accrue through December 31, 2006. The benefit formula will be based on the participant's contribution election as of December 31, 2001. Future accruals for these participants will be offset to reflect, on an actuarially equivalent basis, amounts that would have been contributed to the Plan by the participant, as well as actual non-matching employer contributions made to the WKI Savings Plan for these participants.

Schedule SB, Part V – Summary of Plan Provisions (continued)

CCPC Component (continued)

For Hourly Participants:

The annual pension is equal to a multiplier times years of service by location according to the following schedule:

(1) Waynesboro Plant Employees:

Last day of Employment on or after	Multiplier
April 1, 1998	$25.00
January 1, 1999	$26.00

Effective January 1, 2002, benefits for these employees were frozen.

(2) Pressware Employees:

Last day of Employment on or after	Multiplier
April 1, 2000	$25.00
January 1, 1999	$26.00
January 1, 2000	$27.00
January 1, 2001	$28.00
January 1, 2002	$29.00
July 1, 2003	$30.00
January 1, 2004	$31.00
January 1, 2005	$37.00
January 1, 2007	$36.00

Effective June 30, 2003, benefits for employees with less than 15 years of service were frozen (at the $29 level). The January 1, 2005 and later multiplier increases are based on future service only. All benefits were frozen as of December 31, 2009 with no benefits further accrued.

(3) Charleroi Employees:

Last day of Employment on or after	Multiplier
April 1, 1998	$25.00
January 1, 1999	$26.00
February 1, 2000	$32.00
March 1, 2001	$38.00
March 1, 2002	$44.00
March 1, 2003	$45.00
March 1, 2004	$45.50
March 1, 2005	$46.00

Service earned between January 1, 2010 through December 31, 2010, the benefit multiplier is $40. Service prior to 2000 includes only service accrued after April 1, 1998. After 1999, service includes service prior to April 1, 1998, but the benefit is offset for benefits accrued under the Corning Inc. Plan (at the $26 level). Per the current collective bargaining agreement, accruals will cease after December 31, 2010. Also new hires after June 30, 2006 are not eligible for plan participation.

Plan Name: Corelle Brands Pension Plan
Plan Sponsor's Name: Corelle Brands Holdings Inc.
EIN / PN: 16-1403318 / 004

Schedule SB, Part V – Summary of Plan Provisions (continued)

CCPC Component (continued)

(4) Martinsburg Employees:

Last day of Employment on or after	Multiplier
April 1, 1998	$25.00
January 1, 1999	$26.00
January 1, 2000	$29.00
January 1, 2001	$32.00
January 1, 2002	$35.00

(5) Greencastle Employees:

Last day of Employment on or after	Multiplier
April 1, 1998	$25.00
January 1, 1999	$26.00
January 1, 2000	$29.00
January 1, 2001	$32.00
January 1, 2002	$37.00
January 1, 2005	$38.00
January 1, 2006	$39.00

Benefit accruals for Greencastle union employees cease effective July 31, 2007. Also, new hires after July 31, 2006 are not eligible for plan participation.

Early Retirement Pension

Eligibility

A participant who has attained age 55 may retire at any time prior to normal retirement date (and after completion of 5 years of service for non-contributory benefits).

Benefit

The annual pension calculated as in Normal Retirement Pension is payable unreduced at age 55 with 30 years of continuous service or, at the employee's election, in a reduced amount at any time prior to age 60. Such reduction is equal to 1/3 of 1% for each month that the selected pension commencement date precedes the employee's 60th birthday.

Disability Retirement Pension

Eligibility

A participant who becomes totally and permanently disabled, and who has completed 10 years of service may be retired on an early disability benefit.

Benefit

The annual pension calculated as in Normal Retirement Pension accrued to the date of disability retirement. Any periodic payments under Workers' Compensation Laws or any other disability pension (except that payable under Title II of the Social Security Act) may be offset against the pension.

Plan Name: Corelle Brands Pension Plan
Plan Sponsor's Name: Corelle Brands Holdings Inc.
EIN / PN: 16-1403318 / 004

Schedule SB, Part V – Summary of Plan Provisions (continued)

CCPC Component (continued)

Deferred Vested Pension

Eligibility

5 years of service.

Benefit

An annual pension is payable to the employee commencing at normal retirement date equal to the accrued pension. At the employee's option, an actuarially equivalent benefit may be elected commencing at age 55.

Spouse's Benefit

(1) Eligibility

10 or more years of service or who has attained age 55 with 5 years of vesting service.

Benefit

50% of the annual pension reduced by 2.4% for each year the spouse is more than 5 years younger than the employee.

(2) Eligibility

5 but less than 10 years of service and has not attained age 55.

Benefit

50% of the annual pension deferred to when the employee would have reached age 55.

Postretirement Death Benefit

Eligibility

A retiree dies within 6 years of commencement of benefits or attainment of age 70, or if an active employee dies after age 70 with 5 years of service.

Benefit

The pension is equal to the amount the retiree was entitled to payable for 72 months less the number of months elapsed since the employee's retirement date or the date he attained age 70, whichever is earlier.

Normal Form of Payment

Single

6 year Certain and Life annuity.

Married

A reduced qualified joint and 50% survivor annuity.

Optional Forms of Payment

(1) Life annuity.
(2) 50% joint and survivor annuity.
(3) 75% joint and survivor annuity.
(4) 100% joint and survivor annuity.
(5) Level Income Option.

Plan Name: Corelle Brands Pension Plan
Plan Sponsor's Name: Corelle Brands Holdings Inc.
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Schedule SB, Part V – Summary of Plan Provisions (continued)

CCPC Component (continued)

Contributions

Participant contributions:

Salaried employees contribute 2% of pensionable earnings which are above the Social Security wage base and may elect to contribute 2% of pensionable earnings which are below the Social Security wage base. Hourly employees are not permitted to contribute under any circumstances. Effective January 1, 2002, employee contributions cease.

Company contributions:

The Company contributes all costs over and above those paid by the employee.

Other Benefits on Death or Withdrawal for Salaried Participant:

If an employee terminated employment before retirement and he has not completed the eligibility requirements for a terminated-vested benefit, his contributions with interest are returned to him.

If an employee dies before retirement and no spouse's benefit is payable, his contributions with interest are paid to his beneficiary.

If an employee dies after retirement and no spouse's benefit is payable, the excess if any, of his contributions with interest are paid to his beneficiary.

Summary of Changes from the January 1, 2024 Valuation

None.

Plan Name: Corelle Brands Pension Plan
Plan Sponsor's Name: Corelle Brands Holdings Inc.
EIN / PN: 16-1403318 / 004

Schedule SB, Part V – Summary of Plan Provisions (continued)

Revere Ware Component

Covered Employees

All full-time hourly employees of the Revere Ware Corporation are covered by the Plan.

Normal Retirement Pension

Eligibility

A participant's normal retirement date is the first of the month following age 65 after 5 years of credited service.

Basic Monthly Benefit

Monthly Benefit Amount per Year of Credited Service:

Effective Date of Benefit	First 15 years	Next 15 years	Services in excess of 30 years
April 1, 1995 - March 31, 1998	$18.75	$20.75	$22.75
April 1, 1998 - March 31, 1999	$19.75	$21.75	$23.75
April 1, 1999 - March 31, 2000	$20.25	$22.25	$24.25
On or after April 1, 2000	$20.75	$22.75	$24.75

Early Retirement Pension

Eligibility

A participant who has attained age 55 and completed 10 years of credited service may retire any time prior to normal retirement date.

Benefit

The early retirement pension is a pension commencing immediately which is equal to the full accrued normal pension if the employee had attained age 60 and completed 30 years of service at retirement or if retirement results from a permanent plant shut down, age 55 and 75 points or any age if points equal 80. Otherwise, the pension is reduced by 4% for each year of the first five years of age below age 65 and 3% for each of the next 5 years.

In addition, an employee retiring with 60/30 retirement receives a supplemental pension of $500 per month until attainment of age 62.

Disability Retirement Pension

Eligibility

Any participant who has 10 years or more of credited service and is totally and permanently disabled may retire on a disability retirement pension provided that the employee has not then attained age 65.

Benefit

The early disability retirement pension is equal to the normal pension accrued to the date of early disability retirement. In addition, a temporary supplement equal to the normal pension accrued is paid from the date of early disability retirement until the employee is eligible for Primary Insurance Benefit. Any periodic payments under Workers' Compensation Laws or any other disability pension may be offset against the pension.

Plan Name: Corelle Brands Pension Plan
Plan Sponsor's Name: Corelle Brands Holdings Inc.
EIN / PN: 16-1403318 / 004

Schedule SB, Part V – Summary of Plan Provisions (continued)

Revere Ware Component (continued)

Deferred Vested Pension

Eligibility

Any participant who has completed 5 or more years of credited service and whose employment is terminated other than by death or other retirement under the Plan is entitled to an early vested retirement pension.

Benefit

The early vested retirement pension is a pension commencing at age 65, equal to the normal pension accrued to the date of severance of employment. An employee who has attained age 60 may elect a pension commencing immediately which is equal to the benefit payable at age 65 reduced by 5/9 of 1% for each month below age 65.

Also, an employee may elect after he has attained age 55 but before he has reached 60, a pension commencing immediately which is equal to the benefit payable at age 65 reduced, on the basis of age last birthday, in accordance with the following table:

Age at Commencement of Payment of Pension	Percentage of Full Pension Payable
59	57.4%
58	52.8%
57	48.6%
56	44.9%
55	41.5%

Spouse's Benefit

(1) Eligibility

10 or more years of credited service.

Benefit

One-half the employee's full accrued pension to the date of death starting in the month following the month in which the employee died.

(2) Eligibility

5 but less than 10 years of credited service.

Benefit

Employee's full accrued pension to the date of death starting when the employee would have reached age 65 and based on a deferred vested pension starting at age 65 and with a 50% contingent annuitant benefit election.

Contributions

Noncontributory.

Summary of Changes from the January 1, 2024 Valuation

None.

Plan Name: Corelle Brands Pension Plan
Plan Sponsor's Name: Corelle Brands Holdings Inc.
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Schedule SB, Part V – Summary of Plan Provisions (continued)

General Housewares Component

Covered Employees

All full-time employees.

Eligibility for Participation

January 1st or July 1st after he first fulfills the following requirements:
(1) completion of one year of credited service, and

(2) reaches age 21. However, a former employee of the Chicago Cutlery, Inc. will become a participant at an earlier date as follows:

   (a) A participant in the Chicago Cutlery, Inc. Employees' Profit-Sharing Plan and Trust on June 30, 1991 who becomes an employee on July 1, 1991 shall become a participant on July 1, 1991.

   (b) The eligibility service requirement for an employee of Chicago Cutlery, Inc. on June 30, 1991, shall be six consecutive months of credited service (completed prior to July 1, 1992) instead of one year of credited service.

Employees represented by a union for purposes of collective bargaining with the company shall participate only when such participation results as a term and condition of the collective bargaining agreement.

Credited Service

A full year of service is credited to a participant who works 1,000 hours during the plan year. No service is credited to a participant who works fewer than 1,000 hours during the plan year. For purposes of plan participation, the initial computation period shall commence on the employment commencement date with subsequent computation periods on a plan year basis, beginning with the plan year that includes the first employment anniversary.

An employee of Chicago Cutlery, Inc. shall be credited with a year of service for benefit accrual purposes if he completes at least 500 hours of service during the period beginning July 1, 1991 and ending December 31, 1991.

An employee of Chicago Cutlery, Inc. shall not be credited with any benefit accrual service prior to January 1, 1994.

An employee of General Housewares facilities located in Sydney, Ohio as of July 31, 1996, and who is an employee of Wagnerware Corporation as of August 1, 1996, shall be credited with 833 hours of service for the period beginning August 1, 1996, and ending December 31, 1996.

Any period for which the employee preserves his right of reemployment in accordance with the Selective Service law shall be treated as a year of service, if the employee complied with the requirements of such law and is entitled to reemployment.

Compensation

Basic compensation includes overtime, shift premiums, production incentives, commissions regularly paid, bonuses received and sick pay under the employer's sick leave policy and salary continuation policy and prior to any reduction pursuant to the employer's profit-sharing plan averaged on a monthly basis over the highest five years within the final ten years. Compensation shall not include pay for fringe benefits or any amounts contributed by the employer to any employee benefit plan. Annual compensation shall not exceed $150,000 as adjusted.

Covered Compensation is the average (without indexing) of the taxable wage bases for the 35 calendar years ending with the year a participant attains Social Security retirement age.

Plan Name: Corelle Brands Pension Plan
Plan Sponsor's Name: Corelle Brands Holdings Inc.
EIN / PN: 16-1403318 / 004

Schedule SB, Part V – Summary of Plan Provisions (continued)

General Housewares Component (continued)

Normal Retirement Pension

Eligibility

A participant's normal retirement date is the first of the month following age 65 (or 5 years of service, if later).

Basic Monthly Benefit

Effective January 1, 2002, benefits for those employees who had not attained age 50 with at least 15 years of service and all highly compensated employees were frozen. For those non-highly compensated employees over age 50 with at least 15 years of service, benefits will continue to accrue through December 31, 2006. Future accruals for these participants will be offset to reflect actual non-matching employer contributions made to the WKI Savings Plan for these participants.

Upon normal retirement, an employee receives a monthly pension based on his credited service and compensation at his normal retirement date. The benefit is the greater of:

1. the sum of 1.47% of compensation times credited service at normal retirement date (to a maximum of 25 years) PLUS 0.45% of compensation in excess of covered compensation times credited service at normal retirement date (to a maximum of 25 years), or
2. for an employee terminating on or after January 1, 1996, $20.00 times credited service.

Early Retirement Pension

Eligibility

A participant who has attained age 55 and completed 5 years of credited service may retire any time prior to normal retirement date.

Benefit

The early retirement pension is equal to the accrued retirement benefit reduced 1/180 per month for the 1st 60 months and 1/360 per month for the next 60 months by which a participant's Early Retirement Date precedes his Normal Retirement Date.

Disability Retirement Pension

Eligibility

Any participant who has 5 years or more of credited service and qualifies for and receives Social Security disability payments and is totally and permanently disabled may retire on a disability retirement pension.

Benefit

The disability retirement pension is equal to the normal pension accrued as if the participant had continued working to his date of retirement.

Deferred Vested Pension

Eligibility

Any participant who has completed 5 or more years of credited service and whose employment is terminated other than by death or other retirement under the Plan is entitled to a vested retirement pension.

Benefit

An annual pension is payable to the employee commencing at normal retirement date equal to the accrued pension. At the employee's option, an actuarially equivalent benefit may be elected commencing at age 55. For any employee of Colonial Candle Giftware Group and any other employee who terminated as a result of the sale of Colonial Candle Giftware Group of Cape Cod, or the relocation of the employer's corporate offices shall be entitled to 100% of his accrued benefit determined as of April 19, 1990.

Schedule SB, Part V – Summary of Plan Provisions (continued)

General Housewares Component (continued)

Spouse's Benefit

Eligibility
5 years of credited service.

Benefit
50% of the annual pension deferred to when the employee would have reached age 55.

Contributions

Noncontributory.

Summary of Changes from the January 1, 2024 Valuation

None.

Plan Name: Corelle Brands Pension Plan
Plan Sponsor's Name: Corelle Brands Holdings Inc.
EIN / PN: 16-1403318 / 004

Schedule SB, Part V – Summary of Plan Provisions (continued)

EKCO-Canton Component

Effective Date

The effective date of the Plan is May 8, 1973. The plan has been subsequently amended to comply with government regulations and benefit changes.

Covered Employees

Each person regularly employed at the Canton Plant of EKCO Housewares, Inc. and member of the bargaining unit.

Eligibility for Participation

After one year of continuous service.

Credited Service

A year of credited service is earned if the participant is credited with 1,600 hours in a plan year, with 1/10 of a year of service granted for each full 160 hours up to 1,600 hours. Credited service will be limited to the last 35 years of covered employment.

Normal Retirement Pension

Eligibility

A participant's normal retirement date is the first of the month following age 65 after 5 years of credited service.

Basic Monthly Benefit

The monthly Normal Retirement Benefit is based on the following benefit levels for varying periods of credited services after January 1, 1961.

Effective Dates	Multiplier
1/1/61 to 1/1/77	$ 5.00
1/1/77 to 1/1/80	$ 7.00
1/1/80 to 1/1/82	$ 8.00
1/1/82 to 1/1/83	$ 10.00
1/1/83 to 1/1/85	$ 11.00
1/1/85 to 1/1/86	$ 12.00
1/1/86 to 1/1/87	$ 13.00
1/1/87 and later	$ 14.00[1]

Early Retirement Pension

Eligibility

Any Participant may choose to retire early on the first day of any month after attaining age 60 and completing 15 years of Credited Service.

[1] For retirement and vested terminations on or after 2/28/87.

Plan Name: Corelle Brands Pension Plan
Plan Sponsor's Name: Corelle Brands Holdings Inc.
EIN / PN: 16-1403318 / 004

Schedule SB, Part V – Summary of Plan Provisions (continued)

EKCO-Canton Component (continued)

Benefit

The Participant's Early Retirement Benefit will be accrued monthly vested pension, but it will be reduced actuarially if benefits commence prior to age 65. The actuarial basis for this purpose is as follows:

(a) Interest: 7.5%

(b) Mortality: UP-1984 Mortality Table with male ages set forward one year and female ages set back four years, with the assumption that 80% of annuitants will be male.

Deferred Vested Pension

Eligibility

5 years of vesting service.

Benefit

An annual pension is payable to the employee commencing at normal retirement date equal to the accrued pension. At the employee's option, an actuarially equivalent benefit may be elected commencing at age 60.

Spouse's Benefit

(1) Eligibility

Age 60 with 15 or more years of credited service.

Benefit

In the event of the participant's death after meeting the requirements for Early Retirement, if he has elected the spouse's benefit, the surviving spouse shall receive for life a pension equal to the Joint and 50% Survivor Benefit determined under the assumption that the Participant had elected Early Retirement commencing on the first day of the month coinciding with or next following the month in which death occurred.

(2) Eligibility

5 years of vesting service.

Benefit

The surviving spouse shall receive for life a pension equal to the Joint and 50% Survivor Benefit, based on his vested accrued benefit and determined under the assumption that the Participant had elected Early Retirement commencing on the first of the month in which he would have first become eligible for Early Retirement had he been alive at that time. The benefits otherwise payable will be reduced for each month of protection.

Contributions

Noncontributory.

Summary of Changes from the January 1, 2024 Valuation

None.

Plan Name: Corelle Brands Pension Plan
Plan Sponsor's Name: Corelle Brands Holdings Inc.
EIN / PN: 16-1403318 / 004

Schedule SB, Part V – Summary of Plan Provisions (continued)

EKCO-Massillon Component

Effective Date

The effective date of the Plan is July 1, 1962. The plan has been subsequently amended to comply with government regulations and benefit changes.

Covered Employees

Each person regularly employed at the Massillon Plan or EKCO Housewares, Inc. and who is a member of the bargaining unit as of October 8, 2001.

Eligibility for Participation

After one year of continuous service.

Credited Service

A year of Credited Service is earned if the participant is credited with 1,600 hours in a plan year, with 1/10 of a year of service granted for each full 160 hours up to 1,600 hours. Effective September 28, 1998, Credited Service shall no longer be limited to the last 35 years of covered employment.

Normal Retirement Pension

Eligibility

A participant's normal retirement date is the first of the month following age 65 after 5 years of credited service.

Basic Monthly Benefit

The monthly Normal Retirement Benefit is based on the following benefit levels for varying periods of Credited Services.

Effective Dates	Multiplier
9/1/1943	$ 6.00
1/1/1974	$ 10.50
1/1/1984	$ 13.50
1/1/1990	$ 15.00
1/1/1993	$ 16.00
1/1/1998	$ 18.00
1/1/1999	$ 19.00
1/1/2000	$ 20.00
1/1/2001	$ 21.00

Early Retirement Pension

Eligibility

Any Participant may choose to retire early on the first day of any month after attaining age 60 and completing 15 years of Credited Service.

Schedule SB, Part V – Summary of Plan Provisions (continued)

EKCO-Massillon Component (continued)

Benefit

The Participant's Early Retirement Benefit will be accrued monthly vested pension, but it will be reduced actuarially if benefits commence prior to age 65. The actuarial basis for this purpose is as follows:

(a) Interest: 7.5%

(b) Mortality: UP-1984 Mortality Table with male ages set forward one year and female ages set back four years, with the assumption that 80% of annuitants will be male.

Effective September 28, 1998, any participant who has attained age 60 and has completed 30 years of Credited Service is eligible to receive an early retirement benefit equal to the accrued monthly vested pension unreduced for commencement prior to age 65.

Deferred Vested Pension

Eligibility

5 years of vesting service.

Benefit

An annual pension is payable to the employee commencing at normal retirement date equal to the accrued pension. At the employee's option, an actuarially equivalent benefit may be elected commencing at age 60.

Spouse's Benefit

(1) Eligibility

Age 60 with 15 or more years of Service.

Benefit

In the event of the participant's death after meeting the requirements for Early Retirement, if he has elected the spouse's benefit, the surviving spouse shall receive for life a pension equal to the Joint and 50% Survivor Benefit determined under the assumption that the Participant had elected Early Retirement commencing on the first day of the month coinciding with or next following the month in which death occurred.

(2) Eligibility

5 years of vesting service.

Benefit

The surviving spouse shall receive for life a pension equal to the Joint and 50% Survivor Benefit, based on his vested accrued benefit and determined under the assumption that the Participant had elected Early Retirement commencing on the first of the month in which he would have first become eligible for Early Retirement had he been alive at that time. The benefits otherwise payable will be reduced for each month of protection.

Contributions

Noncontributory.

Summary of Changes from the January 1, 2024 Valuation

None.

Plan Name: Corelle Brands Pension Plan
Plan Sponsor's Name: Corelle Brands Holdings Inc.
EIN / PN: 16-1403318 / 004

Schedule SB, Part V – Summary of Plan Provisions (continued)

EKCO-Salaried Component

Effective Date

The effective date of the Plan is September 7, 1984. The plan has been subsequently amended to comply with government regulations.

Covered Employees

All Salaried employees.

Eligibility for Participation

The later of January 1, 1985 or the first day of the month following the date that he attains age 21 and completes one year of service.

Normal Retirement Pension

Eligibility

The Normal Retirement Date is the first day of the month coinciding with or next following the attainment of age 65.

Basic Monthly Benefit

1. For credited service before January 1, 1986:

   For participants of the Plan on September 7, 1984, the normal retirement benefit is equal to the greatest of (a), (b) or (c) described below:

   a. 2% of Final Ten-Year Average Pay times credited service after attainment of age 35 and completion of age 65 multiplied by the ratio of credited service to 60.
   b. 1.5 % of Final Ten-Year Average Pay times credited service after attainment of age 25 and completion of one year of service, less the Social Security Benefit at age 65 multiplied by the ratio of credited service to 80.
   c. The benefit accrual for each year of credited service is a flat dollar amount depending on the calendar year of accrual. The accrual for 1985 was $222.

   In no event will the accrued benefits be less than the benefits under the following formula.

   a. For Participants who were active before October 1, 1981:
      i. 2.67% of annual pay for each year of credited service after the later of January 1, 1987 and the attainment of age 35 and completion of one year of service, plus a frozen past service benefit for service prior to 1978, less the Social Security Benefit at age 65 multiplied by the ratio of credited service to 60.
      ii. 2% of annual pay for each year of credited service after January 1, 1978 and the attainment of age 25 and completion of one year of service, plus a frozen past service benefit for service after 1976 at age 65 multiplied by the ratio of credited service at 80.
   b. For Participants who were active before September 1, 1974:
      i. 1.5% of annual pay less .7% of annual pay under $3,000 for each year of credited service after attainment of age 35 and completion of one year of service.

Schedule SB, Part V – Summary of Plan Provisions (continued)

EKCO-Salaried Component (continued)

ii. 1.125% of annual pay less .525% of annual pay under $3,000 for each year of credited service after the later of January 1, 1976 and the attainment of age 25 and completion of one year of service.

2. For credited service after December 31, 1985:

   For each Participant who joined the plan after September 7, 1984, the normal retirement benefit is equal to one percent (1%) of his basic rate of pay on January 1st, plus one-half percent (1/2%) of such basic rate of pay is excess of the Social Security Wage Base, of each year of credited service in the plan.

   a. The normal retirement benefit based on years of service and compensation through December 31, 1988; plus

   b. One-third of one percent (1/3%) of the Participant's compensation for the plan year ending December 31, 1988 provided that, if a Participant terminates employment after December 31, 1988 and prior to April 30, 1989, such amount shall be prorated by multiplying it by a fraction. The numerator of this fraction will be date of termination, and the denominator will be 120.

Early Retirement Pension

Eligibility

Any Participant, with the consent of the Employer, may choose to retire early on the first day of any month within the 10-year period before his Normal Retirement Date.

Benefit

The Participant's Early Retirement Benefit will be the accrued monthly vested pension, but it will be reduced by 3% per year for each year benefits commence prior to age 65.

Disability Retirement Pension

Eligibility

If a Participant becomes totally and permanently disabled and has completed 10 years as of the date of disability, he will be eligible to receive disability benefits under the Plan. His benefits will begin on his Disability Retirement Date, which will be the first day of the sixth month on or after the date he retires from service as a result of disability.

Benefit

The amount of disability pension will be a scheduled dollar amount for each calendar year of service. The minimum benefit will be $270 a month, payable until age 65. The benefit is then equal to the normal retirement benefit accrued to the date of disability.

Deferred Vested Pension

Eligibility

5 years of vesting service.

Benefit

An annual pension is payable to the employee commencing at normal retirement date equal to the accrued pension. At the employee's option, an actuarially equivalent benefit may be elected commencing at age 55.

Schedule SB, Part V – Summary of Plan Provisions (continued)

EKCO-Salaried Component (continued)

Spouse's Benefit

(1) Eligibility

Any Participant, with the consent of the Employer, may choose to retire early on the first day of any month within the 10-year period before his Normal Retirement Date.

Benefit

Joint and 50% Survivor Benefit determined under the assumption that the Participant had elected Early Retirement commencing on the first day of the month coinciding with or next following the month in which death occurred.

(2) Eligibility

5 but less than 10 years of Service and has not attained age 55.

Benefit

Joint and 50% Survivor Benefit, based on his vested accrued benefit and determined under the assumption that the Participant had elected Early Retirement commencing on the first of the month in which he would have first become eligible for Early Retirement had he been alive at that time.

Contributions

Noncontributory.

Summary of Changes from the January 1, 2024 Valuation

None.

Plan Name: Corelle Brands Pension Plan
Plan Sponsor's Name: Corelle Brands Holdings Inc.
EIN / PN: 16-1403318 / 004

Schedule SB, Part V – Summary of Plan Provisions (continued)

EKCO-Kellogg Component

Effective Date

The effective date of the Plan is July 1, 1962. The plan has been subsequently amended to comply with government regulations and benefit changes.

Covered Employees

Covered by a collective bargaining agreement with Local 1051.

Vesting Service

A Participant will be credited with Vesting Service for each Plan Year based on the number of hours worked as follows:

Hours Worked	Years of Vesting Service
Less than 180	0 years
180 – 359	1/10 year
360 – 539	2/10 year
540 – 719	3/10 year
720 – 899	4/10 year
900 – 999	5/10 year
1,000 or more	1 year

Credited Service

A Participant will be credited with Benefit Service for each Plan Year based on the number of hours worked as follows:

Hours Worked	Years of Credited Service
Less than 180	0 years
180 – 359	1/10 year
360 – 539	2/10 year
540 – 719	3/10 year
720 – 899	4/10 year
900 – 1,079	5/10 year
1,080 – 1,259	6/10 year
1,260 – 1,439	7/10 year
1,440 – 1,619	8/10 year
1,620 – 1,799	9/10 year
1,800 or more	1 year

Plan Name: Corelle Brands Pension Plan
Plan Sponsor's Name: Corelle Brands Holdings Inc.
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Schedule SB, Part V – Summary of Plan Provisions (continued)

EKCO-Kellogg Component (continued)

Normal Retirement Pension

Eligibility

The first day of the month coinciding with or next following the Participant's 65th birthday

Basic Monthly Benefit

$13.00 per month times years of Benefit Service

Early Retirement Pension

Eligibility

Age 55 with 10 or more years of Vesting Service.

Benefit

Benefit equals Normal retirement benefit accrued to early retirement date, reduced by 5/9% for each of the first 60 months and 5/18% for each of the next 60 months that Early Retirement Date precedes Normal Retirement Date.

Disability Retirement Pension

Eligibility

Age 50 with 15 years of Benefit Service.

Benefit

Accrued benefit.

Deferred Vested Pension

Eligibility

5 years of vesting service.

Benefit

An annual pension is payable to the employee commencing at normal retirement date equal to the accrued pension.

Spouse's Benefit

Eligibility

5 years of vesting service.

Benefit

Life annuity to spouse commencing at the earliest date the employee could have retired, equal to 50% of accrued benefit reduced for early retirement and for 50% joint and survivor option, and further reduced by 0.05% for each month during which the coverage as in force.

Contributions

Noncontributory.

Summary of Changes from the January 1, 2024 Valuation

None.

Corelle Brands Pension Plan
EIN:
Plan Number: 004

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2025

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
	Fidelity Government Portfolio Institutional	Interest-bearing cash	$ 158,593	$ 158,593
*	Metropolitan Life Insurance Company Group- annuity contract #8515	Separate accounts	5,682,546	5,682,546
	Fidelity International Value Funds	Mutual Fund	1,078,540	1,078,540
	Fidelity Large Cap Value Index Fund	Mutual Fund	86,117	86,117
	Fidelity Select Gold Portfolioz	Mutual Fund	367,035	367,035
	Fidelity Long-Term Treasury Bond Index F	Mutual Fund	8,309,644	8,309,644
	Overseas- K	Mutual Fund	1,077,127	1,077,127
	FIAM 8-10 Year Corporate Bond Committee	Common/collective trusts	16,267,297	16,267,297
	FIAM Emerging Markets Commingled Pool	Common/collective trusts	1,175,180	1,175,180
	FIAM Emerging Markets Debt Commingled Pool	Common/collective trusts	1,789,054	1,789,054
	FIAM Long Corporate Commingled Pool	Common/collective trusts	26,046,351	26,046,351
	FIAM Long Duration Commingled Pool	Common/collective trusts	9,053,831	9,053,831
	FIAM Select Canada Equity Commingled Pool	Common/collective trusts	900,789	900,789
	FIAM Select Emerging Markets Equity	Common/collective trusts	1,171,747	1,171,747
	FIAM Select International Equity Commingled Pool	Common/collective trusts	2,164,667	2,164,667
	FIAM Select International Small Cap	Common/collective trusts	860,436	860,436
	FIAM Small/Mid Cap Opportunities Commingled Pool	Common/collective trusts	1,052,816	1,052,816
	FIAM REIT Commingled Pool	Common/collective trusts	655,524	655,524

See Independent Auditor's Report.

Corelle Brands Pension Plan
EIN:
Plan Number: 004

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2025

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
	Spartan 500 Index Pool	Common/collective trusts	8,754,799	8,754,799
	Spartan World Minimum Volatility In	Common/collective trusts	5,919,264	5,919,264
	JP Morgan Strategic Property	Common/collective trusts	5,606,056	5,606,056
Total			$ 98,177,413	$ 98,177,413

*Denotes a party-in-interest.

See Independent Auditor's Report.

Plan Name: Corelle Brands Pension Plan
Plan Sponsor's Name: Corelle Brands Holdings Inc.
EIN / PN: 16-1403318 / 004

Schedule SB, Line 32 – Schedule of Amortization Bases

Date Established	Type Of Base	Years Remaining	Shortfall Amortization Installment	Present Value of Remaining Installments as of January 1, 2025
January 1, 2023	Shortfall	13	$ 515,922	$ 5,019,886
January 1, 2024	Shortfall	14	(134,700)	(1,379,370)
January 1, 2025	Shortfall	15	198,819	2,132,326
Total			$ 580,041	$ 5,772,842

Plan Name: Corelle Brands Pension Plan
Plan Sponsor's Name: Corelle Brands Holdings Inc.
EIN / PN: 16-1403318 / 004

Schedule SB, Line 23 – Information on Use of Substitute Mortality Tables

The substitute mortality tables apply to all plan participants for the 2025 plan year. The mortality ratios used to develop the tables are 1.367103 for all plan participants. The tables are based on a 40.0919% Credibility Weighting Factor. The substitute mortality tables have been approved beginning with the plan year commencing January 1, 2021 and ending with the plan year commencing January 1, 2030.