Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

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

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

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

D Check box if filing under:
- [X] Form 5558
- [ ] automatic extension
- [ ] the DFVC program
- [ ] special extension (enter description)

E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. . . . . ▶ [ ]

Part II Basic Plan Information—enter all requested information

1a Name of plan
TOPCO ASSOCIATES LLC PENSION PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 03/01/1956

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)
TOPCO ASSOCIATES, LLC

2 PIERCE PLACE
ITASCA, IL 60143-1015

2b Employer Identification Number (EIN)
36-4469052

2c Plan Sponsor's telephone number
847-676-3030

2d Business code (see instructions)
424400

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	RUSS MANN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

5	Total number of participants at the beginning of the plan year	**5**	190
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)**	75
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	61
b	Retired or separated participants receiving benefits	**6b**	35
c	Other retired or separated participants entitled to future benefits	**6c**	79
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	175
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	1
f	Total. Add lines **6d** and **6e**.	**6f**	176
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**	
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 3H

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

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

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

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

Receipt Confirmation Code_____

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

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

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

A Name of plan
TOPCO ASSOCIATES LLC PENSION PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
36-4469052

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

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

Part I Basic Information

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

2 Assets:

a Market value	**2a**	60207626
b Actuarial value	**2b**	61519083

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	36	5950151	5950151
b For terminated vested participants	79	6689835	6689835
c For active participants	75	25696537	25756918
d Total	190	38336523	38396904

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**	5.32 %
6 Target normal cost		
a Present value of current plan year accruals	**6a**	2164825
b Expected plan-related expenses	**6b**	262188
c Target normal cost	**6c**	2427013

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

10/01/2026
Date

STEVEN P. HOXMEIER
Type or print name of actuary

26-07239
Most recent enrollment number

AON CONSULTING, INC.
Firm name

847-295-5000
Telephone number (including area code)

MSC#17755, AON, PO BOX 551343
ATLANTA, GA 30355
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)	9491369	12607723
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	9491369	12607723
10	Interest on line 9 using prior year's actual return of -0.11 %	-10441	-13868
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	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 5.13 %		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		0
	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)	9480928	12593855

Part III Funding Percentages

14	Funding target attainment percentage	14	102.72 %
15	Adjusted funding target attainment percentage	15	160.21 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	147.26 %
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
			Totals ► 18(b)	0	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	0

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year

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

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

21 Discount rate:

a Segment rates:	1st segment: 5.00 %	2nd segment: 5.27 %	3rd segment: 5.50 %	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	0
22 Weighted average retirement age	**22**	64

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**	2427013
b Excess assets, if applicable, but not greater than line 31a	**31b**	1047396

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

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____)_and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	1379617

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	1379617	0	1379617

36 Additional cash requirement (line 34 minus line 35)	**36**	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	0

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	**B** Three-digit plan number (PN) ▶	
TOPCO ASSOCIATES LLC PENSION PLAN		001
C Plan sponsor's name as shown on line 2a of Form 5500	**D** Employer Identification Number (EIN)	
TOPCO ASSOCIATES, LLC	36-4469052	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

NORTHERN TRUST INV. INC.

36-3608252

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 50	INVESTMENT ADVISOR	140774	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

AON CONSULTING

22-2232264

(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	ACTUARIAL	110978	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

BLACKROCK

94-3112180

(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	RECORDKEEPER	30676	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)

RSM US LLP

42-0714325

(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	ACCOUNTANT	21000	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

NORTHERN TRUST COMPANY

36-1561860

(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?
13 21 50	TRUSTEE/CONTRACT ADMIN	20000	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] 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
TOPCO ASSOCIATES LLC PENSION PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
36-4469052

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:	SHORT TERM INVESTMENT FUND		
b Name of sponsor of entity listed in (a):	NORTHERN TRUST COMPANY		
c EIN-PN 45-6138589-084	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	89058
a Name of MTIA, CCT, PSA, or 103-12 IE:	COLLECTIVE RUSSELL 2000 INDEX FUND		
b Name of sponsor of entity listed in (a):	NORTHERN TRUST COMPANY		
c EIN-PN 45-6138589-096	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	0
a Name of MTIA, CCT, PSA, or 103-12 IE:	COLLECTIVE EAFE INDEX FUND-NON LEND		
b Name of sponsor of entity listed in (a):	NORTHERN TRUST COMPANY		
c EIN-PN 45-6138589-024	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	1495671
a Name of MTIA, CCT, PSA, or 103-12 IE:	COLLECTIVE HI YIELD BOND FUND		
b Name of sponsor of entity listed in (a):	NORTHERN TRUST COMPANY		
c EIN-PN 45-6138589-088	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	2080392
a Name of MTIA, CCT, PSA, or 103-12 IE:	COLLECTIVE S&P 500 INDX FD-NON LEND		
b Name of sponsor of entity listed in (a):	NORTHERN TRUST COMPANY		
c EIN-PN 45-6138589-003	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	2675289
a Name of MTIA, CCT, PSA, or 103-12 IE:	BLACKROCK LONG DURATION CR		
b Name of sponsor of entity listed in (a):	BLACKROCK, INC.		
c EIN-PN 99-1116001-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	43710465
a Name of MTIA, CCT, PSA, or 103-12 IE:	COLLECTIVE LT GOVT BOND INDX FUND		
b Name of sponsor of entity listed in (a):	NORTHERN TRUST COMPANY		
c EIN-PN 45-6138589-057	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	11233107

a Name of MTIA, CCT, PSA, or 103-12 IE: COLLECTIVE EMERGING MARKETS FUND

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

c EIN-PN 45-6138589-084	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

A Name of plan
TOPCO ASSOCIATES LLC PENSION PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
36-4469052

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	433	701
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	60207193	61283982
(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)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
1e Buildings and other property used in plan operation	1e		
1f Total assets (add all amounts in lines 1a through 1e)	1f	60207626	61284683
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h		
1i Acquisition indebtedness	1i		
1j Other liabilities	1j		
1k Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	60207626	61284683

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)		
(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)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	9948	
(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)		9948
(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)		
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		4708078
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		13
d Total income. Add all **income** amounts in column (b) and enter total	2d		4718039
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	3297414	
(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)		3297414
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)	21000	
(5) Investment advisory and investment management fees	2i(5)	171450	
(6) Bank or trust company trustee/custodial fees	2i(6)	20000	
(7) Actuarial fees	2i(7)	110978	
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	20140	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		343568
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		3640982
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		1077057
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: RSM US LLP **(2)** EIN: 42-0714325

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		5000000
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 581273.

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
TOPCO ASSOCIATES LLC PENSION PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
36-4469052

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): 36-3046063

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 | 7

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

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

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

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

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

6	a	Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a	
	b	Enter the amount contributed by the employer to the plan for this plan year	6b	
	c	Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)	6c	

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation._____

Part VII IRS Compliance Questions

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

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

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☒ N/A

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter ___/___/_____ (MM/DD/YYYY) and the Opinion Letter serial number_____.

Topco Associates LLC
Pension Plan

Financial Report
December 31, 2025

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RSM US LLP

Independent Auditor's Report

Investment Committee
Topco Associates LLC Pension Plan

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

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

Management, having determined it is permissible in the circumstances, has elected to have the audits of the Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's (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 a qualified institution as of December 31, 2025 and 2024, and for the year ended December 31, 2025, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Opinion

In our opinion, based on our audits and 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 (U.S. GAAP).

- 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).

RSM US LLP is the U.S. member firm of RSM International, a global network of independent assurance, tax, and consulting firms.
Visit rsmus.com/aboutus for more information regarding RSM US LLP and RSM International.

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

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern within one year after the date that the financial statements are issued or 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 the Plan's internal control. Accordingly, no such opinion is expressed.

- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.

- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

Our audits did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of U.S. GAAP.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with U.S. GAAP.

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

Other Matter—Supplemental Schedules Required by ERISA
The supplemental schedules of schedule H, line 4i—schedule of assets (held at end of year) as of December 31, 2025 and schedule H, line 4j—schedule of reportable transactions for the year ended December 31, 2025, are presented for 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 audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental 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).

RSM US LLP

Chicago, Illinois
October 15, 2026

Topco Associates LLC Pension Plan

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

	2025	2024
Assets		
Investments, at fair value	**$ 61,283,983**	$ 60,207,194
Net assets available for benefits	**$ 61,283,983**	$ 60,207,194

See notes to financial statements.

Topco Associates LLC Pension Plan

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

	2025	2024
Additions to (deductions from) net assets:		
Net appreciation (depreciation) in fair value of investments	**$ 4,708,078**	$ (75,042)
Interest	**9,694**	7,203
	4,717,772	(67,839)
Less investment fees	**171,451**	115,794
Total investment income (loss)	**4,546,321**	(183,633)
Total additions (deductions)	**4,546,321**	(183,633)
Deductions from net assets attributed to:		
Benefits paid to participants	**3,297,414**	2,176,828
Administrative and other expenses	**172,118**	146,394
Total deductions	**3,469,532**	2,323,222
Net increase (decrease)	**1,076,789**	(2,506,855)
Net assets available for benefits:		
Beginning	**60,207,194**	62,714,049
Ending	**$ 61,283,983**	$ 60,207,194

See notes to financial statements.

Topco Associates LLC Pension Plan

Statement of Accumulated Plan Benefits
December 31, 2024

Actuarial present value of accumulated plan benefits:	
Vested benefits:	
Participants and beneficiaries currently receiving payments	$ 5,848,801
Other participants	31,557,446
Total actuarial present value of accumulated plan benefits	$ 37,406,247

See notes to financial statements.

Topco Associates LLC Pension Plan

Statement of Changes in Accumulated Plan Benefits
Year Ended December 31, 2024

Actuarial present value of accumulated plan benefits, beginning	$ 39,389,802
Increase (decrease) during the year attributable to:	
Change in actuarial assumptions (Note 2)	(5,009,202)
Benefits paid	(2,176,828)
Interest costs due to the decrease in discount period	1,919,566
Benefits accumulated	3,282,909
Net decrease	(1,983,555)
Actuarial present value of accumulated plan benefits, ending	$ 37,406,247

See notes to financial statements.

Note 1. Plan Description

The following brief description of Topco Associates LLC Pension Plan (the Plan) is provided for general information purposes only. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General: The Plan is a noncontributory defined benefit pension plan covering substantially all salaried employees, who were hired prior to January 1, 2010, of Topco Associates LLC and TopSource LLC (together, the Company) on their first day of employment (as defined by the Plan). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

The Plan was amended on December 31, 2009, to freeze the Plan thereby limiting participation exclusively to individuals who are active participants in the Plan on December 31, 2009. Participants actively employed on December 31, 2009 continue to accrue benefits based on their service.

Pension, disability and death benefits: A vested participant who retires at the normal retirement date (the first day of the month following their 65th birthday) and has completed five years of service is entitled to normal retirement benefits in the form of a life annuity payable in monthly installments. A participant's annual annuity amount is the sum of 1.50% of a participant's average compensation multiplied by their years of credited past service (years of service prior to April 1, 1979, to a maximum of 30 years) plus 2% of average compensation multiplied by their years of credited future service (years after March 31, 1979, to a maximum of 30 years) reduced by their credited past service, minus 1.67% of a participant's primary social security benefit multiplied by their years of credited future service up to 30 years, minus their years of credited past service. A lump-sum benefit is also available under the Plan. The lump-sum benefit is calculated using the same formula above; however, an actuarial equivalent present value is applied as defined by the Plan.

The calculation of a participant's average compensation is based on the monthly average of the participant's earnings for the five consecutive plan years of his/her benefit service that produces the highest average compensation.

A participant who has attained the age of 55 and has completed at least five years of eligible service may elect early retirement. The annual amount of early retirement benefits is determined as discussed above for normal benefits but is reduced by one-half percent for each month that the commencement of payment precedes the normal retirement date.

A participant who is not yet 55 years old, and has completed at least five years of eligible service, may receive a disability retirement benefit if he/she is permanently disabled and employment is terminated. The annual amount of disability benefits is determined in a similar manner as early retirement benefits, with certain reductions as defined in the Plan until reaching the age of 55.

The spouse or beneficiary of a vested participant, upon the death of the vested participant, is entitled to 50%, 66.67% or 100% of the benefits which would have been payable to the vested participant depending on the participant's election. For a participant who is not married, the retirement benefit will be paid in the form of a single-life annuity. The Plan was amended on August 31, 2020, effective January 1, 2021, to add a provision whereby the beneficiary of an unmarried participant who dies after January 1, 2021 and prior to their benefit commencement date, will be paid a preretirement lump-sum death benefit, as defined.

Vesting: No vesting occurs until completion of five years of service at which time full vesting occurs.

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

Note 2. Summary of Significant Accounting Policies

Accounting estimates: The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amount of assets, liabilities and changes therein, disclosure of contingent assets and liabilities, and the actuarial present value of accumulated benefits at the date of the financial statements. Actual results could differ from those estimates. The Plan uses an actuary to determine the actuarial present value of accumulated plan benefits. A change in the actuarial assumptions used could significantly change the amount of the actuarial present value of accumulated plan benefits reported in the accompanying financial statements.

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 Investment Committee determines the Plan's valuation policies utilizing information provided by the investment custodian. 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.

Payment of benefits: Benefits are recorded when paid.

Actuarial present value of accumulated plan benefits: Accumulated benefits are those future periodic payments including lump-sum distributions that are attributable under the Plan's provisions to the services employees have rendered. Accumulated benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of the employees who have died, and (c) present employees or their beneficiaries. Accumulated benefits under the Plan are based upon employees' compensation during their five highest consecutive compensated years of employment. The accumulated benefits for active employees are based on their compensation as of the valuation date.

The actuarial present value of accumulated plan benefits is determined by an independent actuary using the unit credit cost method, 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, permanent disability, withdrawal or retirement) between the valuation date and the expected date of payment.

The actuarial valuations are done using the beginning-of-the-year method. Therefore, the statement of accumulated plan benefits as of December 31, 2024, is presented from information provided by the actuary as of January 1, 2025. There was no significant changes in the Plan's provisions or coverage from December 31, 2024 to January 1, 2025.

The significant actuarial assumptions used in the valuation as of January 1, 2025, were (a) life expectancy of participants based upon the Pri-2012 mortality assumption with generational MP-2021 projection scale, (b) retirement age assumptions based upon a normal retirement age of 65, and (c) expected return on investments (discount rate) of 5.66%.

Changes in actuarial assumptions include primarily a change in expected return on investments (discount rate) from 5.01% to 5.66%.

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

Note 2. Summary of Significant Accounting Policies (Continued)

Subsequent events: The Plan Administrator has evaluated subsequent events for potential recognition and/or disclosure through October 15, 2026, the date that the financial statements were available to be issued.

Note 3. Information Certified by Northern Trust Company

The following is a summary of the Plan's asset information as of December 31, 2025 and 2024, and for the year ended December 31, 2025, included throughout the Plan's financial statements and ERISA-required supplemental schedules, obtained by management and agreed to or derived from information certified as complete and accurate by Northern Trust Company, a qualified institution:

	2025	2024
Units of collective trusts, at fair value	$ 61,283,983	$ 60,207,194
Net appreciation (depreciation) in fair value of investments	4,708,078	(75,042)
Interest	9,694	7,203

Note 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 Financial Accounting Standards Board Accounting Standards Codification 820 are described below:

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

Level 2: Inputs to the valuation methodology include:

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

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

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

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

Note 4. Fair Value Measurements (Continued)

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

Units of common collective trusts: Valued based on the net asset value (NAV) of units of the common collective trusts. The NAV, as provided by the trustee, is used as a practical expedient to estimating fair value. The NAV is based upon the fair value of the underlying investments comprising the trust 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.

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

	2025			
	Level 1	Level 2	Level 3	Total
Total assets in fair value hierarchy	$ -	$ -	$ -	$ -
Investments measured at NAV (a)				61,283,983
Investments at fair value				$ 61,283,983

	2024			
	Level 1	Level 2	Level 3	Total
Total assets in fair value hierarchy	$ -	$ -	$ -	$ -
Investments measured at NAV (a)				60,207,194
Investments at fair value				$ 60,207,194

(a) In accordance with Subtopic 820-10, certain investments that were measured at NAV 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.

The following table summarizes investments measured at fair value based on NAV per unit as of December 31, 2025 and 2024:

	Fair Value December 31		Unfunded	Redemption	Redemption
Investment	2025	2024	Commitment	Frequency	Notice Period
Units of collective trusts	$ 61,283,983	$ 60,207,194	$ -	Immediate	15 days

Changes in fair value levels: To assess the appropriate classification of investments with the fair value hierarchy, the availability of market data is monitored. Changes in economic conditions or valuation techniques may require the transfer of investments from one fair value to another.

Management evaluates the significance of transfer between levels based upon the nature of the financial instrument and size of the transfer relative to total net assets available for benefits. For the years ended December 31, 2025 and 2024, there were no transfers in or out of Level 3.

Note 5. Funding Policy

Participants are not permitted to make contributions to the Plan. The Plan's funding policy is to contribute an amount which will meet or exceed the annual ERISA minimum funding requirement. During the years ended December 31, 2025 and 2024, the Company did not make contributions. The Company's contributions have met the minimum funding requirements of ERISA.

The Pension Protection Act of 2006 (PPA) as amended by the Worker, Retiree and Employer Recovery Act of 2008 (WRERA) imposes certain benefit restrictions for qualified defined benefit plans that do not meet certain funding thresholds. The "At-Risk" status is referred to as the Funding Target Attainment Percentage (FTAP). A plan's funded percentage is referred to as the Adjusted Funding Target Attainment Percentage (AFTAP). The 2024 AFTAP for the Plan is 102.72%. Because the Plan's AFTAP equals or exceeds 80%, the Plan is not subject to any benefit restrictions.

Note 6. Plan Termination

Although it has not expressed any intention 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 set forth in ERISA.

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

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. governmental agency, up to the applicable limitations discussed below.

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 types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination.

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

Note 7. Related-Party and Party-in-Interest Transactions

Certain plan investments are managed by Northern Trust Company. Northern Trust Company is the trustee as defined by the Plan and, therefore, these transactions qualify as party-in-interest transactions. The administrative and investment management costs paid to this party were $160,774 and $105,823 for the years ended December 31, 2025 and 2024, respectively.

Certain employees of the Company provide administrative services to the Plan. These employees do not receive any compensation from the Plan for their services. Certain administrative fees are also paid by the Company, which are excluded from these financial statements.

Note 8. Income Tax Status

The Internal Revenue Service has determined and informed the Company by a letter dated April 9, 2014, that the Plan is qualified and the trust established under the Plan is tax exempt under the appropriate sections of the Internal Revenue Code (IRC). The Plan has been amended since receiving the determination letter. However, the Company believes that the Plan is currently designed and is being operated in accordance with the applicable requirements of the IRC.

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

Note 9. 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 2025 statement 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.

Note 10. Reconciliation Between Financial Statements and the Form 5500

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

	2025	2024
Net assets available for benefits per the financial statements	$ 61,283,983	$ 60,207,194
Units of common collective/trusts	700	433
Net assets available for benefits per Form 5500	$ 61,284,683	$ 60,207,627

Note 10. Reconciliation Between Financial Statements and the Form 5500 (Continued)

The following is a reconciliation of the change in net assets available for benefits per the financial statements to Form 5500 for the year ended December 31, 2025:

Change in net assets available for benefits per the financial statements	$	1,076,789
Investment income		268
Change in net assets available for benefits per Form 5500	$	1,077,057

Topco Associates LLC Pension Plan

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

Employer Identification Number: 36-4469052
Plan Number: 001

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, Maturity Value	Cost	Current Value
		Units of collective trusts:		
*	Northern Trust Company	Collective EAFE Index Fund—Non Lending	$ 832,089	$ 1,495,671
*	Northern Trust Company	Collective S&P 500 Index Fund—Non Lending	1,165,701	2,675,289
*	Northern Trust Company	Collective Long Term Government Bond Index Fund—Non Lending	1,997,790	11,233,107
*	Northern Trust Company	Collective Hi Yield Bond Fund	1,398,224	2,080,392
*	Northern Trust Company	Short Term Investment Fund	89,059	89,059
	Blackrock Institutional Trust Company	Long Duration Credit Screened Non-Lendable Fund	37,461,743	43,710,465
			$ 42,944,606	$ 61,283,983

* Represents a party-in-interest.

The above information has been certified as complete and accurate by Northern Trust Company, the trustee.

Topco Associates LLC Pension Plan

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

Employer Identification Number: 36-4469052
Plan Number: 001

Identity of Party Involved	Description of Asset (Include Interest Rate and Maturity in Case of Loan)	Purchase Price	Selling Price	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain (or Loss)
	Series of Transactions:					
*Northern Trust Company	Short Term Investment Fund:					
	44 purchases	$ 4,578,369	$ -	$ 4,578,369	$ 4,578,369	$ -
	42 sales	-	4,641,112	4,641,112	4,641,112	-
*Northern Trust Company	Collective Long-Term Government Bond Index Non-Lending					
	2 purchases	2,800,000	-	2,800,000	2,800,000	-
	6 sales	-	1,560,000	1,592,878	1,560,000	(32,878)

* Represents a party-in-interest.

The above information has been certified as complete and accurate by Northern Trust Company, the trustee.

Schedule SB Attachment (Form 5500) —2025 Plan Year
Topco Pension Plan
EIN: 36-4469052 PN: 001

Schedule SB, line 26a — Schedule of Active Participant Data as of January 1, 2025

Number of Participants and Average Compensation

Attained Age	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25										
25-29										
30-34										
35-39					3					
40-44					9	2				
45-49					5	2	2			
50-54					7	4	4	1		
55-59					5	4	3	2	2	
60-64					8	1	4		4	
65-69						1			2	
70+										

N-75

Schedule SB Attachment (Form 5500) —2025 Plan Year
Topco Pension Plan
EIN: 36-4469052 PN: 001

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

Interest Rates for Minimum Funding Purposes	Based on segment rates with no lookback (as of January 2025), each adjusted as needed to fall within the 25-year average interest rate stabilization corridor with regard to ARPA
1st Segment Rate	5.00%
2nd Segment Rate	5.27%
3rd Segment Rate	5.50%
Interest Rates for Maximum Tax Purposes	Based on segment rates with no lookback (as of January 2025), without regard to interest rate stabilization
1st Segment Rate	5.00%
2nd Segment Rate	5.27%
3rd Segment Rate	5.40%
Salary Increases	
Minimum Funding Target Normal Cost	4.50%
Maximum Tax Expected Benefit Increase	4.50%
Social Security Wage Base Increases	Future wage indices are based on a national wage increase of 3.00% per year.
Social Security COLA Increases	2.50%
Optional Payment Form Election Percentage	85% lump sum 15% life annuity
Optional Payment Form Conversion Interest Rate	Same as funding interest rate above for lump sums
Optional Payment Form Conversion Mortality	Current 417(e) table for lump sums
Retirement Age	
Active Participants	See Table 1
Terminated Vested Participants	Age 65
Mortality Rates	
Healthy and Disabled	2024 generational mortality tables for annuitants and non-annuitants per §1.430(h)(3)-1(b).
Withdrawal Rates	See Table 2
Disability Rates	None
Decrement Timing	Middle of year decrements (except that retirement is assumed to occur at the beginning of the year for ages where the assumed retirement rate is 100%).

Schedule SB Attachment (Form 5500) —2025 Plan Year
Topco Pension Plan
EIN: 36-4469052 PN: 001

Surviving Spouse Benefit	It is assumed that 90% of males and 50% of females have an eligible spouse, and that males are three years older than their spouses.
Valuation Compensation	2024 Pensionable earnings rolled forward one year with salary increase assumption.
Benefit and Compensation Limits	Projected benefits and compensation are limited by the current IRC section 415 maximum benefit of $280,000 and the IRC section 401(a)(17) compensation limit of $350,000.
Valuation of Plan Assets	Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value. A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii).
Expected Return on Assets	
2023 Plan Year	6.00%, limited to 5.74%
2024 Plan Year	6.00%, limited to 5.59%
2025 Plan Year	6.50%, limited to 5.50%
Trust Expenses Included in Target Normal Cost	$262,188
Actuarial Method	Standard unit credit cost method
Valuation Date	January 1, 2025

Table 1

Age	Rate
55	4.00%
56	4.00%
57	4.00%
58	4.00%
59	4.00%
60	8.00%
61	8.00%
62	8.00%
63	8.00%
64	8.00%
65	50.00%
66	50.00%
67	75.00%
68	75.00%
69	75.00%
70+	100.00%

Table 2

Withdrawal Rates

Age	Rate	Age	Rate
15	22.75%	35	10.27%
16	22.75%	36	9.62%
17	22.75%	37	8.97%
18	22.75%	38	8.45%
19	22.75%	39	7.80%
20	22.75%	40	7.28%
21	22.75%	41	6.76%
22	21.71%	42	6.37%
23	20.54%	43	5.85%
24	19.63%	44	5.46%
25	18.59%	45	5.07%
26	17.68%	46	4.68%
27	16.64%	47	4.42%
28	15.73%	48	4.03%
29	14.95%	49	3.77%
30	14.04%	50	3.51%
31	13.26%	51	3.38%
32	12.48%	52	3.12%
33	11.70%	53	2.99%
34	11.05%	54+	2.86%

WEALTHSPIRE
Retirement Advisory

Filing Authorization
For the 2025 Form 5500/Form 5500-SF/ 5500-EZ/Form 8955-SSA

Name of Plan(s) Topco Associates LLC Pension Plan

EIN/PN: 36-4469052/001

Plan Year Ending: 12/31/2025

PART I **Authorization of Practitioner to Electronically Sign and File**

I hereby authorize Wealthspire Retirement Advisory (Wealthspire) to electronically sign and file the above-named return/report through EFAST2 and/or IRS FIRE System

I understand that in granting this authority:

- I must manually sign and date page 1 of Form 5500 or Form 5500-SF or page 2 of the 5500-EZ and provide a scanned copy of that signature page to Wealthspire before the electronic filing can be initiated
- I must manually sign and date Page 1 of the Form 8955-SSA, if applicable. I will provide a scanned copy of that signature page to Wealthspire before the filing can be initiated. The signature page will not be included in the filing.
- Wealthspire will retain a copy of this written authorization in its records.
- Wealthspire will notify the individual signing below as plan administrator/employer about any inquiries and information it receives from EFAST2, DOL, IRS or PBGC regarding this annual return/report
- A copy of my signature, as it appears on page 1 of Form 5500 or Form 5500-SF or page 2 of the 5500-EZ, will be included with the return/report posted by the Department of Labor on the Internet for public disclosure.
- Wealthspire shall not be deemed an administrator or other fiduciary with respect to any Plan solely on account of the services performed under this authorization.

This authorization is applicable only to the filing for the above–named Plan(s) and applies only for the year end stated above.

Plan Administrator: Russell C. Mann Date. 10/15/26

Employer/Plan Sponsor (if not the administrator). _____ Date. _____

DFE (for Master Trusts only): _____ Date: _____

PART II **Acknowledgement of Receipt of Authorization**

Wealthspire Retirement Advisory hereby certifies that the authority granted will be used only for the express purposes described above; that the firm will not disclose confidential information to any parties other than the DOL, as required for EFAST filing; and that the firm will take reasonable steps to assure that confidential information provided by the Plan Administrator or Plan Sponsor is protected from unauthorized disclosure.

◆5% Report - Part A

Single Transactions in Excess of 5%

Security description / Asset ID	Shares/PAR	Date	Acquisition Price	Disposition Price	Lease Rental	Expenses Incurred	Cost	Current Value on Transaction Date	Net Gain/Loss
Value of Interest in Common/Collective Trusts									
Emerging Markets Region - USD									
NTCC EMERGING MARKETS FD FEBT	-110.040	04 Apr 25		908.7624		0.00	67,504.74	100,000.00	32,495.26
NTCC EMERGING MARKETS FD FEBT	-1,208.990	29 May 25		1,036.3457		0.00	741,662.60	1,252,945.06	511,282.46
International Region - USD									
MFB NT COLLECTIVE EAFE INDEX FUND-NON LENDING	182.590	21 Nov 25	547.6720			0.00	100,000.00	100,000.00	0.00
MFB NT COLLECTIVE EAFE INDEX FUND-NON LENDING	-226.720	03 Jan 25		441.0710		0.00	69,560.35	100,000.00	30,439.65
MFB NT COLLECTIVE EAFE INDEX FUND-NON LENDING	-0.010	14 Mar 25		0.0000		0.00	3.07	0.00	-3.07
MFB NT COLLECTIVE EAFE INDEX FUND-NON LENDING	-824.620	14 Mar 25		485.0750		0.00	253,003.07	400,000.00	146,996.93
MFB NT COLLECTIVE EAFE INDEX FUND-NON LENDING	-184.450	21 Mar 25		487.9350		0.00	56,591.42	90,000.00	33,408.58
MFB NT COLLECTIVE EAFE INDEX FUND-NON LENDING	-166.140	28 Mar 25		481.5190		0.00	50,973.70	80,000.00	29,026.30
United States - USD									
CF CF BLACKROCK LONG DURATION CR SCREENED NON LENDABLE FD	-12,676.150	08 Sep 25		19.7221		0.00	213,230.07	250,000.00	36,769.93
CF CF BLACKROCK LONG DURATION CR SCREENED NON LENDABLE FD	-4,588.370	26 Sep 25		19.6148		0.00	77,182.62	90,000.00	12,817.38
CF CF BLACKROCK LONG DURATION CR SCREENED NON LENDABLE FD	-7,657.860	21 Nov 25		19.5877		0.00	128,815.61	150,000.00	21,184.39
MFB NT COLLECTIVE LONG-TERM GOVT BD INDEX FUND-NON-LENDING	51,002.310	29 May 25	45.0960			0.00	2,300,000.00	2,300,000.00	0.00
MFB NT COLLECTIVE LONG-TERM GOVT BD INDEX FUND-NON-LENDING	10,558.100	09 Dec 25	47.3570			0.00	500,000.00	500,000.00	0.00
MFB NT COLLECTIVE LONG-TERM GOVT BD INDEX FUND-NON-LENDING	-2,232.540	03 Jan 25		44.7920		0.00	108,985.55	100,000.00	-8,985.55

NOTE: TRANSACTIONS ARE BASED ON THE 03-31-24 VALUE (INCLUDING ACCRUALS) OF 0.00

◆5% Report - Part A

Single Transactions in Excess of 5%

Security description / Asset ID	Shares/PAR	Date	Acquisition Price	Disposition Price	Lease Rental	Expenses Incurred	Cost	Current Value on Transaction Date	Net Gain/Loss
MFB NT COLLECTIVE LONG-TERM GOVT BD INDEX FUND-NON-LENDING	-1,103.390	27 Jan 25		45.3150		0.00	53,864.01	50,000.00	-3,864.01
MFB NT COLLECTIVE LONG-TERM GOVT BD INDEX FUND-NON-LENDING	-1,874.230	30 Jan 25		45.3520		0.00	91,493.99	85,000.00	-6,493.99
MFB NT COLLECTIVE LONG-TERM GOVT BD INDEX FUND-NON-LENDING	-2,633.080	28 Feb 25		47.4730		0.00	128,538.65	125,000.00	-3,538.65
MFB NT COLLECTIVE LONG-TERM GOVT BD INDEX FUND-NON-LENDING	-12,469.090	04 Apr 25		48.1190		0.00	608,701.59	600,000.00	-8,701.59
MFB NT COLLECTIVE LONG-TERM GOVT BD INDEX FUND-NON-LENDING	-12,521.390	03 Dec 25		47.9180		0.00	601,294.48	600,000.00	-1,294.48
MFB NT COLLECTIVE RUSSELL 2000 INDEX FUN D - NON LENDING	-21,009.950	29 May 25		57.6210		0.00	548,327.79	1,210,615.02	662,287.23
MFB NT COLLECTIVE S&P500 INDEX FUND-NON LENDING	-4.370	03 Jan 25		22,904.6590		0.00	50,875.01	100,000.00	49,124.99
MFB NT COLLECTIVE S&P500 INDEX FUND-NON LENDING	-4.310	27 Jan 25		23,188.2160		0.00	50,176.50	100,000.00	49,823.50
MFB NT COLLECTIVE S&P500 INDEX FUND-NON LENDING	-3.630	30 Jan 25		23,415.5940		0.00	42,260.02	85,000.00	42,739.98
MFB NT COLLECTIVE S&P500 INDEX FUND-NON LENDING	-2.600	19 May 25		23,100.8580		0.00	30,268.89	60,000.00	29,731.11
MFB NT COLLECTIVE S&P500 INDEX FUND-NON LENDING	-1.890	24 Oct 25		26,445.3650		0.00	22,003.15	50,000.00	27,996.85
NT COLLECTIVE SHORT TERM INVT FD	0.630	03 Jan 25	1.0000			0.00	0.63	0.63	0.00
NT COLLECTIVE SHORT TERM INVT FD	0.620	03 Jan 25	1.0000			0.00	0.62	0.62	0.00
NT COLLECTIVE SHORT TERM INVT FD	431.750	03 Jan 25	1.0000			0.00	431.75	431.75	0.00
NT COLLECTIVE SHORT TERM INVT FD	300,000.000	06 Jan 25	1.0000			0.00	300,000.00	300,000.00	0.00
NT COLLECTIVE SHORT TERM INVT FD	250,000.000	28 Jan 25	1.0000			0.00	250,000.00	250,000.00	0.00
NT COLLECTIVE SHORT TERM INVT FD	170,000.000	31 Jan 25	1.0000			0.00	170,000.00	170,000.00	0.00

NOTE: TRANSACTIONS ARE BASED ON THE 03-31-24 VALUE (INCLUDING ACCRUALS) OF 0.00

◆5% Report - Part A

Single Transactions in Excess of 5%

Security description / Asset ID	Shares/PAR	Date	Acquisition Price	Disposition Price	Lease Rental	Expenses Incurred	Cost	Current Value on Transaction Date	Net Gain/Loss
NT COLLECTIVE SHORT TERM INVT FD	0.620	05 Feb 25	1.0000			0.00	0.62	0.62	0.00
NT COLLECTIVE SHORT TERM INVT FD	0.620	05 Feb 25	1.0000			0.00	0.62	0.62	0.00
NT COLLECTIVE SHORT TERM INVT FD	1,038.530	05 Feb 25	1.0000			0.00	1,038.53	1,038.53	0.00
NT COLLECTIVE SHORT TERM INVT FD	74,547.110	03 Mar 25	1.0000			0.00	74,547.11	74,547.11	0.00
NT COLLECTIVE SHORT TERM INVT FD	0.560	05 Mar 25	1.0000			0.00	0.56	0.56	0.00
NT COLLECTIVE SHORT TERM INVT FD	269.860	05 Mar 25	1.0000			0.00	269.86	269.86	0.00
NT COLLECTIVE SHORT TERM INVT FD	0.560	05 Mar 25	1.0000			0.00	0.56	0.56	0.00
NT COLLECTIVE SHORT TERM INVT FD	810.000	14 Mar 25	1.0000			0.00	810.00	810.00	0.00
NT COLLECTIVE SHORT TERM INVT FD	530,000.000	17 Mar 25	1.0000			0.00	530,000.00	530,000.00	0.00
NT COLLECTIVE SHORT TERM INVT FD	1,392.840	20 Mar 25	1.0000			0.00	1,392.84	1,392.84	0.00
NT COLLECTIVE SHORT TERM INVT FD	150,000.000	24 Mar 25	1.0000			0.00	150,000.00	150,000.00	0.00
NT COLLECTIVE SHORT TERM INVT FD	75,000.000	31 Mar 25	1.0000			0.00	75,000.00	75,000.00	0.00
NT COLLECTIVE SHORT TERM INVT FD	0.620	03 Apr 25	1.0000			0.00	0.62	0.62	0.00
NT COLLECTIVE SHORT TERM INVT FD	0.620	03 Apr 25	1.0000			0.00	0.62	0.62	0.00
NT COLLECTIVE SHORT TERM INVT FD	1,133.640	03 Apr 25	1.0000			0.00	1,133.64	1,133.64	0.00
NT COLLECTIVE SHORT TERM INVT FD	700,000.000	07 Apr 25	1.0000			0.00	700,000.00	700,000.00	0.00
NT COLLECTIVE SHORT TERM INVT FD	529,094.690	09 Apr 25	1.0000			0.00	529,094.69	529,094.69	0.00
NT COLLECTIVE SHORT TERM INVT FD	48,294.850	25 Apr 25	1.0000			0.00	48,294.85	48,294.85	0.00

NOTE: TRANSACTIONS ARE BASED ON THE 03-31-24 VALUE (INCLUDING ACCRUALS) OF 0.00

◆5% Report - Part A

Single Transactions in Excess of 5%

Security description / Asset ID	Shares/PAR	Date	Acquisition Price	Disposition Price	Lease Rental	Expenses Incurred	Cost	Current Value on Transaction Date	Net Gain/Loss
NT COLLECTIVE SHORT TERM INVT FD	0.600	05 May 25	1.0000			0.00	0.60	0.60	0.00
NT COLLECTIVE SHORT TERM INVT FD	1,015.430	05 May 25	1.0000			0.00	1,015.43	1,015.43	0.00
NT COLLECTIVE SHORT TERM INVT FD	0.600	05 May 25	1.0000			0.00	0.60	0.60	0.00
NT COLLECTIVE SHORT TERM INVT FD	114,160.520	20 May 25	1.0000			0.00	114,160.52	114,160.52	0.00
NT COLLECTIVE SHORT TERM INVT FD	350.840	27 May 25	1.0000			0.00	350.84	350.84	0.00
NT COLLECTIVE SHORT TERM INVT FD	163,560.080	30 May 25	1.0000			0.00	163,560.08	163,560.08	0.00
NT COLLECTIVE SHORT TERM INVT FD	0.520	04 Jun 25	1.0000			0.00	0.52	0.52	0.00
NT COLLECTIVE SHORT TERM INVT FD	705.330	03 Jul 25	1.0000			0.00	705.33	705.33	0.00
NT COLLECTIVE SHORT TERM INVT FD	434.410	05 Aug 25	1.0000			0.00	434.41	434.41	0.00
NT COLLECTIVE SHORT TERM INVT FD	140,000.000	28 Aug 25	1.0000			0.00	140,000.00	140,000.00	0.00
NT COLLECTIVE SHORT TERM INVT FD	238.720	04 Sep 25	1.0000			0.00	238.72	238.72	0.00
NT COLLECTIVE SHORT TERM INVT FD	479,860.000	09 Sep 25	1.0000			0.00	479,860.00	479,860.00	0.00
NT COLLECTIVE SHORT TERM INVT FD	90,000.000	29 Sep 25	1.0000			0.00	90,000.00	90,000.00	0.00
NT COLLECTIVE SHORT TERM INVT FD	1,682.450	03 Oct 25	1.0000			0.00	1,682.45	1,682.45	0.00
NT COLLECTIVE SHORT TERM INVT FD	50,000.000	27 Oct 25	1.0000			0.00	50,000.00	50,000.00	0.00
NT COLLECTIVE SHORT TERM INVT FD	7,906.680	31 Oct 25	1.0000			0.00	7,906.68	7,906.68	0.00
NT COLLECTIVE SHORT TERM INVT FD	2,116.000	05 Nov 25	1.0000			0.00	2,116.00	2,116.00	0.00
NT COLLECTIVE SHORT TERM INVT FD	1,126.500	12 Nov 25	1.0000			0.00	1,126.50	1,126.50	0.00

NOTE: TRANSACTIONS ARE BASED ON THE 03-31-24 VALUE (INCLUDING ACCRUALS) OF 0.00

◆5% Report - Part A

Single Transactions in Excess of 5%

Security description / Asset ID	Shares/PAR	Date	Acquisition Price	Disposition Price	Lease Rental	Expenses Incurred	Cost	Current Value on Transaction Date	Net Gain/Loss
NT COLLECTIVE SHORT TERM INVT FD	50,000.000	24 Nov 25	1.0000			0.00	50,000.00	50,000.00	0.00
NT COLLECTIVE SHORT TERM INVT FD	643,192.260	04 Dec 25	1.0000			0.00	643,192.26	643,192.26	0.00
NT COLLECTIVE SHORT TERM INVT FD	-50,614.890	02 Jan 25		1.0000		0.00	50,614.89	50,614.89	0.00
NT COLLECTIVE SHORT TERM INVT FD	-347,940.840	22 Jan 25		1.0000		0.00	347,940.84	347,940.84	0.00
NT COLLECTIVE SHORT TERM INVT FD	-185,330.170	30 Jan 25		1.0000		0.00	185,330.17	185,330.17	0.00
NT COLLECTIVE SHORT TERM INVT FD	-50,614.890	03 Feb 25		1.0000		0.00	50,614.89	50,614.89	0.00
NT COLLECTIVE SHORT TERM INVT FD	-163,226.030	04 Feb 25		1.0000		0.00	163,226.03	163,226.03	0.00
NT COLLECTIVE SHORT TERM INVT FD	-28,608.250	13 Feb 25		1.0000		0.00	28,608.25	28,608.25	0.00
NT COLLECTIVE SHORT TERM INVT FD	-7,665.310	20 Feb 25		1.0000		0.00	7,665.31	7,665.31	0.00
NT COLLECTIVE SHORT TERM INVT FD	-29,928.660	21 Mar 25		1.0000		0.00	29,928.66	29,928.66	0.00
NT COLLECTIVE SHORT TERM INVT FD	-589,542.550	27 Mar 25		1.0000		0.00	589,542.55	589,542.55	0.00
NT COLLECTIVE SHORT TERM INVT FD	-47,072.820	28 Mar 25		1.0000		0.00	47,072.82	47,072.82	0.00
NT COLLECTIVE SHORT TERM INVT FD	-54,019.460	01 Apr 25		1.0000		0.00	54,019.46	54,019.46	0.00
NT COLLECTIVE SHORT TERM INVT FD	-8,575.150	02 Apr 25		1.0000		0.00	8,575.15	8,575.15	0.00
NT COLLECTIVE SHORT TERM INVT FD	-779,617.910	10 Apr 25		1.0000		0.00	779,617.91	779,617.91	0.00
NT COLLECTIVE SHORT TERM INVT FD	-529,094.690	15 Apr 25		1.0000		0.00	529,094.69	529,094.69	0.00
NT COLLECTIVE SHORT TERM INVT FD	-54,019.460	01 May 25		1.0000		0.00	54,019.46	54,019.46	0.00
NT COLLECTIVE SHORT TERM INVT FD	-56,927.730	07 May 25		1.0000		0.00	56,927.73	56,927.73	0.00

NOTE: TRANSACTIONS ARE BASED ON THE 03-31-24 VALUE (INCLUDING ACCRUALS) OF 0.00

◆5% Report - Part A

Single Transactions in Excess of 5%

Security description / Asset ID	Shares/PAR	Date	Acquisition Price	Disposition Price	Lease Rental	Expenses Incurred	Cost	Current Value on Transaction Date	Net Gain/Loss
NT COLLECTIVE SHORT TERM INVT FD	-1,686.100	12 May 25		1.0000		0.00	1,686.10	1,686.10	0.00
NT COLLECTIVE SHORT TERM INVT FD	-156.850	27 May 25		1.0000		0.00	156.85	156.85	0.00
NT COLLECTIVE SHORT TERM INVT FD	-193.990	27 May 25		1.0000		0.00	193.99	193.99	0.00
NT COLLECTIVE SHORT TERM INVT FD	-54,019.460	02 Jun 25		1.0000		0.00	54,019.46	54,019.46	0.00
NT COLLECTIVE SHORT TERM INVT FD	-2,164.070	03 Jun 25		1.0000		0.00	2,164.07	2,164.07	0.00
NT COLLECTIVE SHORT TERM INVT FD	-27,869.690	04 Jun 25		1.0000		0.00	27,869.69	27,869.69	0.00
NT COLLECTIVE SHORT TERM INVT FD	-22,650.000	20 Jun 25		1.0000		0.00	22,650.00	22,650.00	0.00
NT COLLECTIVE SHORT TERM INVT FD	-5,000.000	30 Jun 25		1.0000		0.00	5,000.00	5,000.00	0.00
NT COLLECTIVE SHORT TERM INVT FD	-54,019.460	01 Jul 25		1.0000		0.00	54,019.46	54,019.46	0.00
NT COLLECTIVE SHORT TERM INVT FD	-54,019.460	01 Aug 25		1.0000		0.00	54,019.46	54,019.46	0.00
NT COLLECTIVE SHORT TERM INVT FD	-7,578.900	07 Aug 25		1.0000		0.00	7,578.90	7,578.90	0.00
NT COLLECTIVE SHORT TERM INVT FD	-28,367.780	22 Aug 25		1.0000		0.00	28,367.78	28,367.78	0.00
NT COLLECTIVE SHORT TERM INVT FD	-54,019.460	02 Sep 25		1.0000		0.00	54,019.46	54,019.46	0.00
NT COLLECTIVE SHORT TERM INVT FD	-27,628.910	24 Sep 25		1.0000		0.00	27,628.91	27,628.91	0.00
NT COLLECTIVE SHORT TERM INVT FD	-30,478.220	30 Sep 25		1.0000		0.00	30,478.22	30,478.22	0.00
NT COLLECTIVE SHORT TERM INVT FD	-55,448.880	01 Oct 25		1.0000		0.00	55,448.88	55,448.88	0.00
NT COLLECTIVE SHORT TERM INVT FD	-7,906.680	30 Oct 25		1.0000		0.00	7,906.68	7,906.68	0.00
NT COLLECTIVE SHORT TERM INVT FD	-559,333.530	03 Nov 25		1.0000		0.00	559,333.53	559,333.53	0.00

NOTE: TRANSACTIONS ARE BASED ON THE 03-31-24 VALUE (INCLUDING ACCRUALS) OF 0.00

◆5% Report - Part A

Single Transactions in Excess of 5%

Security description / Asset ID	Shares/PAR	Date	Acquisition Price	Disposition Price	Lease Rental	Expenses Incurred	Cost	Current Value on Transaction Date	Net Gain/Loss
NT COLLECTIVE SHORT TERM INVT FD	-7,350.000	07 Nov 25		1.0000		0.00	7,350.00	7,350.00	0.00
NT COLLECTIVE SHORT TERM INVT FD	-1,126.500	10 Nov 25		1.0000		0.00	1,126.50	1,126.50	0.00
NT COLLECTIVE SHORT TERM INVT FD	-1,126.500	19 Nov 25		1.0000		0.00	1,126.50	1,126.50	0.00
NT COLLECTIVE SHORT TERM INVT FD	-102,034.030	01 Dec 25		1.0000		0.00	102,034.03	102,034.03	0.00
NT COLLECTIVE SHORT TERM INVT FD	-500,000.000	10 Dec 25		1.0000		0.00	500,000.00	500,000.00	0.00
NT COLLECTIVE SHORT TERM INVT FD	-26,484.700	11 Dec 25		1.0000		0.00	26,484.70	26,484.70	0.00
NT COLLECTIVE SHORT TERM INVT FD	-22,650.000	26 Dec 25		1.0000		0.00	22,650.00	22,650.00	0.00
NT COLLECTIVE SHORT TERM INVT FD	-5,000.000	31 Dec 25		1.0000		0.00	5,000.00	5,000.00	0.00
NTCC HI YIELD BD FD FEBT	-45.100	27 Jan 25		2,217.0984		0.00	71,707.87	100,000.00	28,292.13
NTCC HI YIELD BD FD FEBT	-58.870	14 Mar 25		2,208.1755		0.00	93,601.83	130,000.00	36,398.17
NTCC HI YIELD BD FD FEBT	-27.050	21 Mar 25		2,218.0640		0.00	43,008.82	60,000.00	16,991.18
NTCC HI YIELD BD FD FEBT	-22.770	24 Apr 25		2,195.5605		0.00	36,203.73	50,000.00	13,796.27
NTCC HI YIELD BD FD FEBT	-26.840	19 May 25		2,235.1151		0.00	42,674.93	60,000.00	17,325.07
NTCC HI YIELD BD FD FEBT	-60.420	27 Aug 25		2,316.9884		0.00	96,066.29	140,000.00	43,933.71
NTCC HI YIELD BD FD FEBT	-107.420	08 Sep 25		2,327.2698		0.00	170,795.11	250,000.00	79,204.89

NOTE: TRANSACTIONS ARE BASED ON THE 03-31-24 VALUE (INCLUDING ACCRUALS) OF 0.00

◆5% Report - Part A

Single Transactions in Excess of 5%

Security description / Asset ID	Shares/PAR	Date	Acquisition Price	Disposition Price	Lease Rental	Expenses Incurred	Cost	Current Value on Transaction Date	Net Gain/Loss

Although this report has been prepared using information believed to be reliable, it may contain information provided by third parties or derived from third party information, and/or information that may have been obtained from, categorized or otherwise reported based upon client direction. The Northern Trust Company does not guarantee the accuracy , timeliness or completeness of any such information. The information included in this report is intended to assist clients with their financial reporting needs, but you must consult with your accountants, auditors and/or legal counsel to ensure your accounting and financial reporting complies with applicable laws, regulations and accounting guidance. The Northern Trust Company and its affiliates shall have no responsibility for the consequences of investment decisions made in reliance on information contained in this report .

NOTE: TRANSACTIONS ARE BASED ON THE 03-31-24 VALUE (INCLUDING ACCRUALS) OF 0.00

◆5% Report - Part B

Series of Non-Security Transactions with Same Party in Excess of 5%

Security Description / Asset ID	Shares/PAR	Date	Acquisition Price	Disposition Price	Lease Rental	Expenses Incurred	Cost	Current Value on Transaction Date	Net Gain/Loss

THERE ARE NO REPORTABLE TRANSACTIONS

NOTE: TRANSACTIONS ARE BASED ON THE 2024-03-31 VALUE (INCLUDING ACCRUALS) OF 0.00

◆5% Report - Part B

Series of Non-Security Transactions with Same Party in Excess of 5%

Security Description / Asset ID	Shares/PAR	Date	Acquisition Price	Disposition Price	Lease Rental	Expenses Incurred	Cost	Current Value on Transaction Date	Net Gain/Loss

Although this report has been prepared using information believed to be reliable, it may contain information provided by third parties or derived from third party information, and/or information that may have been obtained from, categorized or otherwise reported based upon client direction. The Northern Trust Company does not guarantee the accuracy , timeliness or completeness of any such information. The information included in this report is intended to assist clients with their financial reporting needs, but you must consult with your accountants, auditors and/or legal counsel to ensure your accounting and financial reporting complies with applicable laws, regulations and accounting guidance. The Northern Trust Company and its affiliates shall have no responsibility for the consequences of investment decisions made in reliance on information contained in this report .

NOTE: TRANSACTIONS ARE BASED ON THE 2024-03-31 VALUE (INCLUDING ACCRUALS) OF 0.00

◆5% Report - Part C Summary

Series of Transactions by Issue in Excess of 5%

Security Description / Asset ID		Number of Transactions	Transaction Aggregate — Acquisition Price	Transaction Aggregate — Disposition Price	Lease Rental	Expenses Incurred	Cost of Asset	Value of Asset on Transaction
NTCC EMERGING MARKETS FD FEBT CUSIP: 66599VCF4	Total dispositions	2		1,352,945.06		0.00	809,167.34	1,352,945.06
MFB NT COLLECTIVE EAFE INDEX FUND-NON LENDING CUSIP: 658991526	Total acquisitions	1	100,000.00			0.00	100,000.00	100,000.00
	Total dispositions	5		670,000.00		0.00	430,131.61	670,000.00
CF CF BLACKROCK LONG DURATION CR SCREENED NON LENDABLE FD CUSIP: 336992128	Total dispositions	3		490,000.00		0.00	419,228.30	490,000.00
MFB NT COLLECTIVE LONG-TERM GOVT BD INDEX FUND-NON-LENDING CUSIP: 664997AA1	Total acquisitions	2	2,800,000.00			0.00	2,800,000.00	2,800,000.00
	Total dispositions	6		1,560,000.00		0.00	1,592,878.27	1,560,000.00
MFB NT COLLECTIVE S&P500 INDEX FUND-NON LENDING CUSIP: 658991310	Total dispositions	5		395,000.00		0.00	195,583.57	395,000.00
NT COLLECTIVE SHORT TERM INVT FD CUSIP: 66586U452	Total acquisitions	44	4,578,369.06			0.00	4,578,369.06	4,578,369.06
	Total dispositions	42		4,641,111.98		0.00	4,641,111.98	4,641,111.98
NTCC HI YIELD BD FD FEBT CUSIP: 665993291	Total dispositions	7		790,000.00		0.00	554,058.58	790,000.00

NOTE: TRANSACTIONS ARE BASED ON THE 2024-03-31 VALUE (INCLUDING ACCRUALS) OF 0.00

◆5% Report - Part C Summary

Series of Transactions by Issue in Excess of 5%

Security Description / Asset ID	Number of Transactions	Transaction Aggregate Acquisition Price	Transaction Aggregate Disposition Price	Lease Rental	Expenses Incurred	Cost of Asset	Value of Asset on Transaction

Although this report has been prepared using information believed to be reliable, it may contain information provided by third parties or derived from third party information, and/or information that may have been obtained from, categorized or otherwise reported based upon client direction. The Northern Trust Company does not guarantee the accuracy , timeliness or completeness of any such information. The information included in this report is intended to assist clients with their financial reporting needs, but you must consult with your accountants, auditors and/or legal counsel to ensure your accounting and financial reporting complies with applicable laws, regulations and accounting guidance. The Northern Trust Company and its affiliates shall have no responsibility for the consequences of investment decisions made in reliance on information contained in this report .

NOTE: TRANSACTIONS ARE BASED ON THE 2024-03-31 VALUE (INCLUDING ACCRUALS) OF 0.00

◆5% Report - Part D

Series of Transactions with Same Party in Excess of 5%

Security Description / Asset ID	Shares/PAR	Date	Acquisition Price	Disposition Price	Lease Rental	Expenses Incurred	Cost	Current Value on Transaction Date	Net Gain/Loss

THERE ARE NO REPORTABLE TRANSACTIONS

Although this report has been prepared using information believed to be reliable, it may contain information provided by third parties or derived from third party information, and/or information that may have been obtained from, categorized or otherwise reported based upon client direction. The Northern Trust Company does not guarantee the accuracy , timeliness or completeness of any such information. The information included in this report is intended to assist clients with their financial reporting needs, but you must consult with your accountants, auditors and/or legal counsel to ensure your accounting and financial reporting complies with applicable laws, regulations and accounting guidance. The Northern Trust Company and its affiliates shall have no responsibility for the consequences of investment decisions made in reliance on information contained in this report .

NOTE: TRANSACTIONS ARE BASED ON THE 2024-03-31 VALUE (INCLUDING ACCRUALS) OF 0.00

Topco Associates LLC Pension Plan

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

Employer Identification Number: 36-4469052
Plan Number: 001

Identity of Party Involved	Description of Asset (Include Interest Rate and Maturity in Case of Loan)	Purchase Price	Selling Price	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain (or Loss)
	Series of Transactions:					
*Northern Trust Company	Short Term Investment Fund:					
	44 purchases	$ 4,578,369	$ -	$ 4,578,369	$ 4,578,369	$ -
	42 sales	-	4,641,112	4,641,112	4,641,112	-
*Northern Trust Company	Collective Long-Term Government Bond Index Non-Lending					
	2 purchases	2,800,000	-	2,800,000	2,800,000	-
	6 sales	-	1,560,000	1,592,878	1,560,000	(32,878)

* Represents a party-in-interest.

The above information has been certified as complete and accurate by Northern Trust Company, the trustee.

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
TOPCO PENSION PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
36-4469052

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

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

Part I Basic Information

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

2 Assets:

a Market value	**2a**	60,207,626
b Actuarial value	**2b**	61,519,083

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	36	5,950,151	5,950,151
b For terminated vested participants	79	6,689,835	6,689,835
c For active participants	75	25,696,537	25,756,918
d Total	190	38,336,523	38,396,904

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**	5.32%
6 Target normal cost		
a Present value of current plan year accruals	**6a**	2,164,825
b Expected plan-related expenses	**6b**	262,188
c Target normal cost	**6c**	2,427,013

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

STEVEN P. HOXMEIER SPH — Signature of actuary

10/01/2026 — Date

STEVEN P. HOXMEIER — Type or print name of actuary

2607239 — Most recent enrollment number

AON CONSULTING, INC. — Firm name

847-295-5000 — Telephone number (including area code)

MSC#17755, Aon, PO Box 551343

Atlanta GA 30355 — 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)	9,491,369	12,607,723
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	9,491,369	12,607,723
10	Interest on line 9 using prior year's actual return of -0.11%	-10,441	-13,868
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	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 5.13%		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		0
	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)	9,480,928	12,593,855

Part III Funding Percentages

14	Funding target attainment percentage	14	102.72%
15	Adjusted funding target attainment percentage	15	160.21%
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	147.26%
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
			Totals ► 18(b)	0	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	0

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year

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

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

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	
5.00 %	5.27 %	5.50%	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	0
22 Weighted average retirement age	**22**	64

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**	2,427,013
b Excess assets, if applicable, but not greater than line 31a	**31b**	1,047,396

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	1,379,617

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	1,379,617	0	1,379,617

36 Additional cash requirement (line 34 minus line 35)	**36**	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	0

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 SB Attachment (Form 5500) —2025 Plan Year

Topco Pension Plan

EIN: 36-4469052 PN: 001

Schedule SB, line 22 — Description of Weighted Average Retirement Age

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

(a) Age	(b) Rate	(c) Weight	(d) Product (a) × (b) × (c)
55.5	4.00%	1.0000	2.22
56.5	4.00%	0.9600	2.17
57.5	4.00%	0.9216	2.12
58.5	4.00%	0.8847	2.07
59.5	4.00%	0.8493	2.02
60.5	8.00%	0.8154	3.95
61.5	8.00%	0.7501	3.69
62.5	8.00%	0.6901	3.45
63.5	8.00%	0.6349	3.23
64.5	8.00%	0.5841	3.01
65.5	50.00%	0.5374	17.60
66.5	50.00%	0.2687	8.93
67.5	75.00%	0.1343	6.80
68.5	75.00%	0.0336	1.73
69.5	75.00%	0.0084	0.44
70	100.00%	0.0021	0.15
	Weighted Average		63.58

Schedule SB Attachment (Form 5500) —2025 Plan Year
Topco Pension Plan
EIN: 36-4469052 PN: 001

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

Interest Rates for Minimum Funding Purposes	Based on segment rates with no lookback (as of January 2025), each adjusted as needed to fall within the 25-year average interest rate stabilization corridor with regard to ARPA
1st Segment Rate	5.00%
2nd Segment Rate	5.27%
3rd Segment Rate	5.50%
Interest Rates for Maximum Tax Purposes	Based on segment rates with no lookback (as of January 2025), without regard to interest rate stabilization
1st Segment Rate	5.00%
2nd Segment Rate	5.27%
3rd Segment Rate	5.40%
Salary Increases	
Minimum Funding Target Normal Cost	4.50%
Maximum Tax Expected Benefit Increase	4.50%
Social Security Wage Base Increases	Future wage indices are based on a national wage increase of 3.00% per year.
Social Security COLA Increases	2.50%
Optional Payment Form Election Percentage	85% lump sum 15% life annuity
Optional Payment Form Conversion Interest Rate	Same as funding interest rate above for lump sums
Optional Payment Form Conversion Mortality	Current 417(e) table for lump sums
Retirement Age	
Active Participants	See Table 1
Terminated Vested Participants	Age 65
Mortality Rates	
Healthy and Disabled	2024 generational mortality tables for annuitants and non-annuitants per §1.430(h)(3)-1(b).
Withdrawal Rates	See Table 2
Disability Rates	None
Decrement Timing	Middle of year decrements (except that retirement is assumed to occur at the beginning of the year for ages where the assumed retirement rate is 100%).

Schedule SB Attachment (Form 5500) —2025 Plan Year
Topco Pension Plan
EIN: 36-4469052 PN: 001

Surviving Spouse Benefit	It is assumed that 90% of males and 50% of females have an eligible spouse, and that males are three years older than their spouses.
Valuation Compensation	2024 Pensionable earnings rolled forward one year with salary increase assumption.
Benefit and Compensation Limits	Projected benefits and compensation are limited by the current IRC section 415 maximum benefit of $280,000 and the IRC section 401(a)(17) compensation limit of $350,000.
Valuation of Plan Assets	Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value. A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii).
Expected Return on Assets	
2023 Plan Year	6.00%, limited to 5.74%
2024 Plan Year	6.00%, limited to 5.59%
2025 Plan Year	6.50%, limited to 5.50%
Trust Expenses Included in Target Normal Cost	$262,188
Actuarial Method	Standard unit credit cost method
Valuation Date	January 1, 2025

Table 1

Age	Rate
55	4.00%
56	4.00%
57	4.00%
58	4.00%
59	4.00%
60	8.00%
61	8.00%
62	8.00%
63	8.00%
64	8.00%
65	50.00%
66	50.00%
67	75.00%
68	75.00%
69	75.00%
70+	100.00%

Table 2

Withdrawal Rates

Age	Rate	Age	Rate
15	22.75%	35	10.27%
16	22.75%	36	9.62%
17	22.75%	37	8.97%
18	22.75%	38	8.45%
19	22.75%	39	7.80%
20	22.75%	40	7.28%
21	22.75%	41	6.76%
22	21.71%	42	6.37%
23	20.54%	43	5.85%
24	19.63%	44	5.46%
25	18.59%	45	5.07%
26	17.68%	46	4.68%
27	16.64%	47	4.42%
28	15.73%	48	4.03%
29	14.95%	49	3.77%
30	14.04%	50	3.51%
31	13.26%	51	3.38%
32	12.48%	52	3.12%
33	11.70%	53	2.99%
34	11.05%	54+	2.86%

Schedule SB Attachment (Form 5500) —2025 Plan Year
Topco Pension Plan
EIN: 36-4469052 PN: 001

Schedule SB, Part V — Summary of Plan Provisions

Effective Date	March 1, 1956. Last amended August 31, 2020.
Eligibility	Any person who is regularly employed on a salaried basis and was hired before December 31, 2009.
Normal Retirement	
Eligibility	Age 65.
Benefit	A monthly amount equal to the sum of (1) and (2) less (3): (1) 1.5000% of average compensation multiplied by number of years of credited past service (up to a maximum of 30 years). (2) 2.0000% of average compensation multiplied by number of years of credited future service (up to a maximum of 30 years minus number of years of past service). (3) 1.6667% of primary Social Security benefit multiplied by number of years of credited future service (up to a maximum of 30 years minus number of years of past service).
Early Retirement	
Eligibility	Age 55 and five years of service.
Benefit	An amount equal to the accrued benefit as of the date of early retirement, reduced 6.0% for each year commencement precedes normal retirement.
Deferred Vested Retirement	
Eligibility	Five years of service.
Benefit	An amount equal to the accrued benefit as of the date of termination. This benefit will be reduced as for early retirement.
Disability Retirement	
Eligibility	Total and permanent disability after completing five years of service.
Benefit	An amount equal to the accrued benefit computed as of the date of disability retirement, except that the Social Security offset may not exceed 64% of the disability benefit payable under the Social Security Act in effect on the date of disablement.

	If a participant remains disabled at age 55, his benefit is recomputed to equal the amount he would have received had he retired at age 55 with service accrual continued to age 55.
Preretirement Surviving Spouse Benefit	
Eligibility	All vested, married and single participants who have not yet begun receiving benefit payments.
Benefit	For married participants, an annuity payable to the spouse of a participant equal to one-half of the annuity the participant would have received if retirement had occurred on the day before his death and elected a pension payable in the form of a qualified 50% joint and survivor annuity. The benefit is payable upon the later of the participant's date of death or the date he would have first been eligible for early retirement. For unmarried participants, a lump sum actuarial equivalent of the survivor annuity payable to a beneficiary following the death of the participant, calculated assuming the beneficiary's age to be the exact same age as the deceased participant. This benefit is payable as soon as administratively possible following the death of the participant, but in no event later than December 31 of the fifth year following the year of such participant's death.
Minimum Benefits for Prior Participants	
Eligibility	An employee who participated in the plan on May 31, 1969, or his surviving spouse, and is eligible for a normal, early, disability, death, or termination benefit.
Benefit	The benefit from normal or early retirement, disability, death, or termination shall not be less than the actuarial equivalent of his 1969 termination value computed as of the date of the commencement of the benefit.
Form of Benefit Payment	
Normal Form of Benefit	Life annuity. Payable on a reduced basis as a qualified joint and survivor annuity to married participants, unless elected otherwise.
Optional Payment Forms	66⅔%, 75% and 100% joint and survivor annuity; 10-year certain and life; 3-, 5-, or 10-year certain; and lump sum option.
Medium of Funding	Trust fund.

Source of Contributions	The plan is fully employer paid.
Definitions	
Compensation	The amount of earnings paid for service rendered as an employee, excluding bonuses paid under the long term incentive plan and cash and noncash benefits.
Monthly Average	The average amount of an employee's monthly compensation.
Compensation	During the 60 months (whether consecutive or not) out of his last 10 years of service which will produce the largest amount.
Year of Service	The period beginning on an employee's commencement date and ending on his severance from service date. Separate periods of service will be bridged in accordance with the detailed provisions in Section 1(b) of the Plan document.
Year of Credited Service	A participant's credited past service is his years of service before April 1, 1979. A participant's credited future service is his years of service after March 31, 1979.
Primary Social Security Benefit	The age 65 estimated monthly old-age insurance benefit. determined under the Social Security Act in effect on that date. In the event of termination or retirement prior to age 65, the benefit will be determined on the assumption of level future earnings.
1969 Termination Value	The greater of (a) the cash value of the insurance or annuity contracts held on the life of an employee as of May 31, 1969; and (b) 95.5% of such cash value, plus interest at 5½% per year compounded annually from June 1, 1969, to the date as of which the termination value is being computed.
Lump Sum Benefit	The lump sum is calculated as the greater of the total accrued benefit converted to a lump sum using the "GATT factors" and the March 31, 2001 accrued benefit converted to a lump sum using the PBGC lump sum rates in effect for the 2000 plan year plus the benefit accrued after March 31, 2001 converted to a lump sum using the "GATT factors.

Schedule SB Attachment (Form 5500) —2025 Plan Year
Topco Pension Plan
EIN: 36-4469052 PN: 001

Other Information to Fully and Fairly Disclose the Actuarial Position of the Plan

Due to software limitations with the electronic filing process, information filed electronically cannot be controlled by the Enrolled Actuary. The values on the signed Schedule SB will govern to the extent there are any differences in the entries filed electronically and the actual data contained on the signed Schedule SB.

Schedule SB Attachment (Form 5500) —2025 Plan Year
Topco Pension Plan
EIN: 36-4469052 PN: 001

Schedule SB, line 24 — Change in Actuarial Assumptions

Method Changes

There have been no method changes in the funding valuation since the prior year.

Assumption Changes

The funding valuation reflects the following assumption changes:

- A change in the optional payment form election percentage from 25 percent elect the single life annuity and 75 percent elect a lump sum payment to 15 percent elect the single life annuity and 85 percent elect a lump sum payment.
- A change in the retirement rates for active employees to better reflect anticipated future experience.
- A change in the withdrawal rates to better reflect anticipated future experience.

These changes were made to better reflect the anticipated plan experience and did not reduce the funding shortfall. As such, approval of the Commissioner is not required

Schedule SB Attachment (Form 5500) —2025 Plan Year
Topco Pension Plan
EIN: 36-4469052 PN: 001

Schedule SB, line 26a — Schedule of Active Participant Data as of January 1, 2025

Number of Participants and Average Compensation

Attained Age	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25										
25-29										
30-34										
35-39					3					
40-44					9	2				
45-49					5	2	2			
50-54					7	4	4	1		
55-59					5	4	3	2	2	
60-64					8	1	4		4	
65-69						1			2	
70+										

N-75

Schedule SB Attachment (Form 5500) —2025 Plan Year
Topco Pension Plan
EIN: 36-4469052 PN: 001

Schedule SB, Part V — Summary of Plan Provisions

Effective Date	March 1, 1956. Last amended August 31, 2020.
Eligibility	Any person who is regularly employed on a salaried basis and was hired before December 31, 2009.
Normal Retirement	
Eligibility	Age 65.
Benefit	A monthly amount equal to the sum of (1) and (2) less (3): (1) 1.5000% of average compensation multiplied by number of years of credited past service (up to a maximum of 30 years). (2) 2.0000% of average compensation multiplied by number of years of credited future service (up to a maximum of 30 years minus number of years of past service). (3) 1.6667% of primary Social Security benefit multiplied by number of years of credited future service (up to a maximum of 30 years minus number of years of past service).
Early Retirement	
Eligibility	Age 55 and five years of service.
Benefit	An amount equal to the accrued benefit as of the date of early retirement, reduced 6.0% for each year commencement precedes normal retirement.
Deferred Vested Retirement	
Eligibility	Five years of service.
Benefit	An amount equal to the accrued benefit as of the date of termination. This benefit will be reduced as for early retirement.
Disability Retirement	
Eligibility	Total and permanent disability after completing five years of service.
Benefit	An amount equal to the accrued benefit computed as of the date of disability retirement, except that the Social Security offset may not exceed 64% of the disability benefit payable under the Social Security Act in effect on the date of disablement.

	If a participant remains disabled at age 55, his benefit is recomputed to equal the amount he would have received had he retired at age 55 with service accrual continued to age 55.
Preretirement Surviving Spouse Benefit	
Eligibility	All vested, married and single participants who have not yet begun receiving benefit payments.
Benefit	For married participants, an annuity payable to the spouse of a participant equal to one-half of the annuity the participant would have received if retirement had occurred on the day before his death and elected a pension payable in the form of a qualified 50% joint and survivor annuity. The benefit is payable upon the later of the participant's date of death or the date he would have first been eligible for early retirement. For unmarried participants, a lump sum actuarial equivalent of the survivor annuity payable to a beneficiary following the death of the participant, calculated assuming the beneficiary's age to be the exact same age as the deceased participant. This benefit is payable as soon as administratively possible following the death of the participant, but in no event later than December 31 of the fifth year following the year of such participant's death.
Minimum Benefits for Prior Participants	
Eligibility	An employee who participated in the plan on May 31, 1969, or his surviving spouse, and is eligible for a normal, early, disability, death, or termination benefit.
Benefit	The benefit from normal or early retirement, disability, death, or termination shall not be less than the actuarial equivalent of his 1969 termination value computed as of the date of the commencement of the benefit.
Form of Benefit Payment	
Normal Form of Benefit	Life annuity. Payable on a reduced basis as a qualified joint and survivor annuity to married participants, unless elected otherwise.
Optional Payment Forms	66⅔%, 75% and 100% joint and survivor annuity; 10-year certain and life; 3-, 5-, or 10-year certain; and lump sum option.
Medium of Funding	Trust fund.

Source of Contributions	The plan is fully employer paid.
Definitions	
Compensation	The amount of earnings paid for service rendered as an employee, excluding bonuses paid under the long term incentive plan and cash and noncash benefits.
Monthly Average	The average amount of an employee's monthly compensation.
Compensation	During the 60 months (whether consecutive or not) out of his last 10 years of service which will produce the largest amount.
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◆ Assets held for Investment Purposes

Security Description / Asset ID	Shares/Par Value	Cost	Current Value
Value of Interest in Common/Collective Trusts			
International Region - USD			
MFB NT COLLECTIVE EAFE INDEX FUND-NON LENDING CUSIP : 658991526	2,568.420	832,089.08	1,495,670.59
Total International Region - USD		**832,089.08**	**1,495,670.59**
United States - USD			
CF CF BLACKROCK LONG DURATION CR SCREENED NON LENDABLE FD CUSIP : 336992128	2,227,034.260	37,461,742.87	43,710,464.64
MFB NT COLLECTIVE LONG-TERM GOVT BD INDEX FUND-NON-LENDING CUSIP : 664997AA1	236,606.020	11,355,134.07	11,233,107.41
MFB NT COLLECTIVE S&P500 INDEX FUND-NON LENDING CUSIP : 658991310	100.130	1,165,701.40	2,675,288.96
NT COLLECTIVE SHORT TERM INVT FD CUSIP : 66586U452	89,058.080	89,058.08	89,058.08
NTCC HI YIELD BD FD FEBT CUSIP : 665993291	879.400	1,398,223.96	2,080,392.10
Total United States - USD		**51,469,860.38**	**59,788,311.19**
Total Value of Interest in Common/Collective Trusts		**52,301,949.46**	**61,283,981.78**
Total		**52,301,949.46**	**61,283,981.78**

Although this report has been prepared using information believed to be reliable, it may contain information provided by third parties or derived from third party information, and/or information that may have been obtained from, categorized or otherwise reported based upon client direction. The Northern Trust Company does not guarantee the accuracy , timeliness or completeness of any such information. The information included in this report is intended to assist clients with their financial reporting needs, but you must consult with your accountants, auditors and/or legal counsel to ensure your accounting and financial reporting complies with applicable laws, regulations and accounting guidance. The Northern Trust Company and its affiliates shall have no responsibility for the consequences of investment decisions made in reliance on information contained in this report .

** All or a portion of this security participates in Securities Lending.

Topco Associates LLC Pension Plan

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

Employer Identification Number: 36-4469052
Plan Number: 001

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, Maturity Value	Cost	Current Value
		Units of collective trusts:		
*	Northern Trust Company	Collective EAFE Index Fund—Non Lending	$ 832,089	$ 1,495,671
*	Northern Trust Company	Collective S&P 500 Index Fund—Non Lending	1,165,701	2,675,289
*	Northern Trust Company	Collective Long Term Government Bond Index Fund—Non Lending	1,997,790	11,233,107
*	Northern Trust Company	Collective Hi Yield Bond Fund	1,398,224	2,080,392
*	Northern Trust Company	Short Term Investment Fund	89,059	89,059
	Blackrock Institutional Trust Company	Long Duration Credit Screened Non-Lendable Fund	37,461,743	43,710,465
			$ 42,944,606	$ 61,283,983

* Represents a party-in-interest.

The above information has been certified as complete and accurate by Northern Trust Company, the trustee.

Schedule SB Attachment (Form 5500) —2025 Plan Year
Topco Pension Plan
EIN: 36-4469052 PN: 001

Schedule SB, line 24 — Change in Actuarial Assumptions

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