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

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 09/01/2024 and ending 08/31/2025

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
- [X] an amended return/report
- [ ] a short plan year return/report (less than 12 months)

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
ESSENDANT UNION EMPLOYEES' PENSION PLAN

1b Three-digit plan number (PN) ▶ 009

1c Effective date of plan 01/01/1992

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)
ESSENDANT CO.

BENEFITS DEPARTMENT

200 TRI STATE INTERNATIONAL
SUITE 400
LINCOLNSHIRE, IL 60069

2b Employer Identification Number (EIN) 36-2431718

2c Plan Sponsor's telephone number 847-627-7000

2d Business code (see instructions) 423990

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.	10/22/2026	CATRINA BARRERA
	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:

a Sponsor's name

c Plan Name

4b EIN

4d PN

5	Total number of participants at the beginning of the plan year	**5**	966
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)**	229
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	222
b	Retired or separated participants receiving benefits	**6b**	327
c	Other retired or separated participants entitled to future benefits	**6c**	362
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	911
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	46
f	Total. Add lines **6d** and **6e**.	**6f**	957
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**	17
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 Characteristics Codes in the instructions:

1B

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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [ ] **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 2024 Form M-1 annual report. If the plan was not required to file the 2024 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

2024

This Form is Open to Public Inspection

For calendar plan year 2024 or fiscal plan year beginning 09/01/2024 and ending 08/31/2025

▶ **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
ESSENDANT UNION EMPLOYEES' PENSION PLAN

B Three-digit plan number (PN) ▶ 009

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
ESSENDANT CO.

D Employer Identification Number (EIN)
36-2431718

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

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

Part I Basic Information

1 Enter the valuation date: Month 09 Day 01 Year 2024

2 Assets:

a Market value	**2a**	57011985
b Actuarial value	**2b**	57011985

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	341	25070263	25070263
b For terminated vested participants	396	12731307	12731307
c For active participants	243	15038177	15400008
d Total	980	52839747	53201578

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**	5.37 %
6 Target normal cost		
a Present value of current plan year accruals	**6a**	1169601
b Expected plan-related expenses	**6b**	298000
c Target normal cost	**6c**	1467601

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

06/12/2026
Date

JAMES D PINKERTON, FSA, EA
Type or print name of actuary

26-06373
Most recent enrollment number

OCTOBER THREE CONSULTING LLC
Firm name

312-878-2352
Telephone number (including area code)

233 S. WACKER DR.
SUITE 8350
CHICAGO, IL 60606
Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of 12.90 %	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		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 5.34 %		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)	0	0

Part III Funding Percentages

14	Funding target attainment percentage	14	107.16 %
15	Adjusted funding target attainment percentage	15	107.16 %
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	108.33 %
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:	
4.84 %	5.24 %	5.59 %	☐ N/A, full yield curve used

b Applicable month (enter code) **21b** 4

22 Weighted average retirement age **22** 62

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

Part VI Miscellaneous Items

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

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

26 Demographic and benefit information

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

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

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

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

a Target normal cost (line 6c)	**31a**	1467601
b Excess assets, if applicable, but not greater than line 31a	**31b**	1467601

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**	0

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

36 Additional cash requirement (line 34 minus line 35)	**36**	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.**	**2024** **This Form is Open to Public Inspection.**

For calendar plan year 2024 or fiscal plan year beginning 09/01/2024 and ending 08/31/2025

A Name of plan	**B** Three-digit plan number (PN) ▶
ESSENDANT UNION EMPLOYEES' PENSION PLAN	009

C Plan sponsor's name as shown on line 2a of Form 5500	**D** Employer Identification Number (EIN)
ESSENDANT CO.	36-2431718

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)

OCTOBER THREE CONSULTING LLC

27-1175487

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 50	NONE	190889	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

AON HEWITT

4 OVERLOOK PT
LINCOLNSHIRE, IA 60069

(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	NONE	69003	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PRINCIPAL

51-0099493

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21	NONE	25979	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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	NONE	20402	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

VEDDER PRICE PC

222 N LA SALLE STREET
CHICAGO, IL 60601

(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?
29 50	NONE	12038	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

(complete as many entries as needed)

a	Name:	**b** EIN:
c	Position:	
d	Address:	**e** Telephone:

Explanation:

a	Name:	**b** EIN:
c	Position:	
d	Address:	**e** Telephone:

Explanation:

a	Name:	**b** EIN:
c	Position:	
d	Address:	**e** Telephone:

Explanation:

a	Name:	**b** EIN:
c	Position:	
d	Address:	**e** Telephone:

Explanation:

a	Name:	**b** EIN:
c	Position:	
d	Address:	**e** Telephone:

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

2024

This Form is Open to Public Inspection.

For calendar plan year 2024 or fiscal plan year beginning 09/01/2024 and ending 08/31/2025

A Name of plan
ESSENDANT UNION EMPLOYEES' PENSION PLAN

B Three-digit plan number (PN) ▶ 009

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
ESSENDANT CO.

D Employer Identification Number (EIN)
36-2431718

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: SMALL CAP EQUITY INDEX FUND

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

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)
27-2436452-009	C	857651

a Name of MTIA, CCT, PSA, or 103-12 IE: 20+ YEAR U.S. TREASURE STRIPS INDEX

b Name of sponsor of entity listed in (a): AON COLLECTIVE INVESTMENT TRUST

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
37-6543784-012	C	1972170

a Name of MTIA, CCT, PSA, or 103-12 IE: US INTERMEDIATE GOV BOND INDEX FUND

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

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)
27-2436452-014	C	2365179

a Name of MTIA, CCT, PSA, or 103-12 IE: CORE REAL ESTATE FUND

b Name of sponsor of entity listed in (a): AON COLLECTIVE INVESTMENT TRUST

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
37-6543784-005	C	6007481

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

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

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)
27-2436452-004	C	1664421

a Name of MTIA, CCT, PSA, or 103-12 IE: NISA ULTRA MID TREAS CIF

b Name of sponsor of entity listed in (a): NISA COLLECTIVE INVESTMENT TRUST

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)
88-6547562-006	C	3861041

a Name of MTIA, CCT, PSA, or 103-12 IE: LARGE CAP EQUITY INDEX FUND

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

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)
27-2436452-006	C	5080967

a Name of MTIA, CCT, PSA, or 103-12 IE:	LONG CREDIT BOND FUND		
b Name of sponsor of entity listed in (a):	AON HEWITT		
c EIN-PN 27-2436452-007	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	6161135
a Name of MTIA, CCT, PSA, or 103-12 IE:	NON-U.S. EQUITY INDEX FUND		
b Name of sponsor of entity listed in (a):	AON HEWITT		
c EIN-PN 27-2436452-010	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	1923042
a Name of MTIA, CCT, PSA, or 103-12 IE:	U.S. LONG GOV BOND FUND		
b Name of sponsor of entity listed in (a):	AON HEWITT		
c EIN-PN 27-2436452-042	**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 INVESTMENT GLOBAL EQUITY		
b Name of sponsor of entity listed in (a):	AON COLLECTIVE INVESTMENT TRUST		
c EIN-PN 37-6543784-004	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	12434206
a Name of MTIA, CCT, PSA, or 103-12 IE:	GLOBAL REAL ESTATE CL		
b Name of sponsor of entity listed in (a):	AON COLLECTIVE INVESTMENT TRUST		
c EIN-PN 37-6543784-006	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	281173
a Name of MTIA, CCT, PSA, or 103-12 IE:	HIGH YIELD PLUS CL		
b Name of sponsor of entity listed in (a):	AON COLLECTIVE INVESTMENT TRUST		
c EIN-PN 37-6543784-007	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	317042
a Name of MTIA, CCT, PSA, or 103-12 IE:	OPPORTUNISTIC CREDIT PORTFOLIO		
b Name of sponsor of entity listed in (a):	AON HEWITT		
c EIN-PN 98-1554296-001	**d** Entity code E	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	962763
a Name of MTIA, CCT, PSA, or 103-12 IE:	AON PRIVATE CREDIT OP FUND II, LP		
b Name of sponsor of entity listed in (a):	AON HEWITT		
c EIN-PN 87-3885623-001	**d** Entity code E	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	2233181
a Name of MTIA, CCT, PSA, or 103-12 IE:	ENHANCED LIABILITY DRIVEN INVEST		
b Name of sponsor of entity listed in (a):	AON COLLECTIVE INVESTMENT TRUST		
c EIN-PN 37-6543784-048	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	1634225
a Name of MTIA, CCT, PSA, or 103-12 IE:	NISA ULTRA LONG TREAS CIF		
b Name of sponsor of entity listed in (a):	NISA COLLECTIVE INVESTMENT TRUST		
c EIN-PN 88-6547562-007	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	6881127

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

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

2024

This Form is Open to Public Inspection

For calendar plan year 2024 or fiscal plan year beginning 09/01/2024 and ending 08/31/2025

A Name of plan
ESSENDANT UNION EMPLOYEES' PENSION PLAN

B Three-digit plan number (PN) ▶ 009

C Plan sponsor's name as shown on line 2a of Form 5500
ESSENDANT CO.

D Employer Identification Number (EIN)
36-2431718

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 reported 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)	38527	6492
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	2162587	1829601
(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)	51921494	51440860
(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)	2889377	3195944
(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)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	57011985	56472897
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	57011985	56472897

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)	39252	
(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)		39252
(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)		1975593
(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)		270792
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		47455
d Total income. Add all **income** amounts in column (b) and enter total	2d		2333092
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	2456303	
(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)		2456303
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)	20402	
(5) Investment advisory and investment management fees	2i(5)	69003	
(6) Bank or trust company trustee/custodial fees	2i(6)	25979	
(7) Actuarial fees	2i(7)	190889	
(8) Legal fees	2i(8)	12038	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	97566	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		415877
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		2872180
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		-539088
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)** [X] 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		10000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4g**		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	**4j**	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	**4n**			

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

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

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 574380.

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

2024

This Form is Open to Public Inspection.

For calendar plan year 2024 or fiscal plan year beginning 09/01/2024 and ending 08/31/2025

A Name of plan
ESSENDANT UNION EMPLOYEES' PENSION PLAN

B Three-digit plan number (PN) ▶ 009

C Plan sponsor's name as shown on line 2a of Form 5500
ESSENDANT CO.

D Employer Identification Number (EIN)
36-2431718

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): 25-1211909

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** 9

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): _____

---

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_____.

ESSENDANT UNION EMPLOYEES' PENSION PLAN

Financial Statements and Supplemental Schedules
For the Years Ended August 31, 2025 and 2024
With Independent Auditor's Report

ESSENDANT UNION EMPLOYEES' PENSION PLAN
August 31, 2025 and 2024

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Independent Auditor's Report

Participants and Administrative Committee
Essendant Union Employees' Pension Plan

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

Management, having determined it is permissible in the circumstances, has elected to have the audits of the Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's (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 and for the years ended August 31, 2025 and 2024, stating that the certified investment information, as described in Note 7 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.

Emphasis of Matter—Partial Plan Termination
As discussed in Note 11 to the financial statements, Essendant Co., the Plan's Sponsor, initiated restructuring actions centered around the discontinuation of its "wrap and label" delivery model, which included the closure of 19 facilities, workforce reduction and other actions to rationalize its delivery methods and facility network. The workforce reduction resulted in a partial plan termination. Our opinion is not modified with respect to this matter.

Emphasis of Matter—Plan Termination
As discussed in Notes 4 and 11 to the financial statements, Essendant Co., the Plan's Sponsor, decided on March 3, 2026, to terminate the Plan effective June 15, 2026, subject to regulatory approval. Liquidation was not considered imminent by management as of August 31, 2025. Our opinion is not modified with respect to this matter.

Responsibilities of Management for the Financial Statements
Management is responsible for the preparation and fair presentation of the financial statements in accordance with 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 schedule of assets (held at end of year) as of August 31, 2025, and schedule of reportable transactions for the year ended August 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

Schaumburg, Illinois
September 24, 2026

ESSENDANT UNION EMPLOYEES' PENSION PLAN

Statements of Net Assets Available for Benefits

As of August 31, 2025 and 2024

	2025	2024
ASSETS		
Investments, at fair value	$ 56,466,405	$ 56,973,458
Accrued interest and dividends	6,492	38,527
Net assets available for benefits	$ 56,472,897	$ 57,011,985

See notes to financial statements.

ESSENDANT UNION EMPLOYEES' PENSION PLAN
Statements of Changes in Net Assets Available for Benefits
Years Ended August 31, 2025 and 2024

	2025	2024
ADDITIONS		
Investment income		
Interest and dividend income	$ 39,252	$ 78,148
Net appreciation in fair value of investments	2,246,385	7,702,108
Other income	47,455	778
Net investment income	$ 2,333,092	$ 7,781,034
Total additions	$ 2,333,092	$ 7,781,034
DEDUCTIONS		
Benefits paid	$ 2,456,303	$ 11,454,084
Administrative expenses	415,877	510,709
Total deductions	$ 2,872,180	$ 11,964,793
Net decrease	(539,088)	(4,183,759)
Net assets available for benefits, beginning of year	57,011,985	61,195,744
Net assets available for benefits, end of year	$ 56,472,897	$ 57,011,985

See notes to financial statements.

Note 1 - Description of the Plan

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

Plan	Plan No.	Year Established
Essendant Union Employees' Pension Plan	009	1992

The Plan is a non-contributory defined benefit plan sponsored by Essendant Co. (the "Company"). The Plan covers hourly paid warehouse employees under collective bargaining agreements between the Company and the union locals listed in the Plan document upon attaining age 21, completion of 12 consecutive months of service, and meeting one of the biannual entrance dates. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended ("ERISA").

Under the Plan, employees retiring at their normal retirement date are entitled to defined retirement benefits, as specified in the Plan's document. Covered employees, with five years of service, become fully vested in the Plan and are eligible for pension benefits upon attainment of normal retirement. Employees retiring at their early retirement date (at age 55 with 10 or more years of service on an actuarially equivalent basis) are entitled to defined retirement benefits, as specified in the Plan's document.

The amount of benefits provided at retirement depends upon an employee's years of credited service and pension rate in effect on date of termination. The Plan provides for normal retirement, early retirement, permanent disability retirement, deferred vested retirement, and spousal death benefits.

The Plan is administered by the Company's Administrative Committee which is responsible for the operation and administration of the Plan. The Company's Investment Committee determines the appropriateness of the Plan's investment offerings and monitors investment performance. The Plan's trustee is Principal Bank (the "Trustee"), and the custodian of the Plan is Aon Trust Company, LLC (the "Custodian").

The Pension Protection Act of 2006 (PPA) as amended by the Worker, Retiree and Employer Recovery Act of 2008 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. A plan's funded percentage is referred to as the Adjusted Funding Target Attainment Percentage ("AFTAP"). The 2024 AFTAP for the Plan is 107.16%. Because the Plan's AFTAP equals or exceeds 80%, the Plan is not subject to any benefit restrictions.

Effective June 21, 2024, the Plan was amended to provide a limited special lump sum option window between June 21, 2024 and July 31, 2024. During this period, a certain group of participants, who would otherwise not yet be eligible for a distribution could elect to receive a distribution, and certain participants who would not otherwise be eligible for a lump sum distribution could elect a lump sum distribution. As this amendment was adopted on June 19, 2024, its impact is included in the actuarial present value of accumulated plan benefits as of August 31, 2024.

Effective September 1, 2024, the Plan was amended to increase the monthly benefit rates for Teamsters Local 63 participants. Effective January 1, 2025, the Plan was amended to allow 100% Joint & Survivor Annuity to Local 299 participants. As these amendments were adopted on March 6, 2025 and April 2, 2025, respectively, no adjustment has been made to the actuarial present value of accumulated plan benefits as of August 31, 2024.

Note 2 - Summary of Significant Accounting Policies

Basis of Accounting

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

Investment Valuation and Income Recognition

The Plan's investments are stated at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's Investment Committee determines the Plan's valuation policies utilizing information provided by its investment advisors, Custodian and Trustee. See Note 8 - Fair Value Measurements for a discussion of fair value measurements.

Generally, the fair value of financial instruments listed on a securities exchange will be determined by their last sales price or the official closing price on the date as of which the value is being determined on the primary exchange on which such financial instruments are trading.

Collective Trusts and 103-12 investment entities are valued at net asset value ("NAV") per share. The NAV is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments comprising the collective trusts. This practical expedient is not used when it is determined the fund will sell the investment for an amount different from the reported NAV.

Cash equivalents consist of money market mutual funds which are valued at quoted market prices and at the NAV of shares held by the Plan at year end, which generally results in being classified as Level 1.

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.

The net appreciation in the fair value of investments consists of the realized gains or losses and the unrealized appreciation on investments bought and sold as well as held during the year.

Use of Estimates

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

Payment of Benefits

Benefits are recorded when paid.

Administrative Expenses

Recordkeeping, Trustee and other administrative expenses and fees are paid by the Plan; all other administrative expenses of the Plan are paid by the Company. Expenses that are paid by the Company are excluded from these financial statements. Expenses relating to purchases, sales, or transfers of the Plan's investments are deducted from the particular investment fund to which the expenses relate. The distribution fees are paid by the participants.

Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits (see Note 5 - Actuarial Present Value of Accumulated Plan Benefits) represent the actuarial present values of estimated future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions to services employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Benefits payable under all circumstances – retirement, death, permanent disability and termination of employment – are included to the extent that they are deemed attributable to employee services rendered to the valuation date.

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

As discussed in Notes 4 and 11, the Company initiated restructuring actions centered around the discontinuation of its "wrap and label" delivery model, which included the closure of 19 facilities, workforce reduction and other actions to rationalize its delivery method and facility network. The workforce reduction resulted in a partial plan termination. Additionally, on March 3, 2026, the Administrative Committee approved a resolution to terminate the Plan, effective June 15, 2026, subject to regulatory approval. As both the partial plan termination and the decision to terminate the Plan and the effective date of the Plan termination were subsequent to the Plan's year-end, the resolution has not been reflected in the actuarial present value of accumulated plan benefits as of August 31, 2024.

Note 3 - Funding Policy

The Company's policy is to fund the amounts required by ERISA as determined by its independent actuary. The Company contributes such amounts as are necessary to provide assets sufficient to meet the benefits to be paid to participants and satisfy ERISA's minimum funding requirements. There were no minimum required contributions for 2025 and 2024.

Note 4 - Plan Termination

On March 3, 2026, the Administrative Committee decided to terminate the Plan, effective June 15, 2026, subject to regulatory approval. Upon termination, the Plan's net assets will be allocated as prescribed by ERISA and its related regulations generally to provide the following benefits in the order indicated:

a. 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.
b. Other vested benefits insured by the Pension Benefit Guaranty Corporation ("PBGC"), a U.S. government agency, up to the applicable limitations.
c. All other vested benefits (that is, vested benefits not insured by PBGC).
d. All nonvested benefits.

Certain benefits under the Plan are insured by PBGC if the Plan terminates. Generally, PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. However, 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 when the Plan terminate in the future will depend on the sufficiency, at that time, of the Plan's net assets to provide for accumulated benefit obligations and may also depend on the financial condition of the Company and the level of benefits guaranteed by PBGC.

Note 5 - Actuarial Present Value of Accumulated Plan Benefits

The actuarial present value of accumulated plan benefits information as of August 31, 2024 was as follows:

Actuarial present value of accumulated plan benefits		
Vested benefit		
Participants currently receiving benefits	$	23,058,488
Other participants		24,103,859
Total vested benefits	$	47,162,347
Non-vested benefits		233,265
Total actuarial present value of accumulated plan benefits	$	47,395,612

Changes in accumulated plan benefits for the year ended August 31, 2024 were as follows:		
Actuarial present value of accumulated plan benefits, August 31, 2023	$	51,817,522
Increase (decrease) during the year attributed to		
Benefits accumulated		1,533,090
Demographic experience		(286,816)
Increase for interest		3,061,892
Benefits paid		(11,454,084)
Change in actuarial assumptions		2,724,008
Net decrease	$	(4,421,910)
Actuarial present value of accumulated plan benefits, August 31, 2024	$	47,395,612

Significant assumptions underlying the actuarial valuation are as follows:	
Long term rate of return	6.10 %
Mortality	Pri-2012 Blue Collar Annuitant Mortality Tables using Scale MP-2021

Changes in the actuarial assumptions include a decrease in the discount rate from 6.63% to 6.10%, resulting in an increase to the actuarial present value of accumulated plan benefits for the year ended August 31, 2024 of approximately $2.7 million.

	Age	Rate per 100 Employees (%)
Retirement rates		
	55-61	7
	62-69	20
	70+	100

These actuarial assumptions are based on the Plan's expected continuation. If the Plan was to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits (see Note 4 - Plan Termination). The calculation of the actuarial present value of accumulated plan benefits was made as of September 1, 2024. Had the valuation been performed as of August 31, 2024, there would be no material difference.

Note 6 - Income Tax Status

The Plan has received a determination letter from the Internal Revenue Service ("IRS") dated May 20, 2014, stating that the Plan is qualified under Section 401(a) of the Internal Revenue Code (the "Code") and, therefore, is exempt from taxation. Once qualified, the Plan is required to operate in conformity with the Code to maintain its qualification. The Company's

Administrative Committee believes the Plan is currently designed and being operated in compliance with the applicable requirements of the Code and, therefore, believes that the Plan, as amended, is qualified and that the related trust is tax-exempt.

U.S. GAAP requires the Plan's management to evaluate tax positions taken by the Plan. The financial statement effects of a tax position are recognized when the position is more-likely-than-not, based on the technical merits, to be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

Note 7 - Information Certified by Principal Bank

The following is a summary of the Plan's asset and income information as of and for the years ended August 31, 2025 and 2024, 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 Principal Bank, a qualified institution.

Principal Bank certified to the completeness and accuracy of the following:

	2025	2024
Cash equivalents, at fair value	$ 1,829,601	$ 2,162,587
Collective trusts, at fair value	51,440,860	51,921,494
103-12 investment entity, at fair value	3,195,944	2,889,377
Accrued interest and dividends	6,492	38,527
Interest and dividend income	39,252	78,148
Net appreciation in fair value of investments	2,246,385	7,702,108
Other income	47,455	778

Note 8 - 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 are described as follows:

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

Level 2: Inputs to the valuation methodology include:

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

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

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

The asset'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. See Note 2 - Summary of Significant Accounting Policies for a description of the valuation methodologies used for assets measured at fair value.

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

	2025				
	Total	Level 1	Level 2	Level 3	Net Asset Value (a)
Investments					
Cash equivalents	$ 1,829,601	$ 1,829,601	$ —	$ —	$ —
Collective trusts	51,440,860	—	—	—	51,440,860
103-12 investment entity	3,195,944	—	—	—	3,195,944
Total investments	$ 56,466,405	$ 1,829,601	$ —	$ —	$ 54,636,804

	2024				
	Total	Level 1	Level 2	Level 3	Net Asset Value (a)
Investments					
Cash equivalents	$ 2,162,587	$ 2,162,587	$ —	$ —	$ —
Collective trusts	51,921,494	—	—	—	51,921,494
103-12 investment entity	2,889,377	—	—	—	2,889,377
Total investments	$ 56,973,458	$ 2,162,587	$ —	$ —	$ 54,810,871

a. In accordance with relevant accounting standards, certain investments that are measured at fair value using the NAV per share (or its equivalent) have not been classified in the fair value hierarchy.

The following table summarizes investments measured at fair value based on NAVs per share as of August 31, 2025 and 2024, respectively.

	2025			
	Fair Value	Unfunded Commitments	Redemption Frequency (if currently eligible)	Redemption Notice Period
Collective trusts	$ 10,742,168	$ —	Daily	2 Days
Collective trusts	$ 31,392,565	$ —	Daily	15 Days
Collective trusts	$ 3,298,646	$ —	Monthly	10 Days
Collective trusts	$ 6,007,481	$ —	Quarterly	105 Days
103-12 investment entity	$ 3,195,944	$ 2,837,441	None	None

	2024			
	Fair Value	Unfunded Commitments	Redemption Frequency (if currently eligible)	Redemption Notice Period
Collective trusts	$ 10,936,655	$ —	Daily	2 Days
Collective trusts	$ 28,202,037	$ —	Daily	15 Days
Collective trusts	$ 5,064,399	$ —	Monthly	10 Days
Collective trusts	$ 7,718,403	$ —	Quarterly	105 Days
103-12 investment entity	$ 2,889,377	$ 2,844,013	None	None

Note 9 - Party-In-Interest Transactions

The Plan has investments in collective trusts held by Aon Trust Company, the Plan's investor advisor. Total fees paid by the Plan to Aon Trust Company were $69,003 and $56,308 for the years ended August 31, 2025 and 2024, respectively. Total fees paid by the Plan to Principal Bank were $23,899 and $45,825 for the years ended August 31, 2025 and 2024, respectively. These transactions qualify as party-in-interest transactions; however, they are exempt from the prohibited transactions rules under ERISA.

Note 10 - Risks and Uncertainties

The Plan invests in various investment securities that 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 estimation and assumption processes, it is reasonably possible that changes in these estimates and assumptions in the near term could materially affect the amounts reported and disclosed in the financial statements.

Note 11 - Subsequent Events

Management evaluated subsequent events for the Plan through September 24, 2026, the date the financial statements were available to be issued.

In December 2025, the Company initiated restructuring actions centered around the discontinuance of its “wrap and label” delivery model, which included the closure of 19 facilities, workforce reduction and other actions to rationalize its delivery methods and facility network. The workforce reduction resulted in the partial plan termination. Further, On March 3, 2026, the Administrative Committee decided to terminate the Plan effective June 15, 2026. Liquidation is not considered imminent by Plan management as of August 31, 2025. The Plan is determining the impact of adopting FASB ASC 205, Presentation of Financial Statements: Liquidation Basis of Accounting, will have on subsequent financial statements. The impact to the actuarial present value accumulated plan benefits and total settlement liability have not yet been determined by the actuary.

On September 4, 2026, the Company filed an assignment for the benefit of creditors and is in the process of liquidating its assets. Based on information currently available, the Company expects the Plan to have sufficient assets to satisfy its benefit obligations to participants and beneficiaries in accordance with the terms of the Plan.

Essendant Co. Essendant Union Employees Pension Plan

EIN / PN 36-2431718 / 009

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

Attained age	Completed years of credited service as of September 1, 2024										
	Under 1	1 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 & over	Total
Under 25	-	12	1	-	-	-	-	-	-	-	13
25 to 29	-	11	4	-	-	-	-	-	-	-	15
30 to 34	1	6	12	-	-	-	-	-	-	-	19
35 to 39	-	5	5	-	2	-	-	-	-	-	12
40 to 44	-	6	11	3	4	8	-	-	-	-	32
45 to 49	-	5	7	3	3	3	7	-	-	-	28
50 to 54	-	3	5	3	6	6	6	-	-	-	29
55 to 59	-	5	3	4	6	3	7	5	4	-	37
60 to 64	-	5	4	1	5	5	6	6	8	1	41
65 to 69	-	1	4	-	1	4	-	1	2	-	13
70 & over	-	-	1	-	-	-	1	1	1	-	4
Total	1	59	57	14	27	29	27	13	15	1	243

Essendant Union Employees Pension Plan

EIN / PN 36-2431718 / 009

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

Actuarial Assumptions and Methods

Plan Sponsor Elections

Yield curve election: The plan sponsor did not elect to use the full yield curve under IRC section 430(h)(2)(D)(ii).

Applicable month: The plan sponsor elected to base the segment rates on the rates published in the May immediately preceding the valuation year.

Economic Assumptions

	Funding Target		PBGC
	with stabilization	without stabilization	Funding Target
First segment rate (years 0 to 4):	4.84%	4.84%	4.50%
Second segment rate (years 5 to 19):	5.24%	5.24%	4.96%
Third segment rate (years 20 and after):	5.59%	5.22%	5.40%
Effective interest rate (current year):	5.37%	5.21%	N/A

ASC 960 discount rate (current year): 6.10%

The interest rates listed above are compounded annually.

Actuarial Assumptions and Methods

Demographic Assumptions

WEIGHTED AVERAGE RETIREMENT AGE

The weighted average retirement age rounded to the nearest whole age is 62.

RETIREMENT

The retirement decrement assumptions for active participants are described in Exhibit A.

WITHDRAWAL

The withdrawal decrement assumptions are summarized in Exhibit B.

DISABILITY

The disability decrement assumptions are summarized in Exhibit C.

RATIONALE FOR RETIREMENT AGE, WITHDRAWAL AND DISABILITY ASSUMPTIONS

These assumptions are set based on plan design and expected participant behavior with periodic monitoring of observed gains and losses caused by patterns different from assumed.

MORTALITY AND MORTALITY IMPROVEMENT

The mortality follows the IRS 2024 Generational Mortality Table based on the rates in the RP-2014 Mortality Tables published by the SOA adjusted for mortality improvement, as prescribed by Treasury regulation section 1.430(h)(3)-1.

For ASC 960, Non-Annuitants: the Pri-2012 Employee Blue Collar Mortality Table with generational projection using Scale MP-2021; Annuitants: Pri-2012 Healthy Retiree Blue Collar Mortality Table with generational projection using Scale MP-2021; Contingent Survivors: Pri-2012 Contingent Survivor Blue Collar Mortality Table with generational projection using Scale MP-2021; Disabled: Pri-2012 Disabled Retiree Mortality Table with generational projection using Scale MP-2021.

MARITAL STATUS

80% of employees are assumed to be married; husbands are assumed to be three years older than wives.

DECREMENT TIMING

Decrements are assumed to occur as of the middle of the year.

Other Assumptions

FORM OF PAYMENT

50% of married participants are assumed to elect a 50% joint and survivor annuity and 50% are assumed to elect a life annuity; 100% of single participants are assumed to elect a life annuity.

EXPENSES

Assumed expenses are $298,000 for 2024. The assumed expenses are based on expected PBGC premiums and other administrative expenses assumed to be paid out of the pension trust for the year, rounded to the nearest thousand. In accordance with our understanding of the available guidance, the expense assumption reflects administrative expenses and does not include investment-related expenses or any other non-administrative expense.

Changes from Prior Year and Rationale for Changes

The segment interest rates under ARPA used to calculate the funding target and target normal cost were updated to the current valuation date as required by IRC §430 and include the rate corridors of ARPA.

The mortality table used to calculate the funding target and target normal cost was updated to use the IRS 2024 Generational Mortality Table based on the rates in the RP-2014 Mortality Tables published by the SOA adjusted for mortality improvement, as specified in the regulations under §1.430(h)(3)-1.

The ASC 960 valuation interest rate changed from 6.63% at September 1, 2023 to 6.10% at September 1, 2024. This assumption reflects changes in the expected return on assets, given the plan's current asset allocation, current capital market assumptions, and current estimates of administration expenses.

Essendant Union Employees Pension Plan

EIN / PN 36-2431718 / 009

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

Actuarial Assumptions and Methods

Actuarial Methods

VALUATION DATE

The valuation date is September 1, 2024.

ACTUARIAL VALUE OF ASSETS

The actuarial value of assets is equal to the market value of assets.

MINIMUM FUNDING METHOD

The funding target and target normal cost for minimum funding calculations are determined using the traditional unit credit cost method as prescribed by Treasury regulation section 1.430(d)-1. The liability under the unit credit cost method is the value of the accrued pension benefit using service and pay as of the valuation date. The sum of the present value of the accrued benefits for all participants is the ERISA funding target. The normal cost is the present value of the benefits earned during the year. The target normal cost is the sum of the normal costs for all participants and the assumed administrative expenses.

Changes in Method from Prior Year and Rationale for Changes

The actuarial value of assets was changed to equal the fair market value of assets with automatic IRS approval as set forth in Rev. Proc. 2017-56.

Actuarial Assumptions and Methods

Exhibit A - Retirement Rates

Age	Rate
55 to 61	7%
62 to 69	20%
70 +	100%

Exhibit B - Sample Withdrawal Rates

Age	Males	Females
20	15.00%	20.00%
25	13.40%	16.25%
30	11.58%	12.78%
40	3.50%	3.50%
50	0.70%	0.70%
55	0.25%	0.25%
60	0.00%	0.00%

Exhibit C - Sample Disability Rates

Age	Rate
20	0.09%
25	0.10%
30	0.11%
40	0.15%
50	0.33%
55	0.53%
60	1.18%

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

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 09/01/2024 and ending 08/31/2025

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

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
ESSENDANT UNION EMPLOYEES' PENSION PLAN

1b Three-digit plan number (PN) ▶ 009

1c Effective date of plan 01/01/1992

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)

ESSENDANT CO.

BENEFITS DEPARTMENT
200 TRI STATE INTERNATIONAL
SUITE 400
LINCOLNSHIRE IL 60069

2b Employer Identification Number (EIN)
36-2431718

2c Plan Sponsor's telephone number
847-627-7000

2d Business code (see instructions)
423990

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	Catrina Barrera	10/22/2026	Catrina Barrera
	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:

a Sponsor's name

c Plan Name

4b EIN

4d PN

5	Total number of participants at the beginning of the plan year	**5**	966
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)**	229
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	222
b	Retired or separated participants receiving benefits	**6b**	327
c	Other retired or separated participants entitled to future benefits	**6c**	362
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	911
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	46
f	Total. Add lines **6d** and **6e**.	**6f**	957
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**	17
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 Characteristics Codes in the instructions:
1B

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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [ ] **A** (Insurance Information) – Number Attached _____
- **(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 2024 Form M-1 annual report. If the plan was not required to file the 2024 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_____

ESSENDANT UNION EMPLOYEES' PENSION PLAN

Schedule H, Part IV, Line 4(j) - Schedule of Reportable Transactions

Year Ended August 31, 2025

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
Party involved	**Description of asset**	**Purchase price at cost**	**Selling price**	**Lease rental**	**Expense incurred with transaction**	**Cost of asset**	**Current value of asset on transaction date**	**Net gain (loss)**
Single transactions by Issue								
*AON	COLL/GLB EQUITY CL I	—	3,600,000	—	—	2,315,624	2,315,624	1,284,376
Single transactions by Broker								
NO TRANSACTIONS QUALIFIED FOR THIS REPORT								
Series transactions by Issue								
*ALLSPRING	GOVT MM FD-INSTL #1751	13,028,095	13,361,077	—	—	26,389,172	26,389,172	—
*AON	GLB EQUITY CL I	3,400,000	5,700,000	—	—	6,998,005	6,998,005	2,101,995
*AON	US INTER GOVT BD IX	4,860,000	3,050,000	—	—	7,888,335	7,888,335	21,665
*AON	LARGE CAP EQUITY IX	800,000	4,050,000	—	—	2,973,926	2,973,926	1,876,074
*AON	LONG CR BD	6,820,000	1,000,000	—	—	7,816,161	7,816,161	3,839
*AON	20+ YR US TREAS ST	4,900,000	2,980,000	—	—	8,037,626	8,037,626	(157,626)
NISA	COLLECT INVST TR 932992126	2,470,000	3,600,000	—	—	6,094,548	6,094,548	(24,548)
NISA	COLLECT INVST TR 932992142	3,650,000	1,200,000	—	—	4,843,970	4,843,970	6,030
Series transactions by Broker								
NISA	COLLECT INVST TR 932992126	2,470,000	3,600,000	—	—	6,094,548	6,094,548	(24,548)
NISA	COLLECT INVST TR 932992142	3,650,000	1,200,000	—	—	4,843,969	4,843,969	6,031
*AON	PRIVATE CREDIT	706,791	178,542	—	—	885,333	885,333	—
*AON	OPPORTUNISTIC CREDIT	10,157	436,568	—	—	345,389	345,389	101,336
*AON	TR CO	—	2,000,000	—	—	1,623,574	1,623,574	376,426
*AON	CORE RL EST	—	2,000,000	—	—	1,665,680	1,665,680	334,320
*CASH HELD	NISA	250,000	250,000	—	—	500,000	500,000	—
*CASH HELD	AON CORE REAL ESTATE	500,000	500,000	—	—	1,000,000	1,000,000	—
*CASH HELD	OUTSIDE FUND	800,000	800,000	—	—	1,600,000	1,600,000	—

* - Party in interest

The above information has been certified by Principal Bank, the Trustee, as complete and accurate.

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

2024

This Form is Open to Public Inspection

For calendar plan year 2024 or fiscal plan year beginning 09/01/2024 and ending 08/31/2025

▶ **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
ESSENDANT UNION EMPLOYEES' PENSION PLAN

B Three-digit plan number (PN) ▶ 009

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
ESSENDANT CO.

D Employer Identification Number (EIN)
36-2431718

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

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

Part I Basic Information

1 Enter the valuation date: Month 09 Day 01 Year 2024

2 Assets:

a Market value	**2a**	57,011,985
b Actuarial value	**2b**	57,011,985

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	341	25,070,263	25,070,263
b For terminated vested participants	396	12,731,307	12,731,307
c For active participants	243	15,038,177	15,400,008
d Total	980	52,839,747	53,201,578

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**	5.37%
6 Target normal cost		
a Present value of current plan year accruals	**6a**	1,169,601
b Expected plan-related expenses	**6b**	298,000
c Target normal cost	**6c**	1,467,601

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

James D Pinkerton JDP
Signature of actuary

06/12/2026
Date

James D Pinkerton, FSA, EA
Type or print name of actuary

2606373
Most recent enrollment number

October Three Consulting LLC
Firm name

312-878-2352
Telephone number (including area code)

233 S. Wacker Dr.
Suite 8350
Chicago IL 60606
Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of 12.90%	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		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 5.34%		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)	0	0

Part III Funding Percentages

14	Funding target attainment percentage	**14**	107.16%
15	Adjusted funding target attainment percentage	**15**	107.16%
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**	108.33%
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:	
4.84 %	5.24 %	5.59%	☐ N/A, full yield curve used

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

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

Part VI Miscellaneous Items

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

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

26 Demographic and benefit information

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

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

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

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

a Target normal cost (line 6c)	**31a**	1,467,601
b Excess assets, if applicable, but not greater than line 31a	**31b**	1,467,601

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**	0

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

36 Additional cash requirement (line 34 minus line 35)	**36**	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

Essendant Co. Essendant Union Employees Pension Plan

EIN / PN 36-2431718 / 009

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

The weighted average retirement age for participants is computed below. The final weighted average retirement age, rounded to the nearest whole age, is 62.

Weighted Average Retirement Age

Retirement Age, (a)	Fraction Expected to Defer Retirement, (b)	Retirement Rate, (c)	Weighted Average Retirement Age, (a)*(b)*(c)
55	1.000	0.070	3.85
56	0.930	0.070	3.65
57	0.865	0.070	3.45
58	0.804	0.070	3.27
59	0.748	0.070	3.09
60	0.696	0.070	2.92
61	0.647	0.070	2.76
62	0.602	0.200	7.46
63	0.481	0.200	6.07
64	0.385	0.200	4.93
65	0.308	0.200	4.00
66	0.246	0.200	3.25
67	0.197	0.200	2.64
68	0.158	0.200	2.15
69	0.126	0.200	1.74
70	0.101	1.000	7.07
			62.29

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Schedule SB, Part V - Statement of Plan Provisions

Plan Provisions

Effective date

The plan was originally effective January 1, 1992. The plan was last restated effective May 1, 2023. The plan was last amended for the lump sum window adopted June 2024 and the benefit accrual increases for Local 63 effective September 1, 2024.

Plan year

September 1 to August 31.

Eligibility

Any Employee who is a member of the Union shall be eligible to participate in the Plan as of the first September 1 or March 1 thereafter as of which he has both attained age 21 and completed a consecutive 12-month period of Service with the Employer.

Entry Date

The later of January 1, 1992 and March 1 or September 1 following age 21 and 12 months of employment.

Credited Service

Continuous service from employment to termination. Subject to transfer and re-employment provisions of the plan.

Vesting Service

Continuous service from employment to termination.

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Accrued benefit

Each participant who retires on his normal retirement date shall be entitled to receive a normal retirement benefit equal to the monthly rate in the tables below multiplied by the years of service:

Normal - District 15 — Monthly benefit is the benefit rate in the table below multiplied by the years of service.

Termination Date	Multiplier
Prior to 11/1/1993	$6.00
11/1/1993-8/31/1994	$9.00
9/1/1994 - 6/30/1995	$13.00
7/1/1995 - 4/30/1996	$15.00
5/1/1996 - 4/30/1997	$18.00
5/1/1997 - 4/30/1998	$21.00
5/1/1998 - 4/30/1999	$24.00
5/1/1999 - 4/30/2000	$26.00
5/1/2000 - 4/30/2001	$27.00
5/1/2001 - 4/30/2002	$28.00
5/1/2002 - 4/30/2005	$33.00
5/1/2005 - 4/30/2008	$36.00
5/1/2008 - 4/30/2016	$40.00
5/1/2016 - 4/30/2017	$43.00
5/1/2017 - 4/30/2018	$44.00
5/1/2018 - 4/30/2019	$46.00
5/1/2019 - 4/30/2020	$47.00
5/1/2020 - 4/30/2021	$48.00
5/1/2021 - 4/30/2022	$49.00
5/1/2022 - 4/30/2023	$50.00
5/1/2023 - 4/30/2024	$53.00
5/1/2024 - 4/30/2025	$55.00
On or after 5/1/2025	$57.00

Plan Provisions

Normal - Local 63

Monthly benefit is the benefit rate in the table below multiplied by the years of service.

Termination Date	Multiplier
Prior to 9/1/1996	$5.00
9/1/1996 - 8/31/1997	$6.00
9/1/997 - 8/31/1998	$7.00
9/1/1998 - 12/31/1998	$8.00
1/1/1999 - 12/31/1999	$9.00
1/1/2000 - 12/31/2000	$10.00
1/1/2001 - 8/31/2003	$11.00
9/1/2003 - 8/31/2006	$14.00
9/1/2006 - 8/31/2008	$15.00
9/1/2008 - 8/31/2009	$17.00
9/1/2009 - 8/31/2010	$19.00
9/1/2010 - 8/31/2011	$21.00
9/1/2011 - 8/31/2012	$22.00
9/1/2012 - 8/31/2013	$23.00
9/1/2013 - 12/31/2014	$25.00
1/1/2015 - 8/31/2017	$30.00
9/1/2017 - 8/31/2019	$33.00
9/1/2019 - 12/31/2019	$36.00
1/1/2020 - 12/31/2020	$39.00
1/1/2021 - 8/31/2021	$41.00
9/1/2021 - 8/31/2022	$46.00
9/1/2022 - 8/31/2023	$51.00
9/1/2023 - 8/31/2024	$56.00
9/1/2024 - 8/31/2025	$61.00
On or after 9/1/2025	$62.67

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Schedule SB, Part V - Statement of Plan Provisions

Plan Provisions

Normal - Local 299

Monthly benefit is the benefit rate in the table below multiplied by the years of service.

Termination Date	Multiplier
7/1/1990 - 6/30/1993	$17.00
7/1/1993 - 6/30/1994	$18.00
7/1/1994 - 6/30/1995	$19.00
7/1/1995 - 6/30/1996	$20.00
7/1/1996 - 6/30/1997	$21.00
7/1/1997 - 6/30/1998	$22.00
7/1/1998 - 6/30/1999	$23.00
7/1/1999 - 6/30/2000	$25.00
7/1/2000 - 6/30/2001	$27.00
On or after 7/1/2001	$29.00

Normal - Local 503

Monthly benefit is equal to the multiplier in effect at retirement or termination multiplied by years of service (maximum of 25 years, 20 years prior to 9/1/2002).

Termination Date	Multiplier
Prior to 8/1/1994	$5.00
8/1/1994 - 12/31/1995	$7.00
1/1/1996 - 8/31/1997	$12.00
9/1/1997 - 8/31/2000	$15.00
9/1/2000 - 8/31/2001	$17.00
9/1/2001 - 8/31/2002	$19.00
On or after 9/1/2002	$20.00

Plan Provisions

Normal - Local 570

Monthly benefit is the benefit rate in the table below multiplied by the years of service.

Termination Date	Multiplier
Prior to 9/1/1992	$6.00
9/1/1992 - 8/31/1993	$7.00
9/1/1993 - 8/31/1994	$8.00
9/1/1994 - 8/31/1995	$10.00
9/1/1995 - 8/31/1996	$12.00
9/1/1996 - 4/30/1999	$14.00
5/1/1999 - 4/30/2000	$19.00
5/1/2000 - 4/30/2005	$26.00
5/1/2005 - 4/30/2008	$30.00
5/1/2008 - 8/31/2012	$33.00
5/1/2012 - 6/30/2015	$35.00
7/1/2015 - 4/30/2018	$37.00
5/1/2018 - 4/30/2019	$38.00
5/1/2019 - 4/30/2021	$39.00
5/1/2021 - 4/30/2022	$41.00
5/1/2022 - 4/30/2023	$43.00
On or after 5/1/2023	$45.00

Plan Provisions

Normal - Local 676

Monthly benefit is the benefit rate in the table below multiplied by the years of credited service (subject to the service maximum in effect at termination).

Termination Date	Multiplier	Service Maximum
Prior to 1/1/1983	$2.50	20 years
1/1/1983 - 12/31/1983	$4.00	20 years
1/1/1984 - -12/31/1984	$6.00	20 years
1/1/1985 - 12/31/1985	$7.00	20 years
1/1/1986 - 6/30/1986	$8.00	20 years
7/1/1986 - 6/30/1987	$9.00	20 years
7/1/1987 - 6/30/1988	$10.00	20 years
7/1/1989 - 6/30/1990	$11.00	20 years
7/1/1990 - 6/30/1991	$12.00	20 years
7/1/1991 - 6/30/1992	$13.00	20 years
7/1/1992 - 6/30/1993	$15.00	20 years
7/1/1993 - 6/30/1994	$16.00	20 years
7/1/1994 - 6/30/1995	$17.00	20 years
7/1/1995 - 6/30/1996	$20.00	20 years
7/1/1996 - 6/30/1997	$23.00	20 years
7/1/1997 - 6/30/1999	$27.00	20 years
7/1/1999 - 6/30/2002	$27.00	24 years
7/1/2002 - 6/30/2004	$29.00	27 years
On or after 7/1/2004	$30.00	30 years

Normal - Local 743

Monthly benefit is the benefit rate in the table below multiplied by the years of credited service (subject to the service maximum in effect at termination).

Termination Date	Multiplier	Service Maximum
Prior to 6/16/1988	$14.00	20 years
6/16/1988 - 6/17/1990	$15.00	20 years
6/16/1990 - 5/31/1991	$15.50	20 years
6/1/1991 - 6/30/1991	$16.50	20 years
7/1/1991 - 6/30/1992	$16.50	21 years
7/1/1992 - 6/30/1993	$16.50	23 years
7/1/1993 - 6/15/1997	$16.50	25 years
On or after 6/16/1997	$20.00	25 years

Plan Provisions

Normal retirement date

First of month coiciding with or next following the attainment of age 65.

Benefit commencement

Benefit commencement is allowed after: the attainment of age 65, or age 55 and ten years of service. For Local 299 only, age 50 and 20 years of service or after 30 years of service. Termination for reasons other than death or retirement after completing five years of vesting service. Death while eligible for normal, early postponed, or deferred vested retirement benefits, with a surviving spouse. Permanent and total disability prior to NRD, and participant is receiving a Social Security disability benefit and has at least 10 years of credited service.

Payment form

Preretirement death benefits are payable only as described above. Monthly pension benefits are paid as described above as a life annuity, if the participant has no spouse as of the date payments begin, or if the participant so elects. Otherwise, benefits are paid in the form of a 50% joint and survivor annuity option, or if the participant elects and the spouse consents, another actuarily equivalent optional form offered by the plan. Optional forms for all locations are:

10 year Certain and Life
100%, 75%, or 50% Joint and Survivor

Other Optional Forms:

Local743 - Level Income Option
Local 676 - Level Income Option
Actuarial interest is based on the following:
7.50% interest with UP1984 Mortality Table set forward one year.

Actuarial Equivalence

	Interest Rate	Mortality Table
Pre-Commencement	7.50%	UP84 - Unisex Table

Plan Provisions

Pre-retirement death benefit

In the event of an actuve or inactive participant's death after he has completed five years of service, and has attained age 55, but before commencing to receive benefits, his surviving spouse is eligible to receive a monthly benefit equal to the amount to which the surviving spouse would have been entitled if the participant had retired the day before his death and his pension had been payable, commencing immediately in the form of a 50% joint and survivor pension.

Notwithstanding the above, if a participant dies prior to age 55 after completing five years of service, his surviving spouse is eligible to receive a monthly benefit, beginning when the participant would have reached age 55, equal to the amoun to which the surviving spouse would have been entitled had the participant terminated employment on the earlier of his date of death or his actual termination of employment, survived to age 55, and elected to receive a 50% joint and survivor pension, payable immediately.

2024 Lump Sum Payment Window

A participant who (a) is vested in his or her pension under the plan, (b) has terminated employment on or prior to May 31, 2024, (c) has not otherwise commenced or elected to commence receiving his or her benefit prior to August 1, 2024, (d) does not have a benefit under the Plan that is subject to a qualified domestic relations order, (e) is not subject to a Required Minimum Distribution as of August 1, 2024, and (f) is not subject to a pre-retirement death benefit was eligible to elect an immediate benefit under the plan, including payment in the form of a single lump sum payment, during the window period beginning June 21, 2024, extending to August 15, 2024.

ESSENDANT UNION EMPLOYEES' PENSION PLAN

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

August 31, 2025

(a), (b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
Interest-bearing cash			
ALLSPRING	Government Money Market Fund	$ 1,829,601	$ 1,829,601
Collective trusts			
*AON COLLECTIVE INVEST TR (ACIT) CORE REAL ESTATE	447,611.435 par value/share	$ 4,990,759	$ 6,007,481
*ACIT GLOBAL REAL ESTATE CL I	17,061.458 par value/share	263,234	281,173
*ACIT HIGH YIELD PLUS CL I	19,486.324 par value/share	292,036	317,042
*ACIT LARGE CAP EQUITY INDEX FD	245,932.568 par value/share	2,645,778	5,080,967
*ACIT LONG CR BD	692,262.323 par value/share	5,938,846	6,161,135
*ACIT NON-US EQUITY INDEX FD	121,022.134 par value/share	1,183,524	1,923,042
*ACIT SMALL CAP EQUITY INDEX FD	49,921.466 par value/share	546,419	857,651
*ACIT US INTERMEDIATE GOVT BD	233,482.626 par value/share	2,294,747	2,365,179
*ACIT 20+ YR US TREAS STRIPS	421,403.942 par value/share	2,152,780	1,972,170
*AON HEWITT COLLECTIVE INVT TR	414,335.413 par value/share	7,429,540	12,434,206
NISA ULTRA LONG TREAS CIF	626,673.794 par value/share	7,743,980	6,881,127
NISA ULTRA MID TREAS CIF	316,021.489 par value/share	3,585,593	3,861,041
*AON ENHANCED LIAB DRIVEN	164,072.054 par value/share	1,500,000	1,634,225
*AON TR CO LLC MULT-ASSET CR	129,385.177 par value/share	1,279,828	1,664,421
		$ 41,847,064	$ 51,440,860
103-12 investment entity			
*AON OPPORTUNISTIC CREDIT PORTFOLIO SP	713.258 par value/share	$ 711,557	$ 962,763
*AON PRIVATE CR OPPORTUNITIES FUND II, LP	1,904,198.000 par value/share	1,904,198	2,233,181
		$ 2,615,755	$ 3,195,944
		$ 46,292,420	$ 56,466,405

* - Party in interest

The above information has been certified by Principal Bank, the Trustee, as complete and accurate.

Essendant Co. Essendant Union Employees Pension Plan

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Schedule SB, Line 25 - Change in Method

CHANGE IN FUNDING METHOD

The actuarial value of assets was changed to equal the fair market value of assets with automatic IRS approval as set forth in Rev. Proc. 2017-56.