

3a Plan administrator's name and address <input checked="" type="checkbox"/> 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 1414
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).	
6(1) Total number of active participants at the beginning of the plan year	6a(1) 50
6(2) Total number of active participants at the end of the plan year	6a(2) 42
b Retired or separated participants receiving benefits	6b 978
c Other retired or separated participants entitled to future benefits.....	6c 206
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d 1226
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e 141
f Total. Add lines 6d and 6e	6f 1367
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h 0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 1A 1B 1I	
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) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> 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) <input checked="" type="checkbox"/> R (Retirement Plan Information) (2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input checked="" type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) <input checked="" type="checkbox"/> H (Financial Information) (2) <input type="checkbox"/> I (Financial Information – Small Plan) (3) <input type="checkbox"/> A (Insurance Information) (4) <input checked="" type="checkbox"/> C (Service Provider Information) (5) <input type="checkbox"/> D (DFE/Participating Plan Information) (6) <input type="checkbox"/> 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 2022 Form M-1 annual report. If the plan was not required to file the 2022 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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 2022 This Form is Open to Public Inspection
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For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

▶ **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 <u>STANADYNE LLC PENSION PLAN</u>	B Three-digit plan number (PN) ▶	<u>021</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>STANADYNE LLC</u>		
D Employer Identification Number (EIN) <u>22-2940378</u>		
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B		
F Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500		

Part I Basic Information			
1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2022</u>			
2 Assets:			
a Market value.....	2a	<u>100557319</u>	
b Actuarial value.....	2b	<u>97637269</u>	
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.....	<u>1138</u>	<u>72498706</u>	<u>72498706</u>
b For terminated vested participants.....	<u>237</u>	<u>10915309</u>	<u>10915309</u>
c For active participants.....	<u>50</u>	<u>2246006</u>	<u>2288614</u>
d Total.....	<u>1425</u>	<u>85660021</u>	<u>85702629</u>
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>			
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	<u>5.29 %</u>	
6 Target normal cost.....			
a Present value of current plan year accruals.....	6a	<u>0</u>	
b Expected plan-related expenses.....	6b	<u>900000</u>	
c Total (line 6a + line 6b).....	6c	<u>900000</u>	

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	<u>07/14/2023</u>
	<u>DIANA X. YU</u>	Date
	Type or print name of actuary	<u>23-05434</u>
	<u>AON CONSULTING, INC.</u>	Most recent enrollment number
	Firm name	<u>203-523-8463</u>
	<u>MSC# 17818 P.O. BOX 549294 WALTHAM, MA 02454</u>	Telephone number (including area code)
	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 <u>4.72</u> %	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 <u>5.46</u> %.....		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	113.92 %
15	Adjusted funding target attainment percentage	15	113.92 %
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	108.42 %
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)		18(c)

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?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
	b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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: 4.75 %	2nd segment: 5.18 %	3rd segment: 5.92 %	<input type="checkbox"/> N/A, full yield curve used
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b Applicable month (enter code)..... **21b** 4

22 Weighted average retirement age **22** 63

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	900000
b Excess assets, if applicable, but not greater than line 31a	31b	900000

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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Service Provider 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.	<small>OMB No. 1210-0110</small> 2022 This Form is Open to Public Inspection.
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For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

A Name of plan <u>STANADYNE LLC PENSION PLAN</u>	B Three-digit plan number (PN) ▶	<u>021</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>STANADYNE LLC</u>	D Employer Identification Number (EIN) <u>22-2940378</u>	

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)

HEWITT ASSOCIATES LLC

MERRITT 7 CORPORATE PARK
BUILDING 201
NORWALK, CT 06851

(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?
		47333	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

SEI INVESTMENT MANAGEMENT

04-2452803

(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?
19 21 25 28 49 51 52 62		364541	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

CARON & BLETZER

04-3499945

(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		13320	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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 H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 2022 This Form is Open to Public Inspection
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For calendar plan year 2022 or fiscal plan year beginning **01/01/2022** and ending **12/31/2022**

A Name of plan STANADYNE LLC PENSION PLAN	B Three-digit plan number (PN)	021
C Plan sponsor's name as shown on line 2a of Form 5500 STANADYNE LLC	D Employer Identification Number (EIN) 22-2940378	

Part I Asset and Liability Statement

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

Assets	(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash.....	1a	
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions.....	1b(1)	
(2) Participant contributions.....	1b(2)	
(3) Other.....	1b(3)	146473
		147887
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	
(2) U.S. Government securities.....	1c(2)	18504954
(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)	
(10) Value of interest in pooled separate accounts.....	1c(10)	
(11) Value of interest in master trust investment accounts.....	1c(11)	
(12) Value of interest in 103-12 investment entities.....	1c(12)	
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	56204370
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	
(15) Other.....	1c(15)	85790633

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(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	100667476	74855797
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h	110157	103788
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	110157	103788
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	100557319	74752009

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)	4	
(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)		4
(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)	1886959	
(D) Total dividends. Add lines 2b(2)(A), (B), and (C).....	2b(2)(D)		
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds.....	2b(4)(A)	3590519	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	4057529	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	-3638505	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B).....	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		-15332340
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		-17550892
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	7389993	
(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)		7389993
f Corrective distributions (see instructions).....	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)	75887	
(2) Contract administrator fees.....	2i(2)		
(3) Investment advisory and management fees	2i(3)	333879	
(4) Other	2i(4)	454659	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		864425
j Total expenses. Add all expense amounts in column (b) and enter total	2j		8254418
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		-25805310
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) 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) DOL Regulation 2520.103-8 (2) DOL Regulation 2520.103-12(d) (3) neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: **CARON & BLETZER**

(2) EIN: **04-3499945**

d The opinion of an independent qualified public accountant is **not attached** because:

- (1) This form is filed for a CCT, PSA, 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.

During the plan year:

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.)

	Yes	No	Amount
4a		X	

		Yes	No	Amount
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.).....	4b		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....	4d		X	
e Was this plan covered by a fidelity bond?.....	4e	X		5000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?.....	4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....	4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.).....	4j	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l Has the plan failed to provide any benefit when due under the plan?	4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
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 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.) Yes No Not determined
 If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 468061.

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 2022 This Form is Open to Public Inspection.
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For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

A Name of plan <u>STANADYNE LLC PENSION PLAN</u>	B Three-digit plan number (PN) ▶	<u>021</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>STANADYNE LLC</u>	D Employer Identification Number (EIN) <u>22-2940378</u>	

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	
---	--

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):
EIN(s): _____

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

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

3	3
---	---

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	
6 b Enter the amount contributed by the employer to the plan for this plan year.....	6b	
6 c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c	

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

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

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

Part III	Amendments
-----------------	-------------------

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer _____

b EIN _____

c Dollar amount contributed by employer _____

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

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____

c Dollar amount contributed by employer _____

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

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____

c Dollar amount contributed by employer _____

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

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____

c Dollar amount contributed by employer _____

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

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____

c Dollar amount contributed by employer _____

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

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____

c Dollar amount contributed by employer _____

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

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

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

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: <input type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment).....	14a	
b The plan year immediately preceding the current plan year. <input type="checkbox"/> 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. <input type="checkbox"/> 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) through (c)

a Enter the percentage of plan assets held as:
 Stock: 16.0 % Investment-Grade Debt: 82.0 % High-Yield Debt: 1.0 % Real Estate: _____ % Other: 1.0 %

b Provide the average duration of the combined investment-grade and high-yield debt:
 0-3 years 3-6 years 6-9 years 9-12 years 12-15 years 15-18 years 18-21 years 21 years or more

c What duration measure was used to calculate line 19(b)?
 Effective duration Macaulay duration Modified duration Other (specify): _____

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 _____

**STANADYNE LLC
PENSION PLAN**

FINANCIAL STATEMENTS

December 31, 2022 and 2021 and
For the Years then Ended



CARON & BLETZER, PLLC

Certified Public Accountants and Business Consultants

STANADYNE LLC PENSION PLAN

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All other schedules required by 29 CFR 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 have been omitted because they are not applicable.



Independent Auditor's Report

To the Plan Administrator of the Stanadyne LLC Pension Plan:

Opinion

We have audited the financial statements of the Stanadyne LLC Pension Plan (“the Plan”), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (“ERISA”), which comprise the statements of net assets available for benefits as of December 31, 2022 and 2021, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits of the Plan as of December 31, 2022 and 2021, and the changes in its net assets available for benefits for the years then ended, in accordance with accounting principles generally accepted in the United States of America (“GAAP”).

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 audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with GAAP, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

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

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.

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.

Supplemental Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year) as of December 31, 2022 and the Schedule H, Line 4(j) - Schedule of Reportable Transactions for the year ended December 31, 2022, are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's ("DOL") 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 has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, 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 information in the accompanying schedules is fairly stated, in all material respects, in relation to the financial statements as a whole, and the form and content are presented in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

Caron & Bletzer, PLLC

Kingston, NH
July 25, 2023

STANADYNE LLC PENSION PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS DECEMBER 31, 2022 AND 2021

	2022	2021
ASSETS:		
Investments (at fair value):		
Mutual funds	\$ 56,204,370	\$ 85,790,633
U.S. Treasury STRIPS	<u>18,504,954</u>	<u>14,728,956</u>
Total investments	74,709,324	100,519,589
Accrued investment income	<u>146,473</u>	<u>147,887</u>
Total assets	74,855,797	100,667,476
LIABILITIES:		
Accrued expenses	<u>103,788</u>	<u>110,157</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 74,752,009</u>	<u>\$ 100,557,319</u>

See notes to financial statements.

STANADYNE LLC PENSION PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS YEARS ENDED DECEMBER 31, 2022 and 2021

	2022	2021
ADDITIONS (REDUCTIONS):		
Investment income (loss):		
Interest and dividend income	\$ 1,886,963	\$ 2,000,282
Net appreciation (depreciation) in fair value of investments	<u>(19,437,855)</u>	<u>2,712,722</u>
Total net additions (reductions)	(17,550,892)	4,713,004
DEDUCTIONS:		
Benefits paid to participants	7,389,993	7,277,382
Administrative expenses	<u>864,425</u>	<u>584,718</u>
Total deductions	<u>8,254,418</u>	<u>7,862,100</u>
NET DECREASE	(25,805,310)	(3,149,096)
NET ASSETS AVAILABLE FOR BENEFITS:		
Beginning of year	<u>100,557,319</u>	<u>103,706,415</u>
End of year	<u>\$ 74,752,009</u>	<u>\$ 100,557,319</u>

See notes to financial statements.

STANADYNE LLC PENSION PLAN

NOTES TO FINANCIAL STATEMENTS

1. DESCRIPTION OF PLAN

The following description of the Stanadyne LLC Pension Plan (the “Plan”) is provided for general information purposes only. Participants should refer to the plan document for more complete information.

General—The Plan, established February 10, 1989, is a non-contributory defined benefit pension plan covering all eligible salaried employees and certain eligible hourly employees of Stanadyne LLC (the “Company”). Prior to the freeze described below, new employees were eligible upon the earlier of the date the employee was expected to complete 1,000 hours in a 12-month period or the calendar year after the date of employment. The Retirement Committee of the Board of Directors of the Company controls and manages the operation and administration of the Plan. SEI Private Trust Company (“SEI”) serves as the trustee (“the Trustee”) of the Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (“ERISA”).

Effective March 31, 2007, the Company amended the Plan to freeze the Plan with respect to all participants so that no future benefits accrued after that date. As required by law, benefits already accrued as of such date were not affected. With respect to such benefits, participants continue to vest and all other retirement options, including early retirement reduction factors, continue unchanged. The assets continue to be held in trust for participants until they retire.

Vesting and Termination—Participant vesting is based upon years of service. Participants become fully vested in their retirement benefit upon the earlier of (1) their attainment of Normal Retirement Age (65) or (2) their completion of five years of service. Should the Plan be terminated at some future time, its net assets may not be sufficient to provide for all of the participants’ accumulated benefits. Whether a particular participant’s accumulated plan benefits will be paid depends on both the priority of those benefits and the level of benefits guaranteed by the PBGC at that time.

Pension Benefits—Vested participants are entitled to monthly pension benefits on a life annuity basis beginning at the later of normal retirement age (65) or 5 years of participation. Early, deferred and pre-retirement survivorship retirement benefits are also available under the Plan. On September 27, 2004, the Plan was amended to reduce future disability benefits for active participants who became disabled on or after January 1, 2005.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting—The accompanying financial statements have been prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America.

Use of Estimates—The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets, 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.

STANADYNE LLC PENSION PLAN

NOTES TO FINANCIAL STATEMENTS

Investment Valuation and Income Recognition— Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants on the measurement date. See Note 5 for discussion of fair value measurements.

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

Expenses— Expenses that are paid by the Company are excluded from these financial statements. The Plan's expenses are paid by the Plan unless paid by the Company as provided by the plan document. The Company provides administrative personnel and facilities at no charge to the Plan.

Benefit Payments—Benefits paid to participants and terminated employees are recorded when paid.

3. ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS

Accumulated plan benefits are those estimated future periodic payments, including lump sum distributions that are attributable under the Plan's provisions to services rendered by plan participants to the valuation date. Accumulated plan benefits include benefits expected to be paid to present, retired or terminated participants or their beneficiaries. Benefits for salaried employees under the Plan are based on the employee's five successive calendar years of gross earnings, which will yield the highest average. Benefits for hourly employees under the Plan are based on years of service. Benefits payable under all circumstances (including retirement, death, preretirement survivorship and termination of employment) are included, to the extent they are deemed attributable to employee service rendered to the valuation date.

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

The actuarial present value of accumulated plan benefits at December 31, 2021 is as follows:

Vested benefits:	
Participants currently receiving benefits	\$ 74,794,724
Other participants	<u>14,554,644</u>
Total vested benefits	89,349,368
Non-vested benefits	<u>42,598</u>
Total accumulated plan benefits	<u>\$ 89,391,966</u>

STANADYNE LLC PENSION PLAN

NOTES TO FINANCIAL STATEMENTS

The change in the actuarial present value of accumulated plan benefits during the period ended December 31, 2021, is accounted for as follows:

Accumulated plan benefits---December 31, 2020	\$ 85,947,075
Interest due to decrease in the discount period	4,529,640
Benefits paid	(7,277,382)
Change in actuarial assumptions	5,606,355
Actuarial gains (losses)	<u>586,278</u>
Accumulated plan benefits---December 31, 2021	<u>\$ 89,391,966</u>

The significant actuarial assumptions used in the valuations as of December 31, 2021 were (a) the projected unit credit actuarial cost method was utilized to determine normal and actuarial liability cost, (b) retirement age assumptions range from 57 to 70.5, (c) the interest rate for obligations is assumed to be 4.75%, (d) the salary increase rate is not applicable as the Plan was frozen on March 31, 2007, (e) mortality is based upon the Pri-2012 mortality table using scale MP-2021, for non-disabled employees and disabled employees. The foregoing actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to be terminated, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits. The computation of the actuarial present value of accumulated plan benefits was made as of January 1, 2022. Had the valuation been performed as of December 31, there would be no material difference.

4. FUNDING POLICY

The Company contributes the amount which is necessary to provide assets sufficient to fund the benefits to be paid to Plan participants. For purposes of determining required contributions, Plan assets are valued using the "Average Market Value Method" which spreads the recognition of capital appreciation and depreciation (realized and unrealized) over a period of four years ending on the most recent valuation date. It is the policy of the Company to fund the Plan in an amount at least equal to the minimum required contribution as determined by the Plan's actuaries, but not in excess of the maximum tax-deductible amount under Section 404 of the Internal Revenue Code ("IRC"). The Company may make discretionary contributions of any amount within this range based on financial circumstances and strategic considerations which typically vary from year to year.

Contributions from the Company are recorded by the Plan in the Plan year to which they relate if payment is made on or before the Company's tax filing deadline. The amount of contribution required to be funded is determined by the Company based upon the advice of its consulting actuaries. Contributions for the 2022 and 2021 Plan years have met the minimum funding standards of ERISA.

STANADYNE LLC PENSION PLAN

NOTES TO FINANCIAL STATEMENTS

5. FAIR VALUE MEASUREMENTS

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1) and the lowest priority to unobservable inputs (level 3). The three levels of the fair value hierarchy under FASB ASC 820 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; inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.

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

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement.

Following is a description of the valuation methodologies used by the Plan. There have been no changes in the methodologies used at December 31, 2022 and 2021.

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

U.S. Treasury STRIPS – Valued using pricing models maximizing the use of observable inputs for similar securities.

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

Description	2022			
	Total	Level 1	Level 2	Level 3
Mutual Funds	\$ 56,204,370	\$ 56,204,370	\$ -	\$ -
U.S. Treasury STRIPS	18,504,954	-	18,504,954	-
Total investments in the fair value hierarchy	<u>\$ 74,709,324</u>	<u>\$ 56,204,370</u>	<u>\$ 18,504,954</u>	<u>\$ -</u>

STANADYNE LLC PENSION PLAN

NOTES TO FINANCIAL STATEMENTS

Description	2021			
	Total	Level 1	Level 2	Level 3
Mutual Funds	\$ 85,790,633	\$ 85,790,633	\$ -	\$ -
U.S. Treasury STRIPS	<u>14,728,956</u>	<u>-</u>	<u>14,728,956</u>	<u>-</u>
Total investments in the fair value hierarchy	<u>\$ 100,519,589</u>	<u>\$ 85,790,633</u>	<u>\$ 14,728,956</u>	<u>\$ -</u>

6. FEDERAL INCOME TAX STATUS

The Internal Revenue Service (“IRS”) has informed the Company by the letter dated August 21, 2014 that the Plan and related Trust are designed in accordance with applicable sections of the IRC. The Plan has been amended since receiving this letter. The Plan Administrator and the Plan’s tax counsel believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC.

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

7. PARTY-IN-INTEREST TRANSACTIONS

Certain plan investments are shares of funds managed by SEI Private Trust Company, the trustee of the Plan. Accordingly, these transactions qualify as party-in-interest transactions.

8. PLAN TERMINATION

Although it has not expressed any intention to do so, the Company has the right under the Plan, in certain circumstances, to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA. In the event that the Plan is terminated, the net assets of the Plan will be allocated for payment of Plan benefits to the participants in an order of priority determined in accordance with ERISA, applicable regulations there under, and the Plan document.

Certain benefits under the Plan are insured by the Pension Benefit Guaranty Corporation (“PBGC”) if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor’s pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan’s termination, subject to a statutory ceiling on the amount of an individual’s monthly benefit.

Whether all participants receive their benefits should the Plan be terminated at some future time will depend on the sufficiency, at that time, of the Plan’s net assets to provide those benefits, the priority of those benefits to be paid, and the level and type of the benefits guaranteed by the PBGC at that time. Some benefits may be fully or partially provided for by the then existing assets and the PBGC guaranty, while other benefits may not be provided for at all.

STANADYNE LLC PENSION PLAN

NOTES TO FINANCIAL STATEMENTS

9. RISKS AND UNCERTAINTIES

The Plan invests in various investment securities. Investment securities, in general, are exposed to various risks, such as interest rate, credit, and overall market volatility. Market risks include global events which could impact the value of investment securities. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the values of investment securities will occur in the near term and those such changes could materially affect the amounts reported in the financial statements.

Contributions and the actuarial present value of accumulated plan benefits are based on certain assumptions pertaining to interest rates and employee demographics. Due to the changing nature of these assumptions, it is at least reasonably possible that changes in the assumptions will occur in the near term and, due to the uncertainties inherent in setting assumptions, that the effect of such changes could be material to the financial statements.

10. SUBSEQUENT EVENTS

The Company has evaluated subsequent events through July 25, 2023, the date these financial statements were available for issuance.

Effective February 16, 2023, The Company's board of directors filed Chapter 11 Bankruptcy in the United States Bankruptcy Court. The Company expects to emerge from Chapter 11 Bankruptcy effective July 31, 2023. As a result of the Bankruptcy closing, the Stanadyne LLC Pension Plan will be terminated.

STANADYNE LLC PENSION PLAN

EIN: 22-2940378

PN: 021

FORM 5500 SCHEDULE H, PART IV, LINE 4i-SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2022

(a)	(b)	(c)	(d)	(e)
Identity of issue, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current value	
* SEI Institutional Investments Trust Large Cap Index Fund	Mutual fund	42,176 shares \$ 7,508,339	\$ 6,850,163	
* SEI Institutional Investments Trust World Equity Ex-US Fund	"	438,627 shares 4,978,450	4,531,019	
* SEI Institutional Investments Trust Intermediate Duration Fund	"	4,801,989 shares 48,564,037	41,489,182	
* SEI Institutional Investments Trust Long Duration Fund	"	422,026 shares 4,285,482	3,334,006	
US Treasury Strips Zero Coupon 2/15/27	U.S. Treasury STRIPS	1,416,000 shares 1,236,521	1,196,534	
US Treasury Strips Zero Coupon 11/15/29	"	4,069,000 shares 3,279,105	3,072,014	
US Treasury Strips Zero Coupon 11/15/31	"	9,611,000 shares 7,650,959	6,726,450	
US Treasury Strips Zero Coupon 11/15/36	"	9,608,000 shares 6,573,954	5,396,429	
US Treasury Strips Zero Coupon 11/15/41	"	4,489,000 shares 2,577,758	2,005,865	
US Treasury Strips Zero Coupon 5/15/47	"	18,000 shares 8,276	6,405	
US Treasury Strips Zero Coupon 11/15/51	"	315,000 shares 135,678	101,257	
Total investments		<u>\$ 86,798,559</u>	<u>\$ 74,709,324</u>	

* Represents a party-in-interest

STANADYNE LLC PENSION PLAN

EIN: 22-2940378

PN: 021

FORM 5500 SCHEDULE H, PART IV, LINE 4j-SCHEDULE OF REPORTABLE TRANSACTIONS FOR THE YEAR ENDED DECEMBER 31, 2022

(a) Identity of Party Involved	(b) Description of asset (include interest rate and maturity in case of a loan)	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value on Transaction Date	(i) Net Gain or (Loss)
SINGLE TRANSACTIONS IN SAME SECURITY IN EXCESS OF 5%						
SEI	SEI Long Duration Credit-A Fund	\$ -	\$ 5,631,896	\$ 6,312,566	\$ 5,631,896	\$ (680,670)
SERIES TRANSACTIONS IN SAME SECURITY IN EXCESS OF 5%						
SEI	SEI Intermediate Duration Credit-A Fund	1,411,170	7,907,950	8,772,254	9,319,120	(864,304)
SEI	SEI Long Duration Credit-A Fund	233,634	5,949,828	6,696,304	6,183,192	(746,476)
SEI	SEI World Equity EX-US Fund	2,662,658	3,347,316	3,553,526	5,969,974	(206,210)
SEI	SEI Large Cap Index Fund	4,617,853	4,914,287	4,486,308	9,532,140	427,979



SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 2022 This Form is Open to Public Inspection
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For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

▶ **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 STANADYNE LLC PENSION PLAN	B Three-digit plan number (PN) ▶	021
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF STANADYNE LLC	D Employer Identification Number (EIN) 22-2940378	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

Part I Basic Information			
1 Enter the valuation date:	Month <u>01</u>	Day <u>01</u>	Year <u>2022</u>
2 Assets:			
a Market value	2a	100,557,319	
b Actuarial value	2b	97,637,269	
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	1,138	72,498,706	72,498,706
b For terminated vested participants	237	10,915,309	10,915,309
c For active participants	50	2,246,006	2,288,614
d Total	1,425	85,660,021	85,702,629
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>			
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	5.29%	
6 Target normal cost			
a Present value of current plan year accruals	6a	0	
b Expected plan-related expenses	6b	900,000	
c Total (line 6a + line 6b)	6c	900,000	

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

SIGN HERE	DIANA X. YU  Signature of actuary	07/14/2023 Date
	DIANA X. YU Type or print name of actuary	2305434 Most recent enrollment number
	AON CONSULTING, INC. Firm name	203-523-8463 Telephone number (including area code)
	MSC# 17818 P.O. BOX 549294 WALTHAM MA 02454-9294 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 <u>4.72</u> %	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 <u>5.46</u> %		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	113.92 %
15	Adjusted funding target attainment percentage	15	113.92 %
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	108.42 %
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?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	<input type="checkbox"/> Yes <input type="checkbox"/> 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: 4.75 %	2nd segment: 5.18 %	3rd segment: 5.92 %	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code)				21b 4
22 Weighted average retirement age				22 63
23 Mortality table(s) (see instructions)	<input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> 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..... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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..... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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 900,000
b Excess assets, if applicable, but not greater than line 31a				31b 900,000
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. <input type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input checked="" type="checkbox"/> 2021				

Schedule SB Attachment (Form 5500)—2022 Plan Year
 Stanadyne LLC Pension Plan
 EIN: 22-2940378 PN: 021

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

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

(a) Age	(b) Rate	(c) Weight	(d) Product (a) × (b) × (c)
57.5	9.00%	1.0000	5.18
58.5	9.00%	0.9100	4.79
59.5	9.00%	0.8281	4.43
60.5	9.00%	0.7536	4.10
61.5	15.00%	0.6857	6.33
62.5	15.00%	0.5829	5.46
63.5	15.00%	0.4955	4.72
64.5	15.00%	0.4211	4.07
65.5	27.00%	0.3580	6.33
66.5	27.00%	0.2613	4.69
67.5	27.00%	0.1908	3.48
68.5	27.00%	0.1393	2.58
69.5	27.00%	0.1017	1.91
70	100.00%	0.0742	5.19
	Weighted Average		63.26

Schedule SB Attachment (Form 5500)—2022 Plan Year
Stanadyne LLC Pension Plan
EIN: 22-2940378 PN: 021

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

Interest Rates for Minimum Funding Purposes	Based on segment rates with a four-month lookback (as of September 2021), each adjusted as needed to fall within the 25-year average interest rate stabilization corridor under ARPA.
1st Segment Rate	4.75%
2nd Segment Rate	5.18%
3rd Segment Rate	5.92%
Interest Rates for Maximum Tax Purposes	Based on segment rates with a four-month lookback (as of September 2021), without regard to interest rate stabilization.
1st Segment Rate	1.07%
2nd Segment Rate	2.68%
3rd Segment Rate	3.36%
Optional Payment Form Election Percentage	70% elect a Single Life Annuity. 30% elect a 75% Joint and Survivor Annuity.
Optional Payment Form Conversion Interest Rate	Same as funding interest rates above.
Optional Payment Form Conversion Mortality	Applicable mortality table under §417(e) for 2022
Retirement Age	
Active Participants	See Table 1.
Terminated Vested Participants	Age 63 (or current age if later).
Mortality Rates	
Healthy and Disabled	2022 static mortality table for annuitants and non-annuitants per §1.430(h)(3)-1(a)(3) and IRS Notice 2020-85.
Withdrawal Rates	10% for all ages.
Disability Rates	None.

Schedule SB Attachment (Form 5500)—2022 Plan Year
Stanadyne LLC Pension Plan
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Decrement Timing	Middle of year decrements (except that retirement is assumed to occur at the beginning of the year for ages where the assumed retirement rate is 100%).
Surviving Spouse Benefit	It is assumed that 70% of participants have an eligible spouse, and that males are three years older than their spouses.
Benefit Limits	No frozen benefits exceeded the \$415 benefit limit when the plan was frozen.
Valuation of Plan Assets	<p>Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value.</p> <p>A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii).</p>
Expected Return on Assets	
2020 Plan Year	5.25% before and after the third segment limit rate of 5.94%.
2021 Plan Year	4.76% before and after the third segment limit rate of 6.11%.
2022 Plan Year	4.02% before and after the third segment limit rate of 5.92%.

Schedule SB Attachment (Form 5500)—2022 Plan Year
Stanadyne LLC Pension Plan
EIN: 22-2940378 PN: 021

Trust Expenses

Anticipated noninvestment and investment trust expenses of \$900,000 are included in the Target Normal Cost.

Figure is set to the sum of (1) and (2), with the result rounded to the nearest \$50,000:

(1) The prior year's non-PBGC noninvestment and investment trust expenses, increased by the general inflation assumption (2.25% for 2022) implicit in Stanadyne's interest rate for plan accounting.

(2) Expected PBGC premiums based on the current year's valuation.

Actuarial Method

Standard unit credit cost method

Valuation Date

January 1, 2022

Schedule SB Attachment (Form 5500)—2022 Plan Year
Stanadyne LLC Pension Plan
EIN: 22-2940378 PN: 021

Actuarial Assumptions and Methods

Table 1

Retirement Rates

Age	Rate
57	9.00%
58	9.00%
59	9.00%
60	9.00%
61	15.00%
62	15.00%
63	15.00%
64	15.00%
65	27.00%
66	27.00%
67	27.00%
68	27.00%
69	27.00%
70+	100.00%

Schedule SB Attachment (Form 5500)—2022 Plan Year
Stanadyne LLC Pension Plan
EIN: 22-2940378 PN: 021

Schedule SB, Part V—Summary of Plan Provisions

Effective Date	Plan was adopted February 10, 1989. As of January 1, 2022, last amended November 23, 2016 (to adopt the 2016 Lump Sum Window).
Plan Year	Calendar year.
Participation	Employees who were expected to work at least 1,000 hours in a 12-month period, and either were Salaried employees or were Hourly employees on the Hartford, Washington and Jacksonville factory payroll. The plan was closed to new entrants as of March 31, 2007.
Normal Retirement Eligibility	Age 65 with five or more years of participation.
Salaried Benefit	<p>Frozen benefit calculated at March 31, 2007. Average monthly earnings are generally the average of the highest 60 consecutive months of earnings at the earlier of termination or March 31, 2007.</p> <p>The gross benefit is the maximum of (a), (b), and (c) below:</p> <ul style="list-style-type: none">(a) \$21.00 times years of credited service.(b) Only applies for the members of the prior plan on December 31, 1984. Benefit is 1.4% of average monthly earnings times years of credited service minus 1.25% of Social Security Primary Insurance amount times years of Credited service (up to maximum of 40 years).(c) 1.7% of average monthly earnings times years of credited service (up to maximum of 30 years), plus 1% of average monthly earnings times years of credited service in excess of 30 years, minus 1.667% of Social Security of Primary Insurance amount times credited service (up to maximum of 30 years). <p>The gross benefit is reduced by any monthly benefits payable at normal retirement date under Lincoln National group annuity contract #GA-5844 or the plan's group annuity contract with New York Life.</p>

Schedule SB Attachment (Form 5500)—2022 Plan Year
Stanadyne LLC Pension Plan
EIN: 22-2940378 PN: 021

Hourly Benefit	<p>Frozen benefit calculated at March 31, 2007.</p> <p>The gross benefit is years of credited service, times \$14.00 (for Washington and Jacksonville locations) or \$21.00 (for other locations).</p> <p>The gross benefit is reduced by any monthly benefits payable at normal retirement date under Lincoln National group annuity contract #GA-5844 or the plan's group annuity contract with New York Life.</p>
Early Retirement Eligibility	<p>Termination on or after age 57 with 10 or more years of vesting service.</p>
Benefit	<p>The normal retirement benefit, reduced by 0.5% for each month by which the benefit commencement date precedes age 62. For early retirement on or after age 62, no reduction applies.</p>
Late Retirement Eligibility	<p>Retirement after age 65.</p>
Benefit	<p>For service up to the March 31, 2007 plan freeze date, benefit accruals continued after age 65.</p> <p>Suspension of benefits notices are generally issued to active participants. When notices are issued, no actuarial increases apply to benefits for active service beyond age 65.</p> <p>In any cases in which suspension of benefits notices are not issued, actuarial increases do apply while active beyond age 65 (compared to continued benefit accruals, if applicable). For pre-commencement periods after the later of age 65 and termination date, benefits are actuarially increased.</p> <p>Actuarial increases are calculated using an interest rate of 8% and the 1971 Group Annuity Mortality Table for males.</p> <p>Benefits are required to commence no later than the April 1 following the end of the calendar year of attainment of age 70.5 years.</p>

Schedule SB Attachment (Form 5500)—2022 Plan Year
Stanadyne LLC Pension Plan
EIN: 22-2940378 PN: 021

Vested Termination
Eligibility

Termination with five or more years of vesting service, but prior to eligibility for normal retirement or early retirement.

Benefit

For a participant terminating after March 31, 2007, the frozen benefit.

For salaried terminations before March 31, 2007, the termination benefit is the projected benefit at normal retirement date, times actual credited service, divided by credited service projected to normal retirement date without regard to the freeze.

For hourly terminations before March 31, 2007, the termination benefit is calculated directly under the benefit formula using credited service to the termination date.

Terminated vested participants may elect early commencement on or after attaining age 57, in which the accrued benefit is reduced by 0.5% for each month by the benefit commencement date precedes age 65. Participants who terminated vested after early retirement eligibility instead receive the early retirement benefit.

Preretirement Death Benefits
Eligibility

Death of a vested, married participant who is active or terminated vested at death.

Benefit

Single life annuity payable to the spouse. The monthly amount is 50% of the benefit that would have been payable to the participant if he or she survived until the spouse's commencement date and elected a 50% joint and survivor annuity at that date.

Normal Form of Benefit

Single life annuity for single participants and 50% qualified joint and survivor annuity for married participants.

Other Optional Forms of Benefit

For married participants, the plan also offers a single life annuity and 75% and 100% joint and survivor annuities.

If the lump sum value of the benefit would be \$1,000.00 or less as of the benefit commencement date, participants are required to take a lump sum. If the lump sum value would be \$1,000.01 to \$5,000.00 participants may elect a lump sum.

Schedule SB Attachment (Form 5500)—2022 Plan Year
Stanadyne LLC Pension Plan
EIN: 22-2940378 PN: 021

Optional Form Factors

For joint and survivor annuities, conversions use tabular factors under Appendix E of the plan document. Sample factors (for a same-age contingent annuitant) are 0.80, 0.84, and 0.88 for the 100%, 75%, and 50% joint and survivor annuities.

For lump sums, conversions currently use the interest rates under Internal Revenue Code section 417(e) for the September preceding the plan year and the mortality under section 417(e) for the plan year.

Vesting Service

A participant earns one year of vesting service for each calendar year in which he or she has 1,000 or more hours of service. A fractional year of vesting service, rounded to the nearest 1/12, is earned for each calendar year in which a participant has less than 1,000 hours of service.

Changes in Plan Provisions in the Prior Five Years

There were no plan changes reflected in the 2018–2022 valuations.

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

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

Schedule SB Attachment (Form 5500)—2022 Plan Year
Stanadyne LLC Pension Plan
EIN: 22-2940378 PN: 021

Schedule SB, line 24—Change in Actuarial Assumptions

The funding valuation reflects the following non-prescribed assumption change which was made to better reflect anticipated plan experience:

- A change in the unlimited expected return on assets from 4.76% for 2021 to 4.02% for 2022.

This assumption change has no impact on the funding shortfall, so approval of the Commissioner is not required.

Schedule SB Attachment (Form 5500)—2022 Plan Year
 Stanadyne LLC Pension Plan
 EIN: 22-2940378 PN: 021

Schedule SB, line 26—Schedule of Active Participant Data as of January 1, 2022

Attained Age	Number of Participants									
	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25										
25-29										
30-34										
35-39		1								
40-44		1								
45-49		4	3	1						
50-54		2	2		3					
55-59		2	4	6	2	1				
60-64			1	2		1	3	1		
65-69			3	1			5			
70+									1	

N-50

Schedule SB Attachment (Form 5500)—2022 Plan Year
Stanadyne LLC Pension Plan
EIN: 22-2940378 PN: 021

Schedule SB, line 26b—Schedule of Projection of Expected Benefit Payments

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2022	30,282	296,047	7,227,756	7,554,086
2023	60,754	401,540	7,067,583	7,529,877
2024	87,823	504,036	6,893,431	7,485,291
2025	115,257	595,369	6,705,276	7,415,902
2026	135,940	661,198	6,503,257	7,300,395
2027	155,789	723,730	6,287,669	7,167,189
2028	170,136	749,124	6,058,957	6,978,218
2029	178,546	805,356	5,817,718	6,801,620
2030	187,964	847,980	5,564,704	6,600,648
2031	197,802	855,727	5,300,845	6,354,375
2032	198,886	880,946	5,027,242	6,107,073
2033	198,924	886,998	4,745,186	5,831,108
2034	198,216	899,439	4,456,188	5,553,843
2035	198,181	891,743	4,161,989	5,251,913
2036	196,428	879,237	3,864,596	4,940,261
2037	195,034	862,970	3,566,249	4,624,253
2038	191,710	867,399	3,269,315	4,328,423
2039	186,704	848,216	2,976,207	4,011,127
2040	181,054	826,479	2,689,324	3,696,857
2041	174,494	800,673	2,410,979	3,386,146
2042	167,459	772,784	2,143,382	3,083,625
2043	159,796	742,787	1,888,588	2,791,170
2044	151,912	711,088	1,648,410	2,511,411
2045	143,244	676,837	1,424,393	2,244,474
2046	134,146	640,589	1,217,783	1,992,519
2047	124,732	602,880	1,029,501	1,757,113
2048	115,091	563,221	860,123	1,538,435
2049	105,606	522,319	709,821	1,337,746
2050	95,871	480,598	578,335	1,154,803
2051	86,274	438,549	464,997	989,820
2052	76,930	396,719	368,772	842,421
2053	67,966	355,666	288,336	711,969
2054	59,489	315,925	222,176	597,589
2055	51,585	277,984	168,649	498,218
2056	44,320	242,261	126,067	412,648
2057	37,727	209,083	92,773	339,583
2058	31,823	178,683	67,200	277,707
2059	26,610	151,199	47,905	225,714
2060	22,067	126,675	33,606	182,347
2061	18,156	105,074	23,196	146,427
2062	14,829	86,288	15,754	116,871
2063	12,027	70,149	10,526	92,702
2064	9,687	56,449	6,919	73,056
2065	7,750	44,956	4,475	57,181
2066	6,159	35,423	2,847	44,429
2067	4,862	27,608	1,782	34,252
2068	3,813	21,276	1,098	26,186
2069	2,970	16,208	666	19,843
2070	2,298	12,203	398	14,898
2071	1,765	9,078	234	11,077

Schedule SB Attachment (Form 5500)—2022 Plan Year
Stanadyne LLC Pension Plan
EIN: 22-2940378 PN: 021

Schedule SB, line 24—Change in Actuarial Assumptions

The funding valuation reflects the following non-prescribed assumption change which was made to better reflect anticipated plan experience:

- A change in the unlimited expected return on assets from 4.76% for 2021 to 4.02% for 2022.

This assumption change has no impact on the funding shortfall, so approval of the Commissioner is not required.

Schedule SB Attachment (Form 5500)—2022 Plan Year
Stanadyne LLC Pension Plan
EIN: 22-2940378 PN: 021

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

Interest Rates for Minimum Funding Purposes	Based on segment rates with a four-month lookback (as of September 2021), each adjusted as needed to fall within the 25-year average interest rate stabilization corridor under ARPA.
1st Segment Rate	4.75%
2nd Segment Rate	5.18%
3rd Segment Rate	5.92%
Interest Rates for Maximum Tax Purposes	Based on segment rates with a four-month lookback (as of September 2021), without regard to interest rate stabilization.
1st Segment Rate	1.07%
2nd Segment Rate	2.68%
3rd Segment Rate	3.36%
Optional Payment Form Election Percentage	70% elect a Single Life Annuity. 30% elect a 75% Joint and Survivor Annuity.
Optional Payment Form Conversion Interest Rate	Same as funding interest rates above.
Optional Payment Form Conversion Mortality	Applicable mortality table under §417(e) for 2022
Retirement Age	
Active Participants	See Table 1.
Terminated Vested Participants	Age 63 (or current age if later).
Mortality Rates	
Healthy and Disabled	2022 static mortality table for annuitants and non-annuitants per §1.430(h)(3)-1(a)(3) and IRS Notice 2020-85.
Withdrawal Rates	10% for all ages.
Disability Rates	None.

Schedule SB Attachment (Form 5500)—2022 Plan Year
Stanadyne LLC Pension Plan
EIN: 22-2940378 PN: 021

Decrement Timing	Middle of year decrements (except that retirement is assumed to occur at the beginning of the year for ages where the assumed retirement rate is 100%).
Surviving Spouse Benefit	It is assumed that 70% of participants have an eligible spouse, and that males are three years older than their spouses.
Benefit Limits	No frozen benefits exceeded the \$415 benefit limit when the plan was frozen.
Valuation of Plan Assets	<p>Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value.</p> <p>A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii).</p>
Expected Return on Assets	
2020 Plan Year	5.25% before and after the third segment limit rate of 5.94%.
2021 Plan Year	4.76% before and after the third segment limit rate of 6.11%.
2022 Plan Year	4.02% before and after the third segment limit rate of 5.92%.

Schedule SB Attachment (Form 5500)—2022 Plan Year
Stanadyne LLC Pension Plan
EIN: 22-2940378 PN: 021

Trust Expenses

Anticipated noninvestment and investment trust expenses of \$900,000 are included in the Target Normal Cost.

Figure is set to the sum of (1) and (2), with the result rounded to the nearest \$50,000:

(1) The prior year's non-PBGC noninvestment and investment trust expenses, increased by the general inflation assumption (2.25% for 2022) implicit in Stanadyne's interest rate for plan accounting.

(2) Expected PBGC premiums based on the current year's valuation.

Actuarial Method

Standard unit credit cost method

Valuation Date

January 1, 2022

Schedule SB Attachment (Form 5500)—2022 Plan Year
Stanadyne LLC Pension Plan
EIN: 22-2940378 PN: 021

Actuarial Assumptions and Methods

Table 1

Retirement Rates

Age	Rate
57	9.00%
58	9.00%
59	9.00%
60	9.00%
61	15.00%
62	15.00%
63	15.00%
64	15.00%
65	27.00%
66	27.00%
67	27.00%
68	27.00%
69	27.00%
70+	100.00%

Schedule SB Attachment (Form 5500)—2022 Plan Year
 Stanadyne LLC Pension Plan
 EIN: 22-2940378 PN: 021

Schedule SB, line 26—Schedule of Active Participant Data as of January 1, 2022

Attained Age	Number of Participants									
	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25										
25-29										
30-34										
35-39		1								
40-44		1								
45-49		4	3	1						
50-54		2	2		3					
55-59		2	4	6	2	1				
60-64			1	2		1	3	1		
65-69			3	1			5			
70+									1	

N-50

Schedule SB Attachment (Form 5500)—2022 Plan Year
Stanadyne LLC Pension Plan
EIN: 22-2940378 PN: 021

Schedule SB, Part V—Summary of Plan Provisions

Effective Date	Plan was adopted February 10, 1989. As of January 1, 2022, last amended November 23, 2016 (to adopt the 2016 Lump Sum Window).
Plan Year	Calendar year.
Participation	Employees who were expected to work at least 1,000 hours in a 12-month period, and either were Salaried employees or were Hourly employees on the Hartford, Washington and Jacksonville factory payroll. The plan was closed to new entrants as of March 31, 2007.
Normal Retirement Eligibility	Age 65 with five or more years of participation.
Salaried Benefit	<p>Frozen benefit calculated at March 31, 2007. Average monthly earnings are generally the average of the highest 60 consecutive months of earnings at the earlier of termination or March 31, 2007.</p> <p>The gross benefit is the maximum of (a), (b), and (c) below:</p> <ul style="list-style-type: none">(a) \$21.00 times years of credited service.(b) Only applies for the members of the prior plan on December 31, 1984. Benefit is 1.4% of average monthly earnings times years of credited service minus 1.25% of Social Security Primary Insurance amount times years of Credited service (up to maximum of 40 years).(c) 1.7% of average monthly earnings times years of credited service (up to maximum of 30 years), plus 1% of average monthly earnings times years of credited service in excess of 30 years, minus 1.667% of Social Security of Primary Insurance amount times credited service (up to maximum of 30 years). <p>The gross benefit is reduced by any monthly benefits payable at normal retirement date under Lincoln National group annuity contract #GA-5844 or the plan's group annuity contract with New York Life.</p>

Schedule SB Attachment (Form 5500)—2022 Plan Year
Stanadyne LLC Pension Plan
EIN: 22-2940378 PN: 021

Hourly Benefit	<p>Frozen benefit calculated at March 31, 2007.</p> <p>The gross benefit is years of credited service, times \$14.00 (for Washington and Jacksonville locations) or \$21.00 (for other locations).</p> <p>The gross benefit is reduced by any monthly benefits payable at normal retirement date under Lincoln National group annuity contract #GA-5844 or the plan's group annuity contract with New York Life.</p>
Early Retirement Eligibility	<p>Termination on or after age 57 with 10 or more years of vesting service.</p>
Benefit	<p>The normal retirement benefit, reduced by 0.5% for each month by which the benefit commencement date precedes age 62. For early retirement on or after age 62, no reduction applies.</p>
Late Retirement Eligibility	<p>Retirement after age 65.</p>
Benefit	<p>For service up to the March 31, 2007 plan freeze date, benefit accruals continued after age 65.</p> <p>Suspension of benefits notices are generally issued to active participants. When notices are issued, no actuarial increases apply to benefits for active service beyond age 65.</p> <p>In any cases in which suspension of benefits notices are not issued, actuarial increases do apply while active beyond age 65 (compared to continued benefit accruals, if applicable). For pre-commencement periods after the later of age 65 and termination date, benefits are actuarially increased.</p> <p>Actuarial increases are calculated using an interest rate of 8% and the 1971 Group Annuity Mortality Table for males.</p> <p>Benefits are required to commence no later than the April 1 following the end of the calendar year of attainment of age 70.5 years.</p>

Schedule SB Attachment (Form 5500)—2022 Plan Year
Stanadyne LLC Pension Plan
EIN: 22-2940378 PN: 021

Vested Termination
Eligibility

Termination with five or more years of vesting service, but prior to eligibility for normal retirement or early retirement.

Benefit

For a participant terminating after March 31, 2007, the frozen benefit.

For salaried terminations before March 31, 2007, the termination benefit is the projected benefit at normal retirement date, times actual credited service, divided by credited service projected to normal retirement date without regard to the freeze.

For hourly terminations before March 31, 2007, the termination benefit is calculated directly under the benefit formula using credited service to the termination date.

Terminated vested participants may elect early commencement on or after attaining age 57, in which the accrued benefit is reduced by 0.5% for each month by the benefit commencement date precedes age 65. Participants who terminated vested after early retirement eligibility instead receive the early retirement benefit.

Preretirement Death Benefits
Eligibility

Death of a vested, married participant who is active or terminated vested at death.

Benefit

Single life annuity payable to the spouse. The monthly amount is 50% of the benefit that would have been payable to the participant if he or she survived until the spouse's commencement date and elected a 50% joint and survivor annuity at that date.

Normal Form of Benefit

Single life annuity for single participants and 50% qualified joint and survivor annuity for married participants.

Other Optional Forms of Benefit

For married participants, the plan also offers a single life annuity and 75% and 100% joint and survivor annuities.

If the lump sum value of the benefit would be \$1,000.00 or less as of the benefit commencement date, participants are required to take a lump sum. If the lump sum value would be \$1,000.01 to \$5,000.00 participants may elect a lump sum.

Schedule SB Attachment (Form 5500)—2022 Plan Year
Stanadyne LLC Pension Plan
EIN: 22-2940378 PN: 021

Optional Form Factors

For joint and survivor annuities, conversions use tabular factors under Appendix E of the plan document. Sample factors (for a same-age contingent annuitant) are 0.80, 0.84, and 0.88 for the 100%, 75%, and 50% joint and survivor annuities.

For lump sums, conversions currently use the interest rates under Internal Revenue Code section 417(e) for the September preceding the plan year and the mortality under section 417(e) for the plan year.

Vesting Service

A participant earns one year of vesting service for each calendar year in which he or she has 1,000 or more hours of service. A fractional year of vesting service, rounded to the nearest 1/12, is earned for each calendar year in which a participant has less than 1,000 hours of service.

Changes in Plan Provisions in the Prior Five Years

There were no plan changes reflected in the 2018–2022 valuations.

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

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

Schedule SB Attachment (Form 5500)—2022 Plan Year
 Stanadyne LLC Pension Plan
 EIN: 22-2940378 PN: 021

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

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

(a) Age	(b) Rate	(c) Weight	(d) Product (a) × (b) × (c)
57.5	9.00%	1.0000	5.18
58.5	9.00%	0.9100	4.79
59.5	9.00%	0.8281	4.43
60.5	9.00%	0.7536	4.10
61.5	15.00%	0.6857	6.33
62.5	15.00%	0.5829	5.46
63.5	15.00%	0.4955	4.72
64.5	15.00%	0.4211	4.07
65.5	27.00%	0.3580	6.33
66.5	27.00%	0.2613	4.69
67.5	27.00%	0.1908	3.48
68.5	27.00%	0.1393	2.58
69.5	27.00%	0.1017	1.91
70	100.00%	0.0742	5.19
	Weighted Average		63.26

Schedule SB Attachment (Form 5500)—2022 Plan Year
Stanadyne LLC Pension Plan
EIN: 22-2940378 PN: 021

Schedule SB, line 26b—Schedule of Projection of Expected Benefit Payments

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2022	30,282	296,047	7,227,756	7,554,086
2023	60,754	401,540	7,067,583	7,529,877
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2027	155,789	723,730	6,287,669	7,167,189
2028	170,136	749,124	6,058,957	6,978,218
2029	178,546	805,356	5,817,718	6,801,620
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2031	197,802	855,727	5,300,845	6,354,375
2032	198,886	880,946	5,027,242	6,107,073
2033	198,924	886,998	4,745,186	5,831,108
2034	198,216	899,439	4,456,188	5,553,843
2035	198,181	891,743	4,161,989	5,251,913
2036	196,428	879,237	3,864,596	4,940,261
2037	195,034	862,970	3,566,249	4,624,253
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2041	174,494	800,673	2,410,979	3,386,146
2042	167,459	772,784	2,143,382	3,083,625
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2045	143,244	676,837	1,424,393	2,244,474
2046	134,146	640,589	1,217,783	1,992,519
2047	124,732	602,880	1,029,501	1,757,113
2048	115,091	563,221	860,123	1,538,435
2049	105,606	522,319	709,821	1,337,746
2050	95,871	480,598	578,335	1,154,803
2051	86,274	438,549	464,997	989,820
2052	76,930	396,719	368,772	842,421
2053	67,966	355,666	288,336	711,969
2054	59,489	315,925	222,176	597,589
2055	51,585	277,984	168,649	498,218
2056	44,320	242,261	126,067	412,648
2057	37,727	209,083	92,773	339,583
2058	31,823	178,683	67,200	277,707
2059	26,610	151,199	47,905	225,714
2060	22,067	126,675	33,606	182,347
2061	18,156	105,074	23,196	146,427
2062	14,829	86,288	15,754	116,871
2063	12,027	70,149	10,526	92,702
2064	9,687	56,449	6,919	73,056
2065	7,750	44,956	4,475	57,181
2066	6,159	35,423	2,847	44,429
2067	4,862	27,608	1,782	34,252
2068	3,813	21,276	1,098	26,186
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2070	2,298	12,203	398	14,898
2071	1,765	9,078	234	11,077

Schedule SB Attachment (Form 5500)—2022 Plan Year
Stanadyne LLC Pension Plan
EIN: 22-2940378 PN: 021

Schedule SB, line 24—Change in Actuarial Assumptions

The funding valuation reflects the following non-prescribed assumption change which was made to better reflect anticipated plan experience:

- A change in the unlimited expected return on assets from 4.76% for 2021 to 4.02% for 2022.

This assumption change has no impact on the funding shortfall, so approval of the Commissioner is not required.

STANADYNE LLC PENSION PLAN

EIN: 22-2940378

PN: 021

FORM 5500 SCHEDULE H, PART IV, LINE 4i-SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2022

(a)	(b)	(c)	(d)	(e)
Identity of issue, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current value	
* SEI Institutional Investments Trust Large Cap Index Fund	Mutual fund	42,176 shares \$ 7,508,339	\$ 6,850,163	
* SEI Institutional Investments Trust World Equity Ex-US Fund	"	438,627 shares 4,978,450	4,531,019	
* SEI Institutional Investments Trust Intermediate Duration Fund	"	4,801,989 shares 48,564,037	41,489,182	
* SEI Institutional Investments Trust Long Duration Fund	"	422,026 shares 4,285,482	3,334,006	
US Treasury Strips Zero Coupon 2/15/27	U.S. Treasury STRIPS	1,416,000 shares 1,236,521	1,196,534	
US Treasury Strips Zero Coupon 11/15/29	"	4,069,000 shares 3,279,105	3,072,014	
US Treasury Strips Zero Coupon 11/15/31	"	9,611,000 shares 7,650,959	6,726,450	
US Treasury Strips Zero Coupon 11/15/36	"	9,608,000 shares 6,573,954	5,396,429	
US Treasury Strips Zero Coupon 11/15/41	"	4,489,000 shares 2,577,758	2,005,865	
US Treasury Strips Zero Coupon 5/15/47	"	18,000 shares 8,276	6,405	
US Treasury Strips Zero Coupon 11/15/51	"	315,000 shares 135,678	101,257	
Total investments		<u>\$ 86,798,559</u>	<u>\$ 74,709,324</u>	

* Represents a party-in-interest

STANADYNE LLC PENSION PLAN

EIN: 22-2940378

PN: 021

FORM 5500 SCHEDULE H, PART IV, LINE 4j-SCHEDULE OF REPORTABLE TRANSACTIONS FOR THE YEAR ENDED DECEMBER 31, 2022

(a) Identity of Party Involved	(b) Description of asset (include interest rate and maturity in case of a loan)	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value on Transaction Date	(i) Net Gain or (Loss)
SINGLE TRANSACTIONS IN SAME SECURITY IN EXCESS OF 5%						
SEI	SEI Long Duration Credit-A Fund	\$ -	\$ 5,631,896	\$ 6,312,566	\$ 5,631,896	\$ (680,670)
SERIES TRANSACTIONS IN SAME SECURITY IN EXCESS OF 5%						
SEI	SEI Intermediate Duration Credit-A Fund	1,411,170	7,907,950	8,772,254	9,319,120	(864,304)
SEI	SEI Long Duration Credit-A Fund	233,634	5,949,828	6,696,304	6,183,192	(746,476)
SEI	SEI World Equity EX-US Fund	2,662,658	3,347,316	3,553,526	5,969,974	(206,210)
SEI	SEI Large Cap Index Fund	4,617,853	4,914,287	4,486,308	9,532,140	427,979