

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2023 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2023 or fiscal plan year beginning 07/01/2023 and ending 06/30/2024	
A	This return/report is for: ☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) _____ ☐ the first return/report ☐ the final return/report ☒ an amended return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here. ▶ ☐
D	Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶ ☐

Part II	Basic Plan Information—enter all requested information
1a	Name of plan THE RELIABLE AUTOMATIC SPRINKLER CO INC RETIREMENT INCOME PLAN
1b	Three-digit plan number (PN) ▶ 001
1c	Effective date of plan 06/27/1951
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) THE RELIABLE AUTOMATIC SPRINKLER, CO.,INC. POST OFFICE BOX 313 LIBERTY, SC 29657
2b	Employer Identification Number (EIN) 13-1727035
2c	Plan Sponsor's telephone number 864-843-5201
2d	Business code (see instructions) 339900

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.			
Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.			
SIGN HERE	Filed with authorized/valid electronic signature.	06/03/2025	ASHLEY TEAL
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☒ Same as Plan Sponsor	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	5 448
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6a(1) 69 6a(2) 63 6b 242 6c 102 6d 407 6e 32 6f 439 6g(1) 6g(2) 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 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) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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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) ☒ **R** (Retirement Plan Information)
- (2) ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3) ☒ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- (4) ☐ **DCG** (Individual Plan Information) – Number Attached _____
- (5) ☐ **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2023 Form M-1 annual report. If the plan was not required to file the 2023 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 07/01/2023 and ending 06/30/2024		
A Name of plan THE RELIABLE AUTOMATIC SPRINKLER CO INC RETIREMENT INCOME PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 THE RELIABLE AUTOMATIC SPRINKLER, CO.,INC.	D Employer Identification Number (EIN) 13-1727035	

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

(a) Name of insurance carrier
THE PRUDENTIAL INSURANCE COMPANY OF AMERICA

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
22-1211670	68241	003471		07/01/2023	06/30/2024

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	2749171

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

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

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☐ other ▶

b Balance at the end of the previous year	7b	0
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c Additions: (1) Contributions deposited during the year	7c(1)		
(2) Dividends and credits	7c(2)		
(3) Interest credited during the year	7c(3)		
(4) Transferred from separate account.....	7c(4)		
(5) Other (specify below)	7c(5)		
▶			

(6) Total additions	7c(6)	0
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d Total of balance and additions (add lines 7b and 7c(6))	7d	0
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e Deductions:			
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)		
(2) Administration charge made by carrier	7e(2)		
(3) Transferred to separate account.....	7e(3)		
(4) Other (specify below)	7e(4)		
▶			

(5) Total deductions	7e(5)	0
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f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	0
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Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount	10b	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 07/01/2023 and ending 12/31/2023	
▶ Round off amounts to nearest dollar.	
▶ Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.	
A Name of plan THE RELIABLE AUTOMATIC SPRINKLER CO INC RETIREMENT INCOME PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF THE RELIABLE AUTOMATIC SPRINKLER, CO.,INC.	D Employer Identification Number (EIN) 13-1727035
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☒ 101-500 ☐ More than 500

Part I	Basic Information			
1	Enter the valuation date: Month 07 Day 01 Year 2023			
2	Assets:			
a	Market value	2a	49219087	
b	Actuarial value	2b	52118087	
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	265	16916827	16916827
b	For terminated vested participants	114	2517144	2517144
c	For active participants	69	14414133	15290649
d	Total	448	33848104	34724620
4	If the plan is in at-risk status, check the box and complete lines (a) and (b) ☐			
a	Funding target disregarding prescribed at-risk assumptions	4a		
b	Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5	Effective interest rate	5	5.22 %	
6	Target normal cost			
a	Present value of current plan year accruals	6a	109894	
b	Expected plan-related expenses	6b	35000	
c	Target normal cost	6c	144894	

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	12/09/2024
CINDY L. MCDONALD	Date
Type or print name of actuary	23-06793
AON CONSULTING, INC.	Most recent enrollment number
Firm name	212-479-4076
MSC# 17837 PO BOX 6718 SOMERSET, NJ 08875	Telephone number (including area code)
Address of the firm	

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)	142906	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)	142906	0
10	Interest on line 9 using prior year's actual return of <u>6.33</u> %	9046	0
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		649935
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>5.39</u> %		35031
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		684966
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)	151952	0

Part III Funding Percentages			
14	Funding target attainment percentage	14	149.65 %
15	Adjusted funding target attainment percentage	15	150.08 %
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	152.03 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls					
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
Totals ►			18(b)	0	18(c) 0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:	
a Contributions allocated toward unpaid minimum required contributions from prior years.	19a 0
b Contributions made to avoid restrictions adjusted to valuation date	19b 0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c 0
20 Quarterly contributions and liquidity shortfalls:	
a Did the plan have a "funding shortfall" for the prior year?	☐ Yes ☒ No
b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	☐ Yes ☐ No
c If line 20a is "Yes," see instructions and complete the following table as applicable:	
Liquidity shortfall as of end of quarter of this plan year	
(1) 1st	(2) 2nd
(3) 3rd	(4) 4th

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

21 Discount rate:				
a Segment rates:	1st segment: 4.75 %	2nd segment: 5.00 %	3rd segment: 5.74 %	☐ N/A, full yield curve used
b Applicable month (enter code).....				21b 4
22 Weighted average retirement age				22 67
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	144894	
b Excess assets, if applicable, but not greater than line 31a	31b	144894	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	0	0	
b Waiver amortization installment			
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)....	34	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) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.	OMB No. 1210-0110
		2023
		This Form is Open to Public Inspection.

For calendar plan year 2023 or fiscal plan year beginning 07/01/2023 and ending 06/30/2024		
A Name of plan THE RELIABLE AUTOMATIC SPRINKLER CO INC RETIREMENT INCOME PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 THE RELIABLE AUTOMATIC SPRINKLER, CO.,INC.	D Employer Identification Number (EIN) 13-1727035	

Part I	Service Provider Information (see instructions)
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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	
BLACKROCK, INC.	40 EAST 52ND STREET NEW YORK, NY 10022

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
GOLDMAN SACHS	200 WEST ST NEW YORK, NY 10282

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
JP MORGAN	P.O. BOX 219143 KANSAS CITY, MO 64121-9143

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
LORD ABBETT	90 HUDSON STREET JERSEY CITY, NC 07302

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

PGIM, INC.

655 BROAD STREET
8TH FLOOR
NEWARK, NJ 07102

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

(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)

AMERIPRISE FINANCIAL SERVICES, LLC

70100 AMERIPRISE FINANCIAL CENTER
MINNEAPOLIS, MN 55474

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 28 50	NONE	346221	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SAIPH CAPITAL LLC

86-2052065

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 28 50	NONE	214306	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

AON CONSULTING, INC.

22-2232264

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 15 17 50	NONE	124113	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

PRUDENTIAL INSURANCE CO.

22-1211670

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 50 73	NONE	60063	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)
(complete as many entries as needed)

a Name:	HAL KNOX	b EIN:	22-2232264
c Position:	ENROLLED ACTUARY		
d Address:	30 BROOKRIDGE DRIVE GREENWICH, CT 06830-4830	e Telephone:	203-209-2162

Explanation: AS A RESULT OF AN INTERNAL CHANGE IN ASSIGNMENTS AT AON, THE ENROLLED ACTUARY HAS CHANGED.

a Name:	RSM US LLP	b EIN:	42-0714325
c Position:	ACCOUNTANT		
d Address:	30 SOUTH WACKER DR SUITE 3300 CHICAGO, IL 60606	e Telephone:	312-634-3400

Explanation: AUDITING FIRM HAS BEEN CHANGED.

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration		DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.		OMB No. 1210-0110 2023 This Form is Open to Public Inspection.	
For calendar plan year 2023 or fiscal plan year beginning 07/01/2023 and ending 06/30/2024					
A Name of plan THE RELIABLE AUTOMATIC SPRINKLER CO INC RETIREMENT INCOME PLAN				B Three-digit plan number (PN) ▶ 001	
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 THE RELIABLE AUTOMATIC SPRINKLER, CO.,INC.				D Employer Identification Number (EIN) 13-1727035	
Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)					
a Name of MTIA, CCT, PSA, or 103-12 IE: CORE EQUITY ACCOUNT					
b Name of sponsor of entity listed in (a): THE PRUDENTIAL INSURANCE CO. OF AMERICA					
c EIN-PN 22-1211670-007		d Entity code P		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2556080	
a Name of MTIA, CCT, PSA, or 103-12 IE: SHORT TERM					
b Name of sponsor of entity listed in (a): THE PRUDENTIAL INSURANCE CO. OF AMERICA					
c EIN-PN 22-1211670-044		d Entity code P		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 193091	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	

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

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2023
		This Form is Open to Public Inspection

For calendar plan year 2023 or fiscal plan year beginning 07/01/2023 and ending 06/30/2024		
A Name of plan THE RELIABLE AUTOMATIC SPRINKLER CO INC RETIREMENT INCOME PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 THE RELIABLE AUTOMATIC SPRINKLER, CO.,INC.	D Employer Identification Number (EIN) 13-1727035	

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)	40000	0
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	1560538	905710
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred.....	1c(3)(A)	5314650	1642
(B) All other.....	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred.....	1c(4)(A)		
(B) Common	1c(4)(B)	34874247	43787770
(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)	4176491	2749171
(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)	3253195	3932749
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other.....	1c(15)		

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	49219121	51377042
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h	0	174614
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	174614
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	49219121	51202428

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)	519423	
(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)		519423
(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)	1083943	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		1083943
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	2603580	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(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)		738827
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		4945773

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	2216703	
(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)		2216703
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees.....	2i(2)		
(3) Recordkeeping fees.....	2i(3)	60063	
(4) IQPA audit fees.....	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	560527	
(6) Bank or trust company trustee/custodial fees	2i(6)	1060	
(7) Actuarial fees	2i(7)	124113	
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		745763
j Total expenses. Add all expense amounts in column (b) and enter total	2j		2962466

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		1983307
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: **GRANT THORNTON LLP**

(2) EIN: **36-6055558**

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		☒	
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.)		☒	
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.)		☒	
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.)		☒	
e Was this plan covered by a fidelity bond?	☒		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?		☒	
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?		☒	
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?		☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	☒		
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.)	☒		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		☒	
l Has the plan failed to provide any benefit when due under the plan?		☒	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
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.			

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 0.

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 534563.

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2023 This Form is Open to Public Inspection.
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For calendar plan year 2023 or fiscal plan year beginning 07/01/2023 and ending 06/30/2024		
A Name of plan	B Three-digit plan number (PN)	
THE RELIABLE AUTOMATIC SPRINKLER CO INC RETIREMENT INCOME PLAN	001	
C Plan sponsor's name as shown on line 2a of Form 5500	D Employer Identification Number (EIN)	
THE RELIABLE AUTOMATIC SPRINKLER, CO.,INC.	13-1727035	

Part I	Distributions
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All references to distributions relate only to payments of benefits during the plan year.

1	Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	0
2	Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 13-3609238		
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	0

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

4	Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?	☒ Yes	☐ No	☐ N/A
If the plan is a defined benefit plan, go to line 8.				
5	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6	a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a		
	b Enter the amount contributed by the employer to the plan for this plan year	6b		
	c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)	6c		
If you completed line 6c, skip lines 8 and 9.				
7	Will the minimum funding amount reported on line 6c be met by the funding deadline?	☐ Yes	☐ No	☐ N/A
8	If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?	☐ Yes	☐ No	☒ N/A

Part III	Amendments
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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
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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.
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10	Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	☐ Yes	☐ No
11	a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
	b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes	☐ No
12	Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

14 Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for: a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment) b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment) c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	14a 14b 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 b The corresponding number for the second preceding plan year	15a 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 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	16a 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
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18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment..... ☐	
19 If the total number of participants is 1,000 or more, complete lines (a) and (b): a Enter the percentage of plan assets held as: Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____% High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____% b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets: ☐ 0-5 years ☐ 5-10 years ☐ 10-15 years ☐ 15 years or more	
20 PBGC missed contribution reporting requirements. If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20. a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? ☐ Yes ☒ No b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box: ☐ Yes. ☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date. ☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date. ☐ No. Other. Provide explanation: _____	

Part VII	IRS Compliance Questions
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21a Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? ☐ Yes ☒ No 21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2). ☐ Design-based safe harbor method ☐ "Prior year" ADP test ☐ "Current year" ADP test ☒ N/A	
22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter ____/____/____ (MM/DD/YYYY) and the Opinion Letter serial number _____.	

Financial Statements and Report of
Independent Certified Public
Accountants

**The Reliable Automatic Sprinkler Co., Inc.
Retirement Income Plan**

May 9, 2025, June 30, 2024 and 2023

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REPORT OF INDEPENDENT CERTIFIED PUBLIC ACCOUNTANTS

Plan Administrator and Plan Participants
The Reliable Automatic Sprinkler Co., Inc. Retirement Income Plan

Opinion

We have audited the financial statements of The Reliable Automatic Sprinkler Co., Inc. Retirement Income 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 May 9, 2025 and June 30, 2024 and the related statements of changes in net assets available for benefits for the period from July 1, 2024 through May 9, 2025 and the year ended June 30, 2024 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 as of May 9, 2025 and June 30, 2024, and the changes in its net assets available for benefits for the period from July 1, 2024 through May 9, 2025 and the year ended June 30, 2024 in accordance with accounting principles generally accepted in the United States of America.

Basis for opinion

We conducted our audits of the financial statements in accordance with auditing standards generally accepted in the United States of America (US 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.

Emphasis of matter

As described in Notes 1 and 2 to the financial statements, on October 24, 2023, the Board of Directors of The Reliable Automatic Sprinkler Co., Inc., the Plan's sponsor, approved the termination of the Plan, and management determined liquidation is imminent. Accordingly, the Plan has changed its basis of accounting from the going concern basis used in presenting the Plan's 2023 financial statements to the liquidation basis used in presenting the Plan's 2024 and 2025 financial statements. Our opinion is not modified with respect to this matter.

Responsibilities of management for the financial statements

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

Management 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 US 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 US 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.

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.

2025 and 2024 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 schedules of assets (held at end of year) as of June 30, 2024 and of reportable transactions for the period July 1, 2024 through May 9, 2025 and the year ended June 30, 2024 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 Rules and Regulations for Reporting and Disclosure under ERISA. Such supplementary 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. These additional procedures included 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 US 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 Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion, the information in the accompanying supplemental 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 Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

Other matter - auditor's report of the 2023 financial statements

The financial statements of the Plan as of and for the year ended June 30, 2023 were audited by other auditors. Those auditors expressed an unmodified opinion on those 2023 financial statements in their report dated April 15, 2024.

Grant Thornton LLP

Chicago, Illinois
June 3, 2025

The Reliable Automatic Sprinkler Co., Inc. Retirement Income Plan

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

May 9, 2025 and June 30, 2024 and 2023

	May 9, 2025 (In liquidation)	June 30, 2024 (In liquidation)	June 30, 2023 (Ongoing)
ASSETS			
Investments, at fair value			
Mutual funds	\$ -	\$ 3,932,749	\$ 3,253,195
Equities	-	43,787,770	34,874,247
Fixed income securities	-	1,642	5,314,650
Money market funds	-	568,451	1,341,874
Pooled separate accounts	-	2,749,171	4,176,491
Total investments	-	51,039,783	48,960,457
Cash	-	337,259	218,664
Receivable			
Sponsor contribution receivable	-	-	40,000
Total assets	-	51,377,042	49,219,121
LIABILITIES			
Accrued expenses	-	174,614	-
Total liabilities	-	174,614	-
NET ASSETS AVAILABLE FOR BENEFITS	\$ -	\$ 51,202,428	\$ 49,219,121

The accompanying notes are an integral part of these financial statements.

The Reliable Automatic Sprinkler Co., Inc. Retirement Income Plan

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

Period July 1, 2024 through May 9, 2025 and year ended June 30, 2024

	Period July 1, 2024 through May 9, 2025 (In liquidation)	Year ended June 30, 2024 (In liquidation)
Additions from net assets attributed to		
Net appreciation in fair value of investments	\$ 703,779	\$ 3,342,407
Interest and dividends	449,125	1,603,366
Total investment income	1,152,904	4,945,773
Deductions from net assets attributed to		
Benefits paid to participants	840,443	2,216,703
Transfer to The Reliable Automatic Sprinkler Co. Inc. 401(k) Plan	15,424,528	-
Annuity contract purchase	36,040,540	-
PBGC payment	49,821	-
Administrative expenses	-	745,763
Total deductions	52,355,332	2,962,466
NET (DECREASE) INCREASE IN NET ASSETS AVAILABLE FOR BENEFITS	(51,202,428)	1,983,307
Net assets available for benefits at beginning of year	51,202,428	49,219,121
Net assets available for benefits at end of year	\$ -	\$ 51,202,428

The accompanying notes are an integral part of these financial statements.

The Reliable Automatic Sprinkler Co., Inc. Retirement Income Plan

NOTES TO FINANCIAL STATEMENTS

May 9, 2025 and June 30, 2024 and 2023

NOTE 1 - PLAN DESCRIPTION

The following brief description of The Reliable Automatic Sprinkler Co., Inc. Retirement Income Plan (the Plan) is provided for general information purposes only. Participants should refer to the Plan document for more complete information.

General

The following paragraphs describe the provisions applicable to the Plan prior to its termination effective December 31, 2023. See Plan Termination below for details.

The Plan is a non-contributory defined benefit pension plan subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

All employees of The Reliable Automatic Sprinkler, Co., Inc. (the Sponsor or the Company) hired before July 1, 2005, became participants in the Plan following completion of at least one year of service on the month following their 21st birthday. Effective July 1, 2005, the Plan became frozen to new participants. Annual benefits begin at the normal retirement age 65 for employees with five or more years of service to the Company. The amount received at age 65 is equal to the sum of the following:

1. 0.75% of the participant's final average earnings multiplied by years of pension service not in excess of 35 years.
2. 0.65% of the participant's final average earnings in excess of the covered compensation multiplied by years of pension service not in excess of 35 years.
3. 0.50% of the participant's final average earnings multiplied by years of pension service in excess of 35 years.

In no event will the normal retirement income determined above be less than the amount accrued under the Plan as of July 1, 1989. Employees with five or more years of eligible service may elect to retire early from ages 55 to 64. Under such an election, benefits are reduced by 1/2 of 1% for each month that commencement of payments precedes the participant's normal retirement date. In addition to the accrued benefit, a participant retiring after attaining age 60 and completing 20 years of benefit accrual service shall be entitled to a supplemental benefit of \$3,500 annually, payable in monthly installments. This supplement shall cease when the retiree attains age 65 or upon their earlier death.

For employees working beyond a normal retirement age, the postponed retirement benefit shall be the greater of the participant's pension benefit as of the date of postponed retirement or the actuarial equivalent of the normal retirement benefit. Participants who retire from service on their disability retirement date and who continue in receipt of both long-term disability benefits and social security disability benefits until their normal retirement date, shall be entitled to a disability retirement benefit commencing on their normal retirement date, payable monthly, in an amount equal to their accrued benefit calculated based on the benefit accrual service and final average earnings the participant would have had if they stayed in the employ of the employer until their normal retirement date at a rate equal to their most recent earnings on their disability retirement date. The Plan benefit of an employee is forfeited if the employee discontinues employment before rendering five years of service.

Effective June 30, 2012, the Plan was amended and benefits for highly compensated employees were frozen. There was no change to the accrued benefits as of that date. The participants whose benefits were frozen will continue as active employees and will continue to earn eligibility and vested service under the Plan, however, credited service and final average annual earnings will not change after June 30, 2012. Subsequent to June 30, 2012, should such a participant no longer be deemed to be a highly compensated

The Reliable Automatic Sprinkler Co., Inc. Retirement Income Plan

NOTES TO FINANCIAL STATEMENTS - CONTINUED

May 9, 2025 and June 30, 2024 and 2023

employee, they will once again become a participant and earn benefits under the Plan. There was no change to benefits for non-highly compensated employees.

Benefit Payments

Employees may elect to receive their pension benefits in the form of a joint and survivor annuity option, a 10-year certain continuous annuity or voluntary lump-sum amounts under \$5,000.

Plan Termination

The Board of Directors of the Plan Sponsor approved a resolution on October 24, 2023, to terminate the Plan effective December 31, 2023. Effective December 31, 2023, the Plan was amended to formally terminate the Plan and to transfer surplus pension assets to a qualified replacement plan. The Sponsor has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA. In connection with the Plan's termination, the Plan submitted an Application for Determination for Termination Plan with the Internal Revenue Service (IRS) on March 13, 2024. A final determination letter has not yet been received.

As a result of the Plan termination, each affected participant's accrued benefit at the date of termination became fully vested and nonforfeitable. In accordance with the resolution to terminate the Plan, benefit obligations will be satisfied with distribution of Plan assets available for benefits through the purchase of an annuity contract. As of August 30, 2024, the obligation to pay participants with benefits that remained to be paid shifted to an annuity carrier pursuant to a fully paid group annuity contract purchased by the Plan. The annuity contract is intended to preserve all benefit rights and options previously provided by the Plan. During August 2024, premium in the amount of \$36,040,540 was transferred to the insurance company. In addition, the Plan transferred \$49,821 to the PBGC as part of the Missing Participants Program.

The Plan's obligations to participants have been fully satisfied as noted in the termination sections above. The Plan transferred excess funds totaling \$15,424,528 to the Reliable Automatic Sprinkler Co. Inc. 401(k) Plan, a qualified replacement plan as defined under Section 4980(d) of the Code, which is also sponsored and administrated by the Company. The Plan transferred the majority of the funds in January and February 2025, with the remaining funds transferred to the Reliable Automatic Sprinkler Co. Inc 401(k) Plan on May 9, 2025.

NOTE 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 (U.S. GAAP). As described in Note 1 to the financial statements, on October 24, 2023, the Board of Directors of the Plan Sponsor approved the termination of the Plan effective December 31, 2023, and management determined liquidation is imminent. Accordingly, the Plan's financial statements as of and for the period July 1, 2024 and May 9, 2025 and year ended June 30, 2024 are presented on the liquidation basis of accounting.

The Reliable Automatic Sprinkler Co., Inc. Retirement Income Plan

NOTES TO FINANCIAL STATEMENTS - CONTINUED

May 9, 2025 and June 30, 2024 and 2023

Funding Policy

Contributions by participants are not permitted under the Plan document. The Plan accepts Sponsor contributions for the current plan year up to eight and a half months after the plan year-end, as allowed by ERISA. The Sponsor's funding policy is to make contributions no less than the minimum required contribution, nor more than the maximum deductible contribution for the plan year. Sponsor contributions are determined in accordance with the funding method and policy established by the Board of Directors, which is consistent with the Plan objectives. The Company's annual contribution is computed by Aon Hewitt (the Actuary). The Plan is in compliance with the applicable ERISA funding requirements for 2024 and 2023.

Use of Estimates

The preparation of the financial statements in conformity with accounting principles generally accepted in the United States of America requires the Plan Administrator to make estimates and assumptions that affect the reported amounts of net assets available for benefits 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. Actual results could differ from those estimates.

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 3 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 includes the Plan's gains and losses on investments bought and sold as well as held during the year.

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 the participants to the valuation date. Accumulated Plan benefits include benefits expected to be paid to: (a) retired or terminated participants or their beneficiaries, (b) beneficiaries of employees who have died and (c) present participants or their beneficiaries. Benefits for retired or terminated participants or their beneficiaries are generally based on the participants' compensation during their last five years of credited service, yearly social security covered compensation and years of credited service. The accumulated Plan benefits for active participants are based on the highest average compensation for five consecutive years within the last 10 consecutive years of service preceding the valuation date. Benefits payable under all circumstances - retirement, death, disability, 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 was determined by the Plan's consulting actuary and is the amount that results from applying actuarial assumptions to adjust the accumulated Plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal or retirement) between the valuation date and the expected date of payment. The Plan's actuarial valuation was as of the end of the year and was last presented as of June 30, 2023, which was prior to the Plan's termination.

The Reliable Automatic Sprinkler Co., Inc. Retirement Income Plan

NOTES TO FINANCIAL STATEMENTS - CONTINUED

May 9, 2025 and June 30, 2024 and 2023

The actuarial present value of accumulated plan benefits as of June 30, 2023, is as follows:

	<u>2023</u>
Actuarial present value of accumulated plan benefits	
Vested benefits	
Participants and beneficiaries currently receiving benefits	\$ 16,611,407
Participants with deferred benefits	2,637,805
Other participants	<u>15,565,355</u>
	34,814,567
Non-vested benefits	<u>-</u>
Total actuarial present value of accumulated plan benefits	<u>\$ 34,814,567</u>

See Note 1 for final distribution of benefits to participants on termination basis.

Administrative Expenses

Certain expenses of maintaining the Plan are paid directly by the Sponsor and are excluded from these financial statements. Investment and recordkeeping expenses are paid by the Plan and included in determining the net increase in net assets available for benefits.

Subsequent Events

The Plan has evaluated events through June 3, 2025, the date the financial statements through final asset liquidation were available to be issued. No subsequent events occurred, that require recognition or disclosure within the financial statements.

NOTE 3 - FAIR VALUE MEASUREMENTS AND INVESTMENTS

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy are described below:

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

Level 2 - Inputs to the valuation methodology include:

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

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

The Reliable Automatic Sprinkler Co., Inc. Retirement Income Plan

NOTES TO FINANCIAL STATEMENTS - CONTINUED

May 9, 2025 and June 30, 2024 and 2023

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

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at June 30, 2024 and 2023.

Mutual funds

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

Equities

Equities are made up as of common stocks and exchange-traded funds that are valued at the closing price as reported on the respective national securities exchange.

Fixed Income Security

The fixed income security is valued at the closing price as reported on the respective national securities exchange.

Money Market Funds

Money market funds are valued at the daily closing price as reported by the money market funds. The money market funds held by the Plan are open-end mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily NAV and to transact at that price. The money market funds are deemed to be actively traded.

Pooled Separate Accounts

Pooled separate accounts are valued using the NAV provided by the administrator of the fund. The NAV, which is used as a practical expedient to estimate fair value, is based on the fair value of the underlying assets owned by the fund, minus its liabilities and then divided by the number of shares outstanding.

The Reliable Automatic Sprinkler Co., Inc. Retirement Income Plan

NOTES TO FINANCIAL STATEMENTS - CONTINUED

May 9, 2025 and June 30, 2024 and 2023

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of June 30, 2024 and 2023:

Description	Investments at Fair Value as of June 30, 2024			
	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 3,932,749	\$ -	\$ -	\$ 3,932,749
Equities	43,787,770	-	-	43,787,770
Fixed-income security	1,642	-	-	1,642
Money market funds	568,451	-	-	568,451
	<u>\$ 48,290,612</u>	<u>\$ -</u>	<u>\$ -</u>	<u>48,290,612</u>
Investments measured at NAV ^(a)				<u>2,749,171</u>
Total investments				<u>\$ 51,039,783</u>

Description	Investments at Fair Value as of June 30, 2023			
	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 3,253,195	\$ -	\$ -	\$ 3,253,195
Equities	34,874,247	-	-	34,874,247
Fixed-income security	7,185	-	5,307,465	5,314,650
Money market funds	1,341,874	-	-	1,341,874
	<u>\$ 39,476,501</u>	<u>\$ -</u>	<u>\$ 5,307,465</u>	<u>44,783,966</u>
Investments measured at NAV ^(a)				<u>4,176,491</u>
Total investments				<u>\$ 48,960,457</u>

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

The Reliable Automatic Sprinkler Co., Inc. Retirement Income Plan

NOTES TO FINANCIAL STATEMENTS - CONTINUED

May 9, 2025 and June 30, 2024 and 2023

The following table presents changes in assets classified as Level 3 of the fair value hierarchy during the year ended June 30, 2024, attributed to the following:

	Level 3 Investments 2024
Transfers out of Level 3 due to sale of investment	\$ 5,307,465

The following table sets forth additional disclosures of the Plan's investments whose fair value is estimated using net asset value per share (or its equivalent) as of June 30, 2024 and 2023:

	Fair Value		Unfunded Commitment	Redemption Frequency	Redemption Notice Period
<u>Investments</u>	<u>2024</u>	<u>2023</u>			
Pooled separate accounts	\$ 2,749,171	\$ 4,176,491	-	Daily	None

NOTE 4 - RISKS AND UNCERTAINTIES

The Plan invests in various investment securities. These investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur and that such changes could materially affect the amounts reported in the statements of net assets available for benefits.

NOTE 5 - TAX STATUS

The Plan has received a favorable determination letter from the Internal Revenue Service dated October 24, 2014, stating that the Plan is qualified under the appropriate provisions of the Internal Revenue Code (the Code) and, therefore, the related trust is exempt from taxation. Once qualified, the Plan is required to operate in conformity with the Code to maintain its qualification. In connection with the Plan's termination, the Plan submitted an Application for Determination for Termination Plan with the Internal Revenue Service (IRS) on March 13, 2024. A final determination letter has not yet been received.

The Plan Administrator believes the Plan is being operated in compliance with the applicable requirements of the Code and, therefore, believes that the Plan, as amended, is qualified and the related trust is tax exempt. Plan management evaluated the Plan's tax positions for all open tax years and has concluded that the Plan has taken no uncertain tax positions that require adjustment to the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

The Reliable Automatic Sprinkler Co., Inc. Retirement Income Plan

NOTES TO FINANCIAL STATEMENTS - CONTINUED

May 9, 2025 and June 30, 2024 and 2023

NOTE 6 - PARTY-IN-INTEREST TRANSACTIONS

Amounts paid by the Plan to parties-in-interest included fees paid for investment management, audit, and actuarial services. Certain professional fees for the administration of the Plan were paid by the Company. Various administrative functions are performed by officers or employees of the Company. No such officer or employee receives compensation from the Plan.

Certain Plan investments were managed by the custodians as defined by the Plan, and therefore, transactions in such investments managed by the custodians qualify as parties-in-interest transactions. All of these transactions are exempt from the prohibited transaction rules.

SUPPLEMENTARY INFORMATION

The Reliable Automatic Sprinkler Co., Inc. Retirement Income Plan

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

June 30, 2024

Employer Identification Number: 13-1727035, Plan Number: 001

(a)	(b) Identity of Issue	(c) Description of investment Including Maturity Date, Rate of Interest, Collateral, Par, Maturity Value	(d) Cost	(e) Current Value
		Mutual funds		
	Black Rock	CLASS	\$ 1,115,683	\$ 1,115,731
	Goldman Sachs	GOLDMAN SACHS CORE FIXED INCOME FUND INSTITUTIONAL CLASS	773,548	758,904
*	JP Morgan	JPMORGAN CORE BOND FUND CLASS I	732,266	756,545
	Lord Abbett	LORD ABBETT CORE PLUS BOND FUND CLASS I	1,283,353	1,301,569
		Equities		
	Apple Inc	APPLE INC COM	39,142	101,729
	Bank of America	BANK AMER CORP COM	23,416	36,668
	Gilead Sciences Inc	GILEAD SCIENCES INC COM	22,877	22,847
	Goldman Sachs	GOLDMAN SACHS GROUP INC COM	21,148	59,706
	Home Depot	HOME DEPOT INC COM	22,270	37,522
	Microsoft Corp	MICROSOFT CORP COM	44,243	101,458
	Mastercard Inc	MASTERCARD INC CL A	17,792	23,381
	Merck & Co Inc	MERCK & CO INC NEW COM	17,432	25,750
	Salesforce Inc	SALESFORCE INC COM	14,691	27,510
	NVIDIA Corp	NVIDIA CORP COM	19,556	55,593
	Verisk Analytics Inc	VERISK ANALYTICS INC COM	33,975	56,336
	VISA Inc	VISA INC COM CL A	19,467	46,195
	Amazon.com Inc	AMAZON COM INC COM	18,450	29,181
	Alphabet Inc	ALPHABET INC CL A	12,962	32,969
	Constellation Brands Inc	CONSTELLATION BRANDS INC CL A	19,663	19,553
	Crowdstrike Holdings Inc	CROWDSTRIKE HLDGS INC CL A	16,086	18,010
	Meta Platforms Inc	META PLATFORMS INC CL A	9,847	16,639
	Intuitive Surgical Inc	INTUITIVE SURGICAL INC COM	16,070	25,801
	Brixmor	BRIXMOR PPTY GROUP INC COM	14,585	15,127
	iShares	ISHARES TR CORE S&P 500 ETF	2,939,884	3,903,392
	iShares	ISHARES TR S&P 500 VALUE ETF	2,396,012	2,858,649
	iShares	ISHARES TR RUSSELL 1000 GROWTH ETF	3,496,681	5,238,738
	iShares	ISHARES TR BROAD USD INBD ETFVT GRADE CORP BD ETF	808,189	810,339
	iShares	ISHARES TR 0-5 YR INVT GRADE CORP BD ETF	386,612	394,246
	iShares	ISHARES TR BLACKROCK ULTRA SHORT-TERM BD ETF	957,786	960,828
	iShares	ISHARES 1-5 YEAR INVESTMENT GRADE CORP BOND ETF	6,192,767	6,264,722
	SPDR	SPDR BLOOMBERG 1-3 MONTH T-BILL ETF NEW	10,888,189	10,908,693
	SPDR	SPDR BLOOMBERG 3-12 MONTH T-BILL ETF NEW	9,317,134	9,337,759
*	JPMorgan	JP MORGAN EXCHANGE-TRADED FD TR ULTRA-SHORT INCOME ETF	1,142,209	1,147,839
	SPDR	SPDR SER TR SPOR BLOOMBERG 1-3 MNTH T BILL ETF NEW	893,390	896,323
	SPDR	SPDR SER TR BLOOMBERG BARCLAYS SHORT TERM CORPORATED	248,912	253,460
	SPDR	SELECT SECTOR SPDR TR HEALTH CARE	30,737	33,668
	Vanguard	VANGUARD SCOTTSDALE FDS VANGUARD SHORT TERM TREAS	27,060	27,139
		Fixed income security		
	Morgan Stanley	MORGAN STANLEY MTG LN TR REMIC	-	1,642
		Money market funds		
	Invesco	INVESCO ST GOVT & AGENCY RSRV	461,163	461,163
*	Ameriprise	AMERIPRISE BANK INSURED MONEY MARKET	107,288	107,288
		Pooled separate accounts		
*	Prudential	PRUDENTIAL FINANCIAL CORE EQUITY	481,040	2,556,080
*	Prudential	PRUDENTIAL FINANCIAL SHORT TERM	193,091	193,091
			<u>\$ 45,276,666</u>	<u>\$ 51,039,783</u>
*	Represents party-in-interest.			

The Reliable Automatic Sprinkler Co., Inc. Retirement Income Plan

SCHEDULE H, PART IV, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS

For the period July 1, 2024 through May 9, 2025

Employer Identification Number: 13-1727035, Plan Number: 001

(a) Identity of Party Involved	(b) Description of Asset (Include Interest Rate and Maturity in Case of a Loan)	Purchases		Sales		(e) Expense Incurred with Transaction**	(f) Cost of Asset	(g) Net Gain
		Number of Purchase Transactions	(c) Purchase Price	Number of Sales Transactions	(d) Selling Price			
iShares	ISHARES 1-5 YEAR INVESTMENT GRADE CORP BOND ETF	-	\$ -	11	\$ 6,443,156	\$ -	\$ 6,236,223	\$ 206,933
SPDR	SPDR BLOOMBERG 1-3 MONTH T-BILL ETF NEW	-	-	4	11,001,116	-	10,982,828	18,288
SPDR	SPDR BLOOMBERG 3-12 MONTH T-BILL ETF NEW	-	-	6	9,427,334	-	9,398,233	29,101
* Ameriprise	Ameriprise Bank Insured Money Market	-	-	13	51,216,524	-	51,216,524	-
* Ameriprise	Ameriprise Bank Insured Money Market	15	50,678,942	-	-	-	50,678,942	-
iShares	ISHARES TR CORE S&P 500 ETF	-	-	2	3,975,697	-	2,920,414	1,055,283
iShares	ISHARES TR S&P 500 VALUE ETF	-	-	2	3,023,844	-	2,396,012	627,832
iShares	ISHARES TR RUSSELL 1000 GROWTH ETF	-	-	2	5,288,305	-	3,496,681	1,791,624

* Represents a party-in-interest.

The Reliable Automatic Sprinkler Co., Inc. Retirement Income Plan
SCHEDULE H, PART IV, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS
Year ended June 30, 2024

Employer Identification Number: 13-1727035, Plan Number: 001

(a) Identity of Party Involved	(b) Description of Asset (Include Interest Rate and Maturity in Case of a Loan)	Purchases		Sales		(e) Expense Incurred with Transaction**	(f) Cost of Asset	(g) Net Gain
		Number of Purchase Transactions	(c) Purchase Price	Number of Sales Transactions	(d) Selling Price			
SPDR	NEW	1	\$ 5,209,083	-	\$ -	\$ -	\$ 5,209,083	\$ -
Goldman Sachs	GS FINANCE CORP LEVERAGED BUF NOTE	-	-	1	5,209,083	-	5,199,977	9,106

Schedule SB Attachment (Form 5500)—2023 Plan Year
The Reliable Automatic Sprinkler Co., Inc. Retirement Income Plan
EIN: 13-1727035 PN: 001

Schedule SB, line 26a—Schedule of Active Participant Data as of July 1, 2023

Number of Participants and Average Compensation

Attained Age	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25										
25-29										
30-34										
35-39										
40-44					1	2				
45-49						7				
50-54					4	2	5			
55-59					2	3	4	6	3	
60-64					1	5	3	2	1	3
65-69						2		3	3	1
70+							1	1		4

N-69

Schedule SB Attachment (Form 5500)—2023 Plan Year
The Reliable Automatic Sprinkler Co., Inc. Retirement Income Plan
EIN: 13-1727035 PN: 001

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

Interest Rates	Based on segment rates with a four-month lookback (as of March 2023), each adjusted as needed to fall within the 25-year average interest rate corridor under ARPA
1st Segment Rate	2.50%, but not less than 4.75%
2nd Segment Rate	3.83%, but not less than 5.00%
3rd Segment Rate	4.06%, but not less than 5.74%
Interest Rate for Maximum Tax Purposes	Based on segment rates with a four-month lookback (as of March 2023), without regard to the ARPA interest rate corridor
1st Segment Rate	2.50%.
2nd Segment Rate	3.83%.
3rd Segment Rate	4.06%.
Salary Increases	
Minimum Funding Target Normal Cost	4.00%
Maximum Tax Expected Benefit Increase	4.00%
Social Security Wage Base Increases	Future wage indices are based on a national wage increase of 4.00% per year.
Social Security CPI	3.00%.
Optional Payment Form Election Percentage	100% elect the Normal Form.
Retirement Age	
Active Participants	See Table 1.
Terminated Vested Participants	Age 64.
Mortality Rates	
Healthy and Disabled	2023 static mortality table for annuitants and non-annuitants per §1.430(h)(3)-1(e) and IRS Notice2022-22.
Withdrawal Rates	See Table 2.
Disability Rates	See Table 3.

Schedule SB Attachment (Form 5500)—2023 Plan Year
The Reliable Automatic Sprinkler Co., Inc. Retirement Income Plan
EIN: 13-1727035 PN: 001

For ERISA Requirements

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 80% of males and 80% of females have an eligible spouse, and that males are three years older than their spouses.
Valuation Compensation	2023 pensionable earnings (base rate) as provided.
Benefit and Compensation Limits	Projected benefits and compensation are limited by the current IRC section 415 maximum benefit of \$265,000 and the IRC section 401(a)(17) compensation limit of \$330,000.
Valuation of Plan Assets	Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value. A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii).
Expected Return on Assets	
2021 Plan Year	6.00%, before reflecting interest limitation of 6.11%.
2022 Plan Year	6.00%, before reflecting interest limitation of 5.92%.
2023 Plan Year	6.00%, before reflecting interest limitation of 5.74%.
Trust Expenses Included in Target Normal Cost	\$35,000 estimated based on prior year's expenses.
Actuarial Method	Standard unit credit cost method.
Valuation Date	July 1, 2023.

Schedule SB Attachment (Form 5500)—2023 Plan Year
The Reliable Automatic Sprinkler Co., Inc. Retirement Income Plan
EIN: 13-1727035 PN: 001

Changes in ERISA Methods/Assumptions Since the Prior Year

Method Changes

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

Assumption Changes

The funding valuation reflects the following assumption changes:

- A change in the interest rate assumption for minimum funding purposes from segment rates with four-month lookback (4.75%, 5.18%, 5.92% as of March 2022), adjusted as applicable to fall within the 25-year average interest rate corridor under HATFA to segment rates with four-month lookback (4.75%, 5.00%, 5.74% as of March 2023), adjusted as applicable to fall within the 25-year average interest rate stabilization corridor under ARPA.
- A change in the interest rate assumption for maximum tax purposes from segment rates with four-month lookback (0.87%, 2.64%, 3.28% as of March 2022) to segment rates with four-month lookback (2.50%, 3.83%, 4.06% as of March 2023).
- A change in the mortality assumption from the 2022 static mortality table for annuitants and non-annuitants per §1.430(h)(3)-1(e) to the 2023 static mortality table for annuitants and non-annuitants per §1.430(h)(3)-1(e).

Schedule SB Attachment (Form 5500)—2023 Plan Year
The Reliable Automatic Sprinkler Co., Inc. Retirement Income Plan
EIN: 13-1727035 PN: 001

Table 1

Retirement Rates

Age	Rate
55	2.00%
56	2.00%
57	3.00%
58	3.00%
59	4.00%
60	4.00%
61	5.00%
62	5.00%
63	5.00%
64	5.00%
65	10.00%
66	10.00%
67	10.00%
68	16.00%
69	18.00%
70+	100.00%

Schedule SB Attachment (Form 5500)—2023 Plan Year
The Reliable Automatic Sprinkler Co., Inc. Retirement Income Plan
EIN: 13-1727035 PN: 001

Table 2

Withdrawal Rates (ultimate rates only apply)

<u>Age</u>	<u>Rate</u>
35	8.295%
36	7.770%
37	7.245%
38	6.825%
39	6.300%
40	5.880%
41	5.460%
42	5.145%
43	4.725%
44	4.410%
45	4.095%
46	3.780%
47	3.570%
48	3.255%
49	3.045%
50	2.835%
51	2.730%
52	2.520%
53	2.415%
54	2.310%
55+	2.310%

Schedule SB Attachment (Form 5500)—2023 Plan Year
The Reliable Automatic Sprinkler Co., Inc. Retirement Income Plan
EIN: 13-1727035 PN: 001

Table 3

Disability Rates

Age	Rate	Age	Rate
15	0.0000%	45	0.0750%
16	0.0000%	46	0.0825%
17	0.0000%	47	0.0900%
18	0.0000%	48	0.1050%
19	0.0000%	49	0.1200%
20	0.0000%	50	0.1350%
21	0.0000%	51	0.1500%
22	0.0000%	52	0.1725%
23	0.0000%	53	0.1950%
24	0.0000%	54	0.2250%
25	0.0225%	55	0.2700%
26	0.0300%	56	0.3150%
27	0.0300%	57	0.3750%
28	0.0300%	58	0.4425%
29	0.0300%	59	0.5175%
30	0.0300%	60	0.6750%
31	0.0300%	61	0.8700%
32	0.0300%	62	1.0950%
33	0.0375%	63	1.3575%
34	0.0375%	64	1.6650%
35	0.0375%	65+	0.0000%
36	0.0450%		
37	0.0450%		
38	0.0450%		
39	0.0450%		
40	0.0525%		
41	0.0525%		
42	0.0600%		
43	0.0600%		
44	0.0675%		

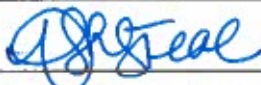
Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2023 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2023 or fiscal plan year beginning 07/01/2023 and ending 06/30/2024	
A This return/report is for:	☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
	☒ a single-employer plan ☐ a DFE (specify) _____
B This return/report is:	☐ the first return/report ☐ the final return/report
	☒ an amended return/report ☐ a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program
	☐ special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.	☐

Part II	Basic Plan Information—enter all requested information
1a Name of plan THE RELIABLE AUTOMATIC SPRINKLER CO INC RETIREMENT INCOME PLAN	1b Three-digit plan number (PN) ▶ 001
	1c Effective date of plan 06/27/1951
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) THE RELIABLE AUTOMATIC SPRINKLER, CO., INC. POST OFFICE BOX 313 LIBERTY SC 29657	2b Employer Identification Number (EIN) 13-1727035
	2c Plan Sponsor's telephone number 864-843-5201
	2d Business code (see instructions) 339900

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE		6/3/2025	ASHLEY TEAL
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

For Paperwork Reduction Act Notice, see the instructions for Form 5500.

Form 5500 (2023)
v. 2300728

3a Plan administrator's name and address ☒ 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	5 448
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1), 6a(2), 6b, 6c, and 6d).	
a(1) Total number of active participants at the beginning of the plan year	6a(1) 69
a(2) Total number of active participants at the end of the plan year	6a(2) 63
b Retired or separated participants receiving benefits	6b 242
c Other retired or separated participants entitled to future benefits	6c 102
d Subtotal. Add lines 6a(2), 6b, and 6c.....	6d 407
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e 32
f Total. Add lines 6d and 6e.....	6f 439
g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item).....	6g(1)
g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g(2)
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h 0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

1A 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) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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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) ☒ **R** (Retirement Plan Information)
- (2) ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3) ☒ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- (4) ☐ **DCG** (Individual Plan Information) - Number Attached _____
- (5) ☐ **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2023 Form M-1 annual report. If the plan was not required to file the 2023 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 _____

The Reliable Automatic Sprinkler Co., Inc. Retirement Income Plan
SCHEDULE H, PART IV, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS
Year ended June 30, 2024

Employer Identification Number: 13-1727035, Plan Number: 001

(a) Identity of Party Involved	(b) Description of Asset (Include Interest Rate and Maturity in Case of a Loan)	Purchases		Sales		(e) Expense Incurred with Transaction**	(f) Cost of Asset	(g) Net Gain
		Number of Purchase Transactions	(c) Purchase Price	Number of Sales Transactions	(d) Selling Price			
SPDR	NEW	1	\$ 5,209,083	-	\$ -	\$ -	\$ 5,209,083	\$ -
Goldman Sachs	GS FINANCE CORP LEVERAGED BUF NOTE	-	-	1	5,209,083	-	5,199,977	9,106

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 07/01/2023 and ending 12/31/2023

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

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

A Name of plan THE RELIABLE AUTOMATIC SPRINKLER CO., INC. RETIREMENT INCOME PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF THE RELIABLE AUTOMATIC SPRINKLER CO., INC.	D Employer Identification Number (EIN) 13-1727035
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☒ 101-500 ☐ More than 500

Part I	Basic Information
1 Enter the valuation date: Month 07 Day 01 Year 2023	
2 Assets:	
a Market value.....	2a 49,219,087
b Actuarial value	2b 52,118,087
3 Funding target/participant count breakdown	
a For retired participants and beneficiaries receiving payment	(1) Number of participants 265 (2) Vested Funding Target 16,916,827 (3) Total Funding Target 16,916,827
b For terminated vested participants.....	114 2,517,144 2,517,144
c For active participants.....	69 14,414,133 15,290,649
d Total	448 33,848,104 34,724,620
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... ☐	
a Funding target disregarding prescribed at-risk assumptions.....	4a
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b
5 Effective interest rate.....	5 5.22%
6 Target normal cost	
a Present value of current plan year accruals.....	6a 109,894
b Expected plan-related expenses	6b 35,000
c Target normal cost.....	6c 144,894

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	Cindy L. McDonald 	12/09/2024
	Signature of actuary	Date
Cindy L. McDonald	Type or print name of actuary	2306793
AON CONSULTING, INC.	Firm name	Most recent enrollment number
		212-479-4076
		Telephone number (including area code)
MSC# 17837 PO BOX 6718 SOMERSET NJ 08875	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)	142,906	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)	142,906	0
10	Interest on line 9 using prior year's actual return of <u>6.33</u> %	9,046	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		649,935
	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>5.39</u> %		35,031
	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		684,966
	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)	151,952	0

Part III		Funding Percentages	
14	Funding target attainment percentage	14	149.65 %
15	Adjusted funding target attainment percentage	15	150.08 %
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	152.03 %
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	0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:			
a Contributions allocated toward unpaid minimum required contributions from prior years	19a		0
b Contributions made to avoid restrictions adjusted to valuation date.	19b		0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.	19c		0
20 Quarterly contributions and liquidity shortfalls:			
a Did the plan have a "funding shortfall" for the prior year? ☐ Yes ☒ No			
b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☐ No			
c If line 20a is "Yes," see instructions and complete the following table as applicable:			
Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

Part V	Assumptions Used to Determine Funding Target and Target Normal Cost		
21	Discount rate:		
a	Segment rates:	1st segment: 4.75 % 2nd segment: 5.00 % 3rd segment: 5.74 %	☐ N/A, full yield curve used
b	Applicable month (enter code).....		21b 4
22	Weighted average retirement age		22 67
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 144,894
b	Excess assets, if applicable, but not greater than line 31a		31b 144,894
32	Amortization installments:		
a	Net shortfall amortization installment	Outstanding Balance 0	Installment 0
b	Waiver amortization installment		
33	If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount		33
34	Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)....		34 0
	Carryover balance	Prefunding balance	Total balance
35	Balances elected for use to offset funding requirement.....	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 SB Attachment (Form 5500)—2023 Plan Year
The Reliable Automatic Sprinkler Co., Inc. Retirement Income Plan
EIN: 13-1727035 PN: 001

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

The average retirement age shown in line 22 has been calculated by the valuation system assuming the following retirement probabilities, given that other decrement rates may also be applied simultaneously along with retirement.

(a)	(b)	(c)	(d)
Age	Retirement Probability	Expected Retirements	Product (a) × (c)
55	2.00%	0.42	23.19
56	2.00%	0.49	27.52
57	3.00%	0.81	46.10
58	3.00%	0.81	46.98
59	4.00%	1.24	73.19
60	4.00%	1.42	85.28
61	5.00%	1.74	106.05
62	5.00%	1.73	107.31
63	5.00%	1.82	114.60
64	5.00%	1.90	121.35
65	10.00%	3.62	235.45
66	10.00%	3.74	246.97
67	10.00%	3.35	224.21
68	16.00%	5.26	358.00
69	18.00%	4.93	340.41
70	100.00%	22.26	1558.33
Total		55.55	3714.92
Weighted Average			66.88

Schedule SB Attachment (Form 5500)—2023 Plan Year
The Reliable Automatic Sprinkler Co., Inc. Retirement Income Plan
EIN: 13-1727035 PN: 001

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

Interest Rates	Based on segment rates with a four-month lookback (as of March 2023), each adjusted as needed to fall within the 25-year average interest rate corridor under ARPA
1st Segment Rate	2.50%, but not less than 4.75%
2nd Segment Rate	3.83%, but not less than 5.00%
3rd Segment Rate	4.06%, but not less than 5.74%
Interest Rate for Maximum Tax Purposes	Based on segment rates with a four-month lookback (as of March 2023), without regard to the ARPA interest rate corridor
1st Segment Rate	2.50%.
2nd Segment Rate	3.83%.
3rd Segment Rate	4.06%.
Salary Increases	
Minimum Funding Target Normal Cost	4.00%
Maximum Tax Expected Benefit Increase	4.00%
Social Security Wage Base Increases	Future wage indices are based on a national wage increase of 4.00% per year.
Social Security CPI	3.00%.
Optional Payment Form Election Percentage	100% elect the Normal Form.
Retirement Age	
Active Participants	See Table 1.
Terminated Vested Participants	Age 64.
Mortality Rates	
Healthy and Disabled	2023 static mortality table for annuitants and non-annuitants per §1.430(h)(3)-1(e) and IRS Notice2022-22.
Withdrawal Rates	See Table 2.
Disability Rates	See Table 3.

Schedule SB Attachment (Form 5500)—2023 Plan Year
The Reliable Automatic Sprinkler Co., Inc. Retirement Income Plan
EIN: 13-1727035 PN: 001

For ERISA Requirements

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 80% of males and 80% of females have an eligible spouse, and that males are three years older than their spouses.
Valuation Compensation	2023 pensionable earnings (base rate) as provided.
Benefit and Compensation Limits	Projected benefits and compensation are limited by the current IRC section 415 maximum benefit of \$265,000 and the IRC section 401(a)(17) compensation limit of \$330,000.
Valuation of Plan Assets	Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value. A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii).
Expected Return on Assets	
2021 Plan Year	6.00%, before reflecting interest limitation of 6.11%.
2022 Plan Year	6.00%, before reflecting interest limitation of 5.92%.
2023 Plan Year	6.00%, before reflecting interest limitation of 5.74%.
Trust Expenses Included in Target Normal Cost	\$35,000 estimated based on prior year's expenses.
Actuarial Method	Standard unit credit cost method.
Valuation Date	July 1, 2023.

Schedule SB Attachment (Form 5500)—2023 Plan Year
The Reliable Automatic Sprinkler Co., Inc. Retirement Income Plan
EIN: 13-1727035 PN: 001

Changes in ERISA Methods/Assumptions Since the Prior Year

Method Changes

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

Assumption Changes

The funding valuation reflects the following assumption changes:

- A change in the interest rate assumption for minimum funding purposes from segment rates with four-month lookback (4.75%, 5.18%, 5.92% as of March 2022), adjusted as applicable to fall within the 25-year average interest rate corridor under HATFA to segment rates with four-month lookback (4.75%, 5.00%, 5.74% as of March 2023), adjusted as applicable to fall within the 25-year average interest rate stabilization corridor under ARPA.
- A change in the interest rate assumption for maximum tax purposes from segment rates with four-month lookback (0.87%, 2.64%, 3.28% as of March 2022) to segment rates with four-month lookback (2.50%, 3.83%, 4.06% as of March 2023).
- A change in the mortality assumption from the 2022 static mortality table for annuitants and non-annuitants per §1.430(h)(3)-1(e) to the 2023 static mortality table for annuitants and non-annuitants per §1.430(h)(3)-1(e).

Schedule SB Attachment (Form 5500)—2023 Plan Year
The Reliable Automatic Sprinkler Co., Inc. Retirement Income Plan
EIN: 13-1727035 PN: 001

Table 1

Retirement Rates

Age	Rate
55	2.00%
56	2.00%
57	3.00%
58	3.00%
59	4.00%
60	4.00%
61	5.00%
62	5.00%
63	5.00%
64	5.00%
65	10.00%
66	10.00%
67	10.00%
68	16.00%
69	18.00%
70+	100.00%

Schedule SB Attachment (Form 5500)—2023 Plan Year
The Reliable Automatic Sprinkler Co., Inc. Retirement Income Plan
EIN: 13-1727035 PN: 001

Table 2

Withdrawal Rates (ultimate rates only apply)

<u>Age</u>	<u>Rate</u>
35	8.295%
36	7.770%
37	7.245%
38	6.825%
39	6.300%
40	5.880%
41	5.460%
42	5.145%
43	4.725%
44	4.410%
45	4.095%
46	3.780%
47	3.570%
48	3.255%
49	3.045%
50	2.835%
51	2.730%
52	2.520%
53	2.415%
54	2.310%
55+	2.310%

Schedule SB Attachment (Form 5500)—2023 Plan Year
The Reliable Automatic Sprinkler Co., Inc. Retirement Income Plan
EIN: 13-1727035 PN: 001

Table 3

Disability Rates

Age	Rate	Age	Rate
15	0.0000%	45	0.0750%
16	0.0000%	46	0.0825%
17	0.0000%	47	0.0900%
18	0.0000%	48	0.1050%
19	0.0000%	49	0.1200%
20	0.0000%	50	0.1350%
21	0.0000%	51	0.1500%
22	0.0000%	52	0.1725%
23	0.0000%	53	0.1950%
24	0.0000%	54	0.2250%
25	0.0225%	55	0.2700%
26	0.0300%	56	0.3150%
27	0.0300%	57	0.3750%
28	0.0300%	58	0.4425%
29	0.0300%	59	0.5175%
30	0.0300%	60	0.6750%
31	0.0300%	61	0.8700%
32	0.0300%	62	1.0950%
33	0.0375%	63	1.3575%
34	0.0375%	64	1.6650%
35	0.0375%	65+	0.0000%
36	0.0450%		
37	0.0450%		
38	0.0450%		
39	0.0450%		
40	0.0525%		
41	0.0525%		
42	0.0600%		
43	0.0600%		
44	0.0675%		

Schedule SB Attachment (Form 5500)—2023 Plan Year
The Reliable Automatic Sprinkler Co., Inc. Retirement Income Plan
EIN: 13-1727035 PN: 001

Schedule SB, Part V—Summary of Plan Provisions

Effective Date	June 27, 1951. Effective July 1, 2005, the Plan was frozen to new Participants and existing participants were given the option to cease future accruals in exchange for a matching contribution in the 401(k) plan. Effective June 30, 2012, Participants' benefits are frozen for pay and credited service for any plan year in which they are deemed a "Highly Compensated Employee." The most recent amendment was signed August 11, 2023 for a cessation of accruals effective September 30, 2023.
Participation	Employees become participants on the first day of the calendar month coincident with or next following attaining age 21 and completing one year of eligibility service.
Normal Retirement Eligibility	Later of age 65 or completion of five Years of Vested Service.
Monthly Benefit	1/12th of the sum of (1), (2), and (3) below: (1) 0.75% of Average Annual Earnings times Years of Credited Service not in excess of 35 years. (2) 0.65% of Average Annual Earnings in excess of Covered Compensation times Years of Credited Service not in excess of 35 years. (3) 0.50% of Average Annual Earnings times Years of Credited Service in excess of 35 years. All accruals ceased effective September 30, 2023. The Average Annual Earnings, Years and Credited service and Covered Compensation was determined at the same date.

Schedule SB Attachment (Form 5500)—2023 Plan Year
The Reliable Automatic Sprinkler Co., Inc. Retirement Income Plan
EIN: 13-1727035 PN: 001

Early Retirement
Eligibility

Age 55 and completion of five Years of Vested Service.

Monthly Benefit

The Normal Retirement Benefit that has accrued at the date of termination, reduced by 1/2% for each month.

In addition, participants who retire after age 60 and completion of 20 Years of Credited Service shall receive 1/12th of \$3,500 until the earlier of age 65 or death.

Disability Retirement
Eligibility

Participants who have been deemed to have a disability as defined in the Long-Term Disability Benefit Plan of the Employer and are entitled to disability benefits under Title II of the Federal Social Security Act.

Monthly Benefit

A disabled Participant will continue to accrue Credited Service for each year in which he has a disability, prior to his Normal Retirement Date.

Late Retirement
Eligibility

After Normal Retirement Age.

Monthly Benefit

The greater of (1) or (2) below:

- (1) A benefit computed in the same manner as a Normal Retirement Benefit but calculated as of the actual retirement date.
- (2) The actuarial equivalent of the Normal Retirement Benefit.

Vested Termination
Eligibility

A Participant will be fully vested in his accrued benefit after five Years of Vested Service.

Monthly Benefit

The amount determined under the Normal Retirement Benefit formula computed as of the date of termination of employment.

The amount above is reduced for commencement prior to age 65 (see Early Retirement section).

Schedule SB Attachment (Form 5500)—2023 Plan Year
The Reliable Automatic Sprinkler Co., Inc. Retirement Income Plan
EIN: 13-1727035 PN: 001

Death Benefit

Eligibility

Completion of five Years of Vested Service.

Monthly Benefit

If death occurs while the Participant is eligible to receive an Early Retirement Benefit, the benefit amount will be equal to 1/2 of the amount the Participant would have received if the Participant had retired with a 50% joint and survivor annuity on the day before his death.

If death occurs prior to the Participant's early retirement age, the benefit amount will be equal to 1/2 of the amount the Participant would have received if the Participant had terminated on the earlier of actual termination or date of death, had survived to the earliest retirement date, and had retired on that date with a 50% joint and survivor annuity.

Normal Form of Retirement Benefits

Unmarried Participants

Straight life annuity (adjusted to the actuarial equivalent of a 10-year certain and life).

Married Participants

50% joint and survivor annuity (adjusted to the actuarial equivalent of a 10-year certain and life).

Optional Forms

10-year certain and life, 75% or 100% joint & survivor option.

Actuarial Equivalent

The TPF&C 1971 Forecast Mortality Table (set back two years for employees and four years for beneficiaries), 7% interest. IRC Section 417(e) mortality and interest for small amount lump sums.

Postponed Retirement Factors

Number of Years Payments Commence After Normal Retirement Date	Factor
0	1.0000
1	1.0822
2	1.1727
3	1.2722
4	1.3814
5	1.5012

Schedule SB Attachment (Form 5500)—2023 Plan Year
The Reliable Automatic Sprinkler Co., Inc. Retirement Income Plan
EIN: 13-1727035 PN: 001

Compensation	A Participant's annualized pay including employer contributions to a 401(k), Section 125, or Section 132(f) plan but excluding overtime and bonuses earned over a plan year or any other deferred compensation plans.
Average Annual Earnings	A Participant's highest average Compensation determined as of the beginning of each plan year during five consecutive plan years within the final ten plan years or, if less than five plan years have been completed, the average compensation for all plan years as a Participant. Solely with respect to each Opting-Out Participant, Average Annual Earnings shall not include any Compensation after June 30, 2005. The Average Annual Earnings was frozen at September 30, 2023, when the plan ceased all accruals.
Year of Credited Service	A Year of Credited Service will be credited for each Plan Year during which an Employee completes at least 1,500 hours of service. In a Plan Year in which a Participant commences participation or incurs a termination of service, Credited Service will be determined based on completion of 1,000 hours within a Plan Year. Opting-Out Participants shall not accrue Credited Service for any year or fraction thereof after June 30, 2005. Effective June 30, 2012, a Participant shall not accrue Credited Service for benefit accrual purposes for any year or fraction thereof after June 30, 2012 in which the Participant is deemed a "Highly Compensated Employee." Effective September 30, 2023, no additional service shall be recognized for benefit accruals.
Year of Vested Service	A Year of Vested Service will be credited for each Plan Year during which an Employee completes at least 1,000 hours within a Plan Year.
Plan Year	July 1 to June 30.
Opting-Out Participant	Participant who elected to opt out of the plan and whose benefit was frozen as of June 30, 2005.

Schedule SB Attachment (Form 5500)—2023 Plan Year
The Reliable Automatic Sprinkler Co., Inc. Retirement Income Plan
EIN: 13-1727035 PN: 001

Plan Changes Since the Prior Year

An amendment was signed August 11, 2023 for a cessation of accruals effective September 30, 2023. The Average Annual Earnings, Years and Credited service and Covered Compensation was frozen at the same date. Credited Service for determining the early Retirement Supplement of \$3,500 was also frozen at the same date. The liability reported for funding and plan reporting did not decrease as a result of this plan amendment. The Normal Cost reported for the funding valuation reflects the accrual of 0.42 years of credited service earned from July 1, 2023 to the plan freeze of September 30, 2023.

The most recent amendment was signed on December 29, 2023 for a date of plan termination of December 31, 2023.

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.

As a result of an internal change in assignments at Aon, the Enrolled Actuary has changed from Hal Knox (EA# 6207) to Cindy L. McDonald (EA# 6793).

Schedule SB Attachment (Form 5500)—2023 Plan Year
The Reliable Automatic Sprinkler Co., Inc. Retirement Income Plan
EIN: 13-1727035 PN: 001

Schedule SB, line 26a—Schedule of Active Participant Data as of July 1, 2023

Number of Participants and Average Compensation

Attained Age	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25										
25-29										
30-34										
35-39										
40-44					1	2				
45-49						7				
50-54					4	2	5			
55-59					2	3	4	6	3	
60-64					1	5	3	2	1	3
65-69						2		3	3	1
70+							1	1		4

N-69

Schedule SB Attachment (Form 5500)—2023 Plan Year
The Reliable Automatic Sprinkler Co., Inc. Retirement Income Plan
EIN: 13-1727035 PN: 001

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

The average retirement age shown in line 22 has been calculated by the valuation system assuming the following retirement probabilities, given that other decrement rates may also be applied simultaneously along with retirement.

(a)	(b)	(c)	(d)
Age	Retirement Probability	Expected Retirements	Product (a) × (c)
55	2.00%	0.42	23.19
56	2.00%	0.49	27.52
57	3.00%	0.81	46.10
58	3.00%	0.81	46.98
59	4.00%	1.24	73.19
60	4.00%	1.42	85.28
61	5.00%	1.74	106.05
62	5.00%	1.73	107.31
63	5.00%	1.82	114.60
64	5.00%	1.90	121.35
65	10.00%	3.62	235.45
66	10.00%	3.74	246.97
67	10.00%	3.35	224.21
68	16.00%	5.26	358.00
69	18.00%	4.93	340.41
70	100.00%	22.26	1558.33
Total		55.55	3714.92
Weighted Average			66.88

Schedule SB Attachment (Form 5500)—2023 Plan Year
The Reliable Automatic Sprinkler Co., Inc. Retirement Income Plan
EIN: 13-1727035 PN: 001

Schedule SB, Part V—Summary of Plan Provisions

Effective Date	June 27, 1951. Effective July 1, 2005, the Plan was frozen to new Participants and existing participants were given the option to cease future accruals in exchange for a matching contribution in the 401(k) plan. Effective June 30, 2012, Participants' benefits are frozen for pay and credited service for any plan year in which they are deemed a "Highly Compensated Employee." The most recent amendment was signed August 11, 2023 for a cessation of accruals effective September 30, 2023.
Participation	Employees become participants on the first day of the calendar month coincident with or next following attaining age 21 and completing one year of eligibility service.
Normal Retirement Eligibility	Later of age 65 or completion of five Years of Vested Service.
Monthly Benefit	1/12th of the sum of (1), (2), and (3) below: (1) 0.75% of Average Annual Earnings times Years of Credited Service not in excess of 35 years. (2) 0.65% of Average Annual Earnings in excess of Covered Compensation times Years of Credited Service not in excess of 35 years. (3) 0.50% of Average Annual Earnings times Years of Credited Service in excess of 35 years. All accruals ceased effective September 30, 2023. The Average Annual Earnings, Years and Credited service and Covered Compensation was determined at the same date.

Schedule SB Attachment (Form 5500)—2023 Plan Year
The Reliable Automatic Sprinkler Co., Inc. Retirement Income Plan
EIN: 13-1727035 PN: 001

Early Retirement
Eligibility

Age 55 and completion of five Years of Vested Service.

Monthly Benefit

The Normal Retirement Benefit that has accrued at the date of termination, reduced by 1/2% for each month.

In addition, participants who retire after age 60 and completion of 20 Years of Credited Service shall receive 1/12th of \$3,500 until the earlier of age 65 or death.

Disability Retirement
Eligibility

Participants who have been deemed to have a disability as defined in the Long-Term Disability Benefit Plan of the Employer and are entitled to disability benefits under Title II of the Federal Social Security Act.

Monthly Benefit

A disabled Participant will continue to accrue Credited Service for each year in which he has a disability, prior to his Normal Retirement Date.

Late Retirement
Eligibility

After Normal Retirement Age.

Monthly Benefit

The greater of (1) or (2) below:

(1) A benefit computed in the same manner as a Normal Retirement Benefit but calculated as of the actual retirement date.

(2) The actuarial equivalent of the Normal Retirement Benefit.

Vested Termination
Eligibility

A Participant will be fully vested in his accrued benefit after five Years of Vested Service.

Monthly Benefit

The amount determined under the Normal Retirement Benefit formula computed as of the date of termination of employment.

The amount above is reduced for commencement prior to age 65 (see Early Retirement section).

Schedule SB Attachment (Form 5500)—2023 Plan Year
The Reliable Automatic Sprinkler Co., Inc. Retirement Income Plan
EIN: 13-1727035 PN: 001

Death Benefit

Eligibility

Completion of five Years of Vested Service.

Monthly Benefit

If death occurs while the Participant is eligible to receive an Early Retirement Benefit, the benefit amount will be equal to 1/2 of the amount the Participant would have received if the Participant had retired with a 50% joint and survivor annuity on the day before his death.

If death occurs prior to the Participant's early retirement age, the benefit amount will be equal to 1/2 of the amount the Participant would have received if the Participant had terminated on the earlier of actual termination or date of death, had survived to the earliest retirement date, and had retired on that date with a 50% joint and survivor annuity.

Normal Form of Retirement Benefits

Unmarried Participants

Straight life annuity (adjusted to the actuarial equivalent of a 10-year certain and life).

Married Participants

50% joint and survivor annuity (adjusted to the actuarial equivalent of a 10-year certain and life).

Optional Forms

10-year certain and life, 75% or 100% joint & survivor option.

Actuarial Equivalent

The TPF&C 1971 Forecast Mortality Table (set back two years for employees and four years for beneficiaries), 7% interest. IRC Section 417(e) mortality and interest for small amount lump sums.

Postponed Retirement Factors

Number of Years Payments Commence After Normal Retirement Date	Factor
0	1.0000
1	1.0822
2	1.1727
3	1.2722
4	1.3814
5	1.5012

Schedule SB Attachment (Form 5500)—2023 Plan Year
The Reliable Automatic Sprinkler Co., Inc. Retirement Income Plan
EIN: 13-1727035 PN: 001

Compensation	A Participant's annualized pay including employer contributions to a 401(k), Section 125, or Section 132(f) plan but excluding overtime and bonuses earned over a plan year or any other deferred compensation plans.
Average Annual Earnings	A Participant's highest average Compensation determined as of the beginning of each plan year during five consecutive plan years within the final ten plan years or, if less than five plan years have been completed, the average compensation for all plan years as a Participant. Solely with respect to each Opting-Out Participant, Average Annual Earnings shall not include any Compensation after June 30, 2005. The Average Annual Earnings was frozen at September 30, 2023, when the plan ceased all accruals.
Year of Credited Service	A Year of Credited Service will be credited for each Plan Year during which an Employee completes at least 1,500 hours of service. In a Plan Year in which a Participant commences participation or incurs a termination of service, Credited Service will be determined based on completion of 1,000 hours within a Plan Year. Opting-Out Participants shall not accrue Credited Service for any year or fraction thereof after June 30, 2005. Effective June 30, 2012, a Participant shall not accrue Credited Service for benefit accrual purposes for any year or fraction thereof after June 30, 2012 in which the Participant is deemed a "Highly Compensated Employee." Effective September 30, 2023, no additional service shall be recognized for benefit accruals.
Year of Vested Service	A Year of Vested Service will be credited for each Plan Year during which an Employee completes at least 1,000 hours within a Plan Year.
Plan Year	July 1 to June 30.
Opting-Out Participant	Participant who elected to opt out of the plan and whose benefit was frozen as of June 30, 2005.

Schedule SB Attachment (Form 5500)—2023 Plan Year
The Reliable Automatic Sprinkler Co., Inc. Retirement Income Plan
EIN: 13-1727035 PN: 001

Plan Changes Since the Prior Year

An amendment was signed August 11, 2023 for a cessation of accruals effective September 30, 2023. The Average Annual Earnings, Years and Credited service and Covered Compensation was frozen at the same date. Credited Service for determining the early Retirement Supplement of \$3,500 was also frozen at the same date. The liability reported for funding and plan reporting did not decrease as a result of this plan amendment. The Normal Cost reported for the funding valuation reflects the accrual of 0.42 years of credited service earned from July 1, 2023 to the plan freeze of September 30, 2023.

The most recent amendment was signed on December 29, 2023 for a date of plan termination of December 31, 2023.

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.

As a result of an internal change in assignments at Aon, the Enrolled Actuary has changed from Hal Knox (EA# 6207) to Cindy L. McDonald (EA# 6793).

The Reliable Automatic Sprinkler Co., Inc. Retirement Income Plan

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

June 30, 2024

Employer Identification Number: 13-1727035, Plan Number: 001

(a)	(b) Identity of Issue	(c) Description of investment Including Maturity Date, Rate of Interest, Collateral, Par, Maturity Value	(d) Cost	(e) Current Value
		Mutual funds		
	Black Rock	CLASS	\$ 1,115,683	\$ 1,115,731
	Goldman Sachs	GOLDMAN SACHS CORE FIXED INCOME FUND INSTITUTIONAL CLASS	773,548	758,904
*	JP Morgan	JPMORGAN CORE BOND FUND CLASS I	732,266	756,545
	Lord Abbett	LORD ABBETT CORE PLUS BOND FUND CLASS I	1,283,353	1,301,569
		Equities		
	Apple Inc	APPLE INC COM	39,142	101,729
	Bank of America	BANK AMER CORP COM	23,416	36,668
	Gilead Sciences Inc	GILEAD SCIENCES INC COM	22,877	22,847
	Goldman Sachs	GOLDMAN SACHS GROUP INC COM	21,148	59,706
	Home Depot	HOME DEPOT INC COM	22,270	37,522
	Microsoft Corp	MICROSOFT CORP COM	44,243	101,458
	Mastercard Inc	MASTERCARD INC CL A	17,792	23,381
	Merck & Co Inc	MERCK & CO INC NEW COM	17,432	25,750
	Salesforce Inc	SALESFORCE INC COM	14,691	27,510
	NVIDIA Corp	NVIDIA CORP COM	19,556	55,593
	Verisk Analytics Inc	VERISK ANALYTICS INC COM	33,975	56,336
	VISA Inc	VISA INC COM CL A	19,467	46,195
	Amazon.com Inc	AMAZON COM INC COM	18,450	29,181
	Alphabet Inc	ALPHABET INC CL A	12,962	32,969
	Constellation Brands Inc	CONSTELLATION BRANDS INC CL A	19,663	19,553
	Crowdstrike Holdings Inc	CROWDSTRIKE HLDGS INC CL A	16,086	18,010
	Meta Platforms Inc	META PLATFORMS INC CL A	9,847	16,639
	Intuitive Surgical Inc	INTUITIVE SURGICAL INC COM	16,070	25,801
	Brixmor	BRIXMOR PPTY GROUP INC COM	14,585	15,127
	iShares	ISHARES TR CORE S&P 500 ETF	2,939,884	3,903,392
	iShares	ISHARES TR S&P 500 VALUE ETF	2,396,012	2,858,649
	iShares	ISHARES TR RUSSELL 1000 GROWTH ETF	3,496,681	5,238,738
	iShares	ISHARES TR BROAD USD INBD ETFVT GRADE CORP BD ETF	808,189	810,339
	iShares	ISHARES TR 0-5 YR INVT GRADE CORP BD ETF	386,612	394,246
	iShares	ISHARES TR BLACKROCK ULTRA SHORT-TERM BD ETF	957,786	960,828
	iShares	ISHARES 1-5 YEAR INVESTMENT GRADE CORP BOND ETF	6,192,767	6,264,722
	SPDR	SPDR BLOOMBERG 1-3 MONTH T-BILL ETF NEW	10,888,189	10,908,693
	SPDR	SPDR BLOOMBERG 3-12 MONTH T-BILL ETF NEW	9,317,134	9,337,759
*	JPMorgan	JP MORGAN EXCHANGE-TRADED FD TR ULTRA-SHORT INCOME ETF	1,142,209	1,147,839
	SPDR	SPDR SER TR SPOR BLOOMBERG 1-3 MNTH T BILL ETF NEW	893,390	896,323
	SPDR	SPDR SER TR BLOOMBERG BARCLAYS SHORT TERM CORPORATED	248,912	253,460
	SPDR	SELECT SECTOR SPDR TR HEALTH CARE	30,737	33,668
	Vanguard	VANGUARD SCOTTSDALE FDS VANGUARD SHORT TERM TREAS	27,060	27,139
		Fixed income security		
	Morgan Stanley	MORGAN STANLEY MTG LN TR REMIC	-	1,642
		Money market funds		
	Invesco	INVESCO ST GOVT & AGENCY RSRV	461,163	461,163
*	Ameriprise	AMERIPRISE BANK INSURED MONEY MARKET	107,288	107,288
		Pooled separate accounts		
*	Prudential	PRUDENTIAL FINANCIAL CORE EQUITY	481,040	2,556,080
*	Prudential	PRUDENTIAL FINANCIAL SHORT TERM	193,091	193,091
			<u>\$ 45,276,666</u>	<u>\$ 51,039,783</u>
*	Represents party-in-interest.			