

Form 5500-SF

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed 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-SF.**

OMB Nos. 1210-0110
1210-0089

2023

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2023 or fiscal plan year beginning 10/01/2023 and ending 09/30/2024

- A** This return/report is for: a single-employer plan a multiple-employer plan (not multiemployer) (Pension Plan filers checking this box must attach Schedule MEP. Other plans must attach a list of participating employer information in accordance with the form instructions.)
- 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** Check box if filing under: Form 5558 automatic extension DFVC program
 special extension (enter description)
- D** If the plan is a collectively-bargained plan, check here ▶
- 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 RETIREMENT PLAN FOR EMPLOYEES OF PRENGLER, LTD.	1b Three-digit plan number (PN) ▶	001
	1c Effective date of plan	10/01/1996
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) PRENGLER, LTD. P.O. BOX 2323 SHERMAN, TX 75091-2323	2b Employer Identification Number (EIN)	75-1907177
	2c Sponsor's telephone number	903-892-1896
	2d Business code (see instructions)	332900
3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor.	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5a Total number of participants at the beginning of the plan year	5a	36
b Total number of participants at the end of the plan year.....	5b	34
c(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	5c(1)	
c(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	5c(2)	
d(1) Total number of active participants at the beginning of the plan year.....	5d(1)	9
d(2) Total number of active participants at the end of the plan year.....	5d(2)	7
e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	5e	0

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, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, 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.	07/11/2025	CRAIG PRENGLER
	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

- 6a** Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)..... Yes No
- b** Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)..... Yes No
- If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.**
- c** If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No Not determined
- If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 534899. (See instructions.)

Part III Financial Information			
7 Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
a Total plan assets	7a	2088060	2611686
b Total plan liabilities	7b		
c Net plan assets (subtract line 7b from line 7a)	7c	2088060	2611686
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
a Contributions received or receivable from:			
(1) Employers	8a(1)	21093	
(2) Participants	8a(2)		
(3) Others (including rollovers)	8a(3)		
b Other income (loss)	8b	565206	
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		586299
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	62673	
e Certain deemed and/or corrective distributions (see instructions) .	8e		
f Administrative service providers (salaries, fees, commissions)	8f		
g Other expenses	8g		
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		62673
i Net income (loss) (subtract line 8h from line 8c)	8i		523626
j Transfers to (from) the plan (see instructions)	8j		

Part IV Plan Characteristics	
9a	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 1A 3D
b	If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Part V Compliance Questions				
10 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)	10a		X	
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X	
c Was the plan covered by a fidelity bond?	10c		X	
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		X	
e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e		X	
f Has the plan failed to provide any benefit when due under the plan?	10f		X	
g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	10g		X	
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h			
i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i			

Part VI Pension Funding Compliance

11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and lines 11a and b below.) If this is a defined contribution pension plan, leave line 11 blank and complete line 12 below. Yes No

a Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 **11a** 11054

b PBGC missed contribution reporting requirements. If the plan is covered by PBGC and the amount reported on line 11a is greater than \$0, 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 _____

12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? Yes No

(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) If this is a defined benefit pension plan, leave line 12 blank and complete line 11 above.

a 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 letter ruling granting the waiver. Month _____ Day _____ Year _____

If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.

b Enter the minimum required contribution for this plan year **12b**

c Enter the amount contributed by the employer to the plan for this plan year **12c**

d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount) **12d**

e Will the minimum funding amount reported on line 12d be met by the funding deadline? Yes No N/A

Part VII Plan Terminations and Transfers of Assets

13a Has a resolution to terminate the plan been adopted in any plan year? Yes No

a If "Yes," enter the amount of any plan assets that reverted to the employer this year..... **13a**

b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? Yes No

c 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.)

13c(1) Name of plan(s):	13c(2) EIN(s)	13c(3) PN(s)

Part VIII IRS Compliance Questions

14a 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

14b 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

15 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 02/28/2023 (MM/DD/YYYY) and the Opinion Letter serial number Q704991A.

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	<small>OMB No. 1210-0110</small> 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 10/01/2023 and ending 09/30/2024

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

A Name of plan <u>RETIREMENT PLAN FOR EMPLOYEES OF PRENLER, LTD.</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>PRENLER, LTD.</u>	D Employer Identification Number (EIN) <u>75-1907177</u>	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input checked="" type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input type="checkbox"/> More than 500	

Part I Basic Information

1	Enter the valuation date: Month <u>10</u> Day <u>01</u> Year <u>2023</u>		
2	Assets:		
	a Market value	2a	<u>2086673</u>
	b Actuarial value	2b	<u>2086673</u>
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	<u>8</u>	<u>581835</u>
	b For terminated vested participants	<u>19</u>	<u>403031</u>
	c For active participants	<u>9</u>	<u>1425359</u>
	d Total	<u>36</u>	<u>2410225</u>
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	<u>5.29 %</u>
6	Target normal cost		
	a Present value of current plan year accruals	6a	<u>0</u>
	b Expected plan-related expenses	6b	<u>0</u>
	c Target normal cost	6c	<u>0</u>

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

SIGN HERE		
	Signature of actuary	<u>07/10/2025</u>
	<u>DANIEL G. MCCARTHY, ASA, EA, MAAA</u>	Date
	Type or print name of actuary	<u>23-08718</u>
	<u>DEFINITI LLC</u>	Most recent enrollment number
	Firm name	<u>860-851-6257</u>
	<u>3 HOLLAND STREET</u>	Telephone number (including area code)
	<u>ERIE, PA 16507</u>	
	Address of the firm	

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

Part II Beginning of Year Carryover and Prefunding Balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of <u>14.63</u> %	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		26
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>5.48</u> %		1
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		27
d	Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d - line 12)	0	0

Part III Funding Percentages			
14	Funding target attainment percentage	14	86.57 %
15	Adjusted funding target attainment percentage	15	86.57 %
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	82.85 %
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		
06/05/2024	17444	0					
06/27/2024	3649	0					
			Totals ▶	18(b)	21093	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 20191	
20	Quarterly contributions and liquidity shortfalls:		
a	Did the plan have a "funding shortfall" for the prior year?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
b	If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
c	If line 20a is "Yes," see instructions and complete the following table as applicable:		
Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

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 %	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code).....			21b 0
22 Weighted average retirement age			22 67
23 Mortality table(s) (see instructions) <input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute			

Part VI Miscellaneous Items			
24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
26 Demographic and benefit information			
a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ...			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....			27

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years			
28 Unpaid minimum required contributions for all prior years			28 0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....			29 0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)			30 0

Part VIII Minimum Required Contribution For Current Year			
31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6c).....			31a 0
b Excess assets, if applicable, but not greater than line 31a			31b 0
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	323552	31245	
b Waiver amortization installment	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount			33
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....			34 31245
	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 31245
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....			37 20191
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
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)			39 11054
40 Unpaid minimum required contributions for all years			40 11054

Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)			
41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. <input type="checkbox"/> 2019 <input checked="" type="checkbox"/> 2020 <input type="checkbox"/> 2021			

Attachment to 2022 Form 5500
Schedule SB, Line 26 — Schedule of Active Participant Data
Plan Name: Retirement Plan for Employees of Prengler, Ltd.
Plan Sponsor's Name: Prengler, Ltd.
EIN/PN: 75-1907177/001

Age	Service								
	0-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
0-19	0	0	0	0	0	0	0	0	0
20-24	0	0	0	0	0	0	0	0	0
25-29	0	0	0	0	0	0	0	0	0
30-34	1	0	0	0	0	0	0	0	0
35-39	0	0	0	0	0	0	0	0	0
40-44	0	0	0	0	0	0	0	0	0
45-49	0	0	0	0	0	0	0	0	0
50-54	0	0	0	0	0	0	0	0	0
55-59	0	1	1	0	0	0	0	0	0
60-64	0	0	4	0	0	0	0	0	0
65+	0	0	0	0	0	0	0	0	0

Average salaries are provided only for age/service cells containing 20 or more participants

Attachment to 2022 Form 5500
Schedule SB, Part V — Statement of Actuarial Assumptions/Method
Plan Name: Retirement Plan for Employees of Prengler, Ltd.
Plan Sponsor's Name: Prengler, Ltd.
EIN/PN: 75-1907177/001

Economic Assumptions

Interest Rates:

- PPA Funding Target for MRC – Current
 - 4.75% - 1st Segment Rate
 - 5.00% - 2nd Segment Rate
 - 5.74% - 3rd Segment Rate
 - 5.29% - Effective Rate

- PPA Funding Target – Prior
 - 4.75% - 1st Segment Rate
 - 5.18% - 2nd Segment Rate
 - 5.92% - 3rd Segment Rate
 - 5.48% - Effective Rate

Salary Scale 1% prior to plan freeze April 30, 2020

Demographic Assumptions

Mortality Separate static mortality tables for males and females as prescribed in §1.430(h)(3)-1 for the current plan year.

Disability None.

Turnover After age 50, no termination is assumed. Prior to age 50, the following table is used:

<u>Years of Benefit</u>	<u>Termination</u>
<u>Service</u>	<u>Rate</u>
1	40%
2	30%
3	20%
4	15%
5 or more	10%

Retirement Age: Normal Retirement Age or current age if older

Other Assumptions

Marriage Assumptions 100% of participants are assumed to be married. Males are assumed to be three years older than their spouses.

Administrative Expenses Administrative expenses of \$0 are expected to be paid from the Trust.

Attachment to 2022 Form 5500
Schedule SB, Part V — Statement of Actuarial Assumptions/Method
Plan Name: Retirement Plan for Employees of Prengler, Ltd.
Plan Sponsor's Name: Prengler, Ltd.
EIN/PN: 75-1907177/001

Other Assumptions (continued)

Form of Payment	It has been assumed that benefits will be paid in the normal annuity form (single life annuity) applicable to the particular benefit. To the extent optional forms of payment are elected and conversions are determined under an actuarial basis differing from the valuation assumptions, gains or losses will occur. These gains or losses will be recognized through the routine application of the actuarial cost method.
Late Retirement	The benefit earned after normal retirement reflects the additional accruals due to the increase in benefit service and compensation, but not less than the Age 65 benefit increased for late retirement.
Maximum Benefit Limitations Under IRC Sec. 415(b)	\$265,000 for 2023 (\$245,000 in prior year).
Changes in Assumptions	There have been no changes in actuarial assumptions since the prior valuation except for the adjustments to the Funding Target interest rates and mortality table as prescribed by IRS guidelines.
Methods	
Valuation Date	October 1, 2023 (first day of the plan year)
Asset Valuation Method	The value of plan assets is equal to the fair value. For the ERISA funding valuation, discounted receivable contributions are added to the fair value of assets.
Projected Unit Credit Actuarial Cost Method	The <u>Projected Unit Credit Actuarial Cost Method</u> is used to determine a component in the development of the maximum deductible contribution limit. Under this method, the normal cost is the actuarial present value of projected benefit allocated to the valuation year based on current year service and projected pay. The projected benefit obligation is the actuarial present value of projected benefits allocated to all periods prior to the valuation year, based on accumulated service and projected pay. If the benefits are frozen, these measurements revert to the Unit Credit Actuarial Cost Method described on the next page.

Attachment to 2022 Form 5500
Schedule SB, Part V — Statement of Actuarial Assumptions/Method
Plan Name: Retirement Plan for Employees of Prengler, Ltd.
Plan Sponsor's Name: Prengler, Ltd.
EIN/PN: 75-1907177/001

Methods (continued)

Unit Credit Actuarial Cost Method

The Unit Credit Actuarial Cost Method is used to determine the Funding Target (FT) for PPA funding purposes. The normal cost for each employee is the present value of the benefit which accrues during that current year. The total normal cost is the sum of the normal costs for all active participants. For PPA funding, the Target Normal Cost does not include an estimate of the annual administrative expenses expected to be paid from the Trust. The FT measure are the present value of the benefits accrued as of the valuation date for all active participants, plus the present value of all benefits for inactive participants. Typically, when the method is introduced, there will be an initial liability for benefits credited for service prior to that date. To the extent that this liability is not covered by assets of the plan, there is an unfunded liability to be funded over some chosen period (15 years for minimum funding purposes) in accordance with an amortization schedule.

Changes in Methods

There were no changes in methods during the current year.

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	<small>OMB No. 1210-0110</small> 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 10/01/2023 and ending 09/30/2024

▶ **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 Retirement Plan for Employees of Prenalger, Ltd.	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Prenalger, Ltd.	D Employer Identification Number (EIN) 75-1907177	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input checked="" type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input type="checkbox"/> More than 500	

Part I Basic Information

1 Enter the valuation date: Month <u>10</u> Day <u>01</u> Year <u>2023</u>			
2 Assets:			
a Market value.....	2a	2,086,673	
b Actuarial value	2b	2,086,673	
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	8	581,835	581,835
b For terminated vested participants.....	19	403,031	403,031
c For active participants.....	9	1,425,359	1,425,359
d Total	36	2,410,225	2,410,225
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>			
a Funding target disregarding prescribed at-risk assumptions.....	4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5 Effective interest rate.....	5	5.29%	
6 Target normal cost			
a Present value of current plan year accruals.....	6a	0	
b Expected plan-related expenses	6b	0	
c Target normal cost.....	6c	0	

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 Daniel G. McCarthy, ASA, EA, MAAA Type or print name of actuary Definiti LLC Firm name 3 Holland Street Erie PA 16507 Address of the firm	<u>7/10/2025</u> Date <u>2308718</u> Most recent enrollment number <u>860-851-6257</u> Telephone number (including area code)
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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 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 %	<input type="checkbox"/> N/A, full yield curve used
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b Applicable month (enter code)..... **21b** 0

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

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	323,552	31,245
b Waiver amortization installment.....	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount **33**

34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)....	34	31,245
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	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	31,245
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37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37	20,191
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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	

39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37).....	39	11,054
40 Unpaid minimum required contributions for all years.....	40	11,054

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

Attachment to 2022 Form 5500
Schedule SB, Line 22 — Description of Weighted Average Retirement Age
Plan Name: Retirement Plan for Employees of Prengler, Ltd.
Plan Sponsor's Name: Prengler, Ltd.
EIN/PN: 75-1907177/001

The weighted average retirement age is equal to the normal retirement age, the first day of the month coincident with or next following the participant's social security retirement age, i.e., the for those born prior to 1937 is age 65, prior to 1954 is age 66, and in the 5-year span from 1955 through 1959 increases by 2 months each year until finally settling at age 67 for those born in 1960 or later, or current age if greater.

List the rate of retirement at each age and describe the methodology used to compute the weighted average retirement age, including a description of the weight applied at each potential retirement age:

Weighted retirement age is age 67.

Attachment to 2022 Form 5500
Schedule SB, Line 19 — Discounted Employer Contributions
Plan Name: Retirement Plan for Employees of Prengler, Ltd.
Plan Sponsor's Name: Prengler, Ltd.
EIN/PN: 75-1907177/001

Contribution Dates	Days After Valuation	Quarterly Due Date	Days Late (Post Due Date)	Contribution Amounts	Effective Interest Rate	Interest Adjustment	Interest Adjusted Contributions
6/5/2024	248	1/15/2024	142	\$7,031	5.29%	(\$363)	\$6,668
6/5/2024	248	4/15/2024	51	\$7,031	5.29%	(\$286)	\$6,745
6/5/2024	248	7/15/2024	0	\$3,382	5.29%	(\$116)	\$3,266
6/27/2024	270	7/15/2024	0	<u>\$3,649</u>	5.29%	<u>(\$137)</u>	<u>\$3,512</u>
2023 Plan Year Contributions				21,093		(902)	20,191
2023 Plan Year Contributions							\$21,093
Interest Adjustment for Contributions made after the Beginning of the Plan Year							<u>(\$902)</u>
2023 Plan Year Discounted Contributions							<u>\$20,191</u>

Attachment to 2022 Form 5500
Schedule SB, Part V — Summary of Plan Provisions
Plan Name: Retirement Plan for Employees of Pregler, Ltd.
Plan Sponsor's Name: Pregler, Ltd.
EIN/PN: 75-1907177/001

Effective Date	Effective October 1, 1996, and most recently restated frozen April 29, 2020.
Eligibility	Eligible employees of Pregler, Ltd. employed prior to April 29, 2020. All employees are eligible to participate upon the first of the month coinciding or next following the completion of one year of eligibility service and age 21.
Contributions	The employer pays the entire cost of the retirement plan.
Actuarial Equivalence	Optional annuity forms of payment are based on the 1983 Group Annuity Mortality Table, 50% Male and 50% Female, and 7.00% interest for optional forms. Lump sum payments are calculated using the IRC Section 417(e)(3) Applicable Mortality Table and Applicable Segment Rates for the August preceding the year of distribution.
Vesting Service	Vesting Service is the period of employment used in determination of eligibility for benefits. An employee earns a Year of Service for vesting purposes upon completing 1,000 Hours of Service during a Vesting Computation Period. Hours of service are calculated based on actual hours worked during the Vesting Computation Period, which is the Plan Year. Service completed before the Employee's 18th birthday is excluded.
Benefit Service	Benefit Service is the period of employment used in determination of the accrued benefit. An employee earns a Year of Service for Accrual Service for each Accrual Computation Period during which the Employee is a participant under the Plan and completes at least 1,000 Hours of Service. Benefit Service is capped at 10 years.
Accrued Benefit	Upon termination of employment at any time, a participant's Accrued Benefit equals the monthly retirement income commencing on his Normal Retirement Date with 3.4% of Final Average Compensation not in excess of Covered Compensation plus 4.15% of Final Average Compensation in excess of Covered Compensation, multiplied by years of Benefit Service (not to exceed 10 years) as of his termination date.

Attachment to 2022 Form 5500
Schedule SB, Part V — Summary of Plan Provisions
Plan Name: Retirement Plan for Employees of Prengler, Ltd.
Plan Sponsor's Name: Prengler, Ltd.
EIN/PN: 75-1907177/001

Pre-Retirement Death Benefit:	A participant who dies prior to starting benefit payments is entitled to the benefit described below, plus the following non-QPSA death benefit: The excess (if any) of the Present Value of the Participant's vested Accrued Benefit minus the Present Value of the QPSA benefit.
➤ After Early Retirement Date	A qualified surviving spouse is eligible for 50% of the benefit which would have been payable if the employee had retired and elected the qualified joint and survivor annuity on the day prior to his death.
➤ Before Early Retirement Date	A qualified surviving spouse is eligible for 50% of the benefit the participant would have received had he separated from service at his date of death, survived to his earliest retirement age and retired with a qualified joint and survivor annuity form of benefit, payable at the participant's 55 th birthday.
Disability Benefit	None.
Form of Pension	The normal form of pension is a life annuity.
Optional Benefit Forms	The following actuarially equivalent forms of benefit are available: <ol style="list-style-type: none">(1) 50% or 100% joint & survivor annuity.(2) Life annuity with term certain of 60 or 120 months.(3) A lump sum if not more than \$5,000, or a single lump-sum payment upon eligibility for either Normal or Early Retirement.
Mandatory Cash-Out Distribution Threshold	Benefit paid immediately to participant as a lump sum if the Actuarial Equivalent of the age 65 monthly retirement benefit payable as a Life Annuity is less than \$1,000.
Changes in Plan Provisions	There have been no changes since the prior valuation.

Attachment to 2022 Form 5500
Schedule SB, Line 32 — Schedule of Amortization Bases
Plan Name: Retirement Plan for Employees of Prengler, Ltd.
Plan Sponsor's Name: Prengler, Ltd.
EIN/PN: 75-1907177/001

	Shortfall Base Exemption Percentage	Shortfall Amortization Base^{1, 2, 3}	Remaining Amortization Period	Shortfall Amortization Factor	Shortfall Amortization Installment
2023 Plan Year	86.58%	(\$39,760)	15	10.9193	(\$3,641)
2022 Plan Year	82.85%	\$363,312	14	10.4143	\$34,886
Funding Shortfall		<u>\$323,552</u>			
Shortfall Amortization Charge					<u>\$31,245</u>

Notes:

1. If the Shortfall Base Exemption Percentage is at least 100% then no amortization base is required to be established for the current plan year.
2. When no Funding Shortfall exists, all prior Shortfall Amortization Bases are eliminated.
3. ARP amortization relief first applied for the 2020 plan year. As a result, all prior bases were eliminated and a new base equal to the funding shortfall was established with the 15 year amortization period.