

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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.

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

- A This return/report is for: a multiemployer plan, a multiple-employer plan, a single-employer plan, a DFE, etc.
B This return/report is: the first return/report, the final return/report, an amended return/report, a short plan year return/report, etc.
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, etc.
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: NORTEK RETIREMENT PLAN
1b Three-digit plan number (PN): 008
1c Effective date of plan: 01/01/1988
2a Plan sponsor's name (employer, if for a single-employer plan): BROAN-NUTONE LLC
2b Employer Identification Number (EIN): 05-0504397
2c Plan Sponsor's telephone number: 262-673-4340
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.

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes rows for employer/plan sponsor and DFE.

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

Form 5500 (2024) v. 240311

3a Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor NORTEK RETIREMENT ADMINISTRATIVE CO 44 WEST LAKE, SUITE 4400 CHICAGO, IL 60606	3b Administrator's EIN 05-0504397																				
	3c Administrator's telephone number 312-277-0156																				
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 1043																				
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.....	<table border="1"> <tr> <td>6a(1)</td> <td>108</td> </tr> <tr> <td>6a(2)</td> <td>84</td> </tr> <tr> <td>6b</td> <td>502</td> </tr> <tr> <td>6c</td> <td>174</td> </tr> <tr> <td>6d</td> <td>760</td> </tr> <tr> <td>6e</td> <td>98</td> </tr> <tr> <td>6f</td> <td>858</td> </tr> <tr> <td>6g(1)</td> <td></td> </tr> <tr> <td>6g(2)</td> <td></td> </tr> <tr> <td>6h</td> <td></td> </tr> </table>	6a(1)	108	6a(2)	84	6b	502	6c	174	6d	760	6e	98	6f	858	6g(1)		6g(2)		6h	
6a(1)	108																				
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6d	760																				
6e	98																				
6f	858																				
6g(1)																					
6g(2)																					
6h																					
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7																				

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
 1A 1I 3H

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

9a Plan funding arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) <input checked="" type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor
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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 _____
 - (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 2024 Form M-1 annual report. If the plan was not required to file the 2024 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE SB (Form 5500) <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> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

▶ **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>NORTEK RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶	<u>008</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>BROAN-NUTONE LLC</u>	D Employer Identification Number (EIN) <u>05-0504397</u>	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

Part I Basic Information

1	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>		
2	Assets:		
	a Market value	2a	<u>49740801</u>
	b Actuarial value	2b	<u>54714881</u>
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	<u>610</u>	<u>42787352</u>
	b For terminated vested participants	<u>325</u>	<u>6809568</u>
	c For active participants	<u>108</u>	<u>1635191</u>
	d Total	<u>1043</u>	<u>51232111</u>
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>		
	a Funding target disregarding prescribed at-risk assumptions	4a	
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b	
5	Effective interest rate	5	<u>4.98 %</u>
6	Target normal cost		
	a Present value of current plan year accruals	6a	<u>0</u>
	b Expected plan-related expenses	6b	<u>406435</u>
	c Target normal cost	6c	<u>406435</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	Date
	<u>SCOTT BOULAY</u>	<u>23-06423</u>
	Type or print name of actuary	Most recent enrollment number
	<u>HUB INTERNATIONAL</u>	<u>781-229-9500</u>
	Firm name	Telephone number (including area code)
	<u>300 BALLARDVALE STREET</u> <u>WILMINGTON, MA 01887</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)		656942
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)		429080
9	Amount remaining (line 7 minus line 8)		227862
10	Interest on line 9 using prior year's actual return of <u>11.63</u> %.....		26503
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		
	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>5.10</u> %		
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		
	c Total available at beginning of current plan year to add to prefunding balance		
	d Portion of (c) to be added to prefunding balance		
12	Other reductions in balances due to elections or deemed elections		
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	254365

Part III Funding Percentages			
14	Funding target attainment percentage.....	14	106.30 %
15	Adjusted funding target attainment percentage	15	106.30 %
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	100.28 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.....	17	%

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

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

Part V Assumptions Used to Determine Funding Target and Target Normal Cost			
21 Discount rate:			
a Segment rates:	1st segment: 4.75 %	2nd segment: 4.87 %	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code)			21b 4
22 Weighted average retirement age			22 63
23 Mortality table(s) (see instructions) <input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute			

Part VI Miscellaneous Items			
24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment..... <input 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....			27

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years			
28 Unpaid minimum required contributions for all prior years			28
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....			29
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	406435	
b Excess assets, if applicable, but not greater than line 31a	31b	406435	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment			
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		
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement			
36 Additional cash requirement (line 34 minus line 35)	36		
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37		
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a		
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	0	
40 Unpaid minimum required contributions for all years	40		

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

SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

A Name of plan NORTEK RETIREMENT PLAN	B Three-digit plan number (PN) ▶	008
C Plan sponsor's name as shown on line 2a of Form 5500 BROAN-NUTONE LLC	D Employer Identification Number (EIN) 05-0504397	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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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)

SUMMIT FINANCIAL CORPORATION

04-3222046

(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?
65 11 99		167000	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

THE BANK OF NEW YORK MELLON

13-5160382

(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?
65 99		124768	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

HANCOCK ASKEW & CO., LLP

58-0662558

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 49		12000	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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(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: HANCOCK ASKEW & CO., LLP	b EIN: 58-0662558
c Position: AUDITOR	
d Address: 100 RIVERVIEW DRIVE SAVANNAH, GA 31404	e Telephone: 912-234-8243

Explanation: HANCOCK ASKEW & CO., LLP MERGED WITH BAKER TILLY US, LLP EFFECTIVE 5/1/2025

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

**SCHEDULE D
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

2024

This Form is Open to Public Inspection.

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan <u>NORTEK RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶ <u>008</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>BROAN-NUTONE LLC</u>	D Employer Identification Number (EIN) <u>05-0504397</u>

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: <u>BNYM DB NSL EMERGING MRKETS STK IDX</u>	b Name of sponsor of entity listed in (a): <u>THE BANK OF NEW YORK MELLON</u>	
c EIN-PN <u>25-6078093-244</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1268419</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>BNYM DB NSL INTL STOCK IDX FD</u>	b Name of sponsor of entity listed in (a): <u>THE BANK OF NEW YORK MELLON</u>	
c EIN-PN <u>25-6078093-213</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>3934891</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>BNYM DB NSL MID CAP STOCK IDX FD</u>	b Name of sponsor of entity listed in (a): <u>THE BANK OF NEW YORK MELLON</u>	
c EIN-PN <u>25-6078093-236</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>2133469</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>BNYM DB NSL REIT INDEX FD</u>	b Name of sponsor of entity listed in (a): <u>THE BANK OF NEW YORK MELLON</u>	
c EIN-PN <u>25-6078093-249</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>847047</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>BNYM DB NSL SMALL CAP GROWTH IDX FD</u>	b Name of sponsor of entity listed in (a): <u>THE BANK OF NEW YORK MELLON</u>	
c EIN-PN <u>25-6078093-251</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1701834</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>BNYM DB NSL STOCK IDX FD</u>	b Name of sponsor of entity listed in (a): <u>THE BANK OF NEW YORK MELLON</u>	
c EIN-PN <u>25-6078093-215</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>5092514</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>BNYM DB SL LONG BOND IDX FD</u>	b Name of sponsor of entity listed in (a): <u>THE BANK OF NEW YORK MELLON</u>	
c EIN-PN <u>25-6078093-006</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>8502989</u>

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

Schedule D (Form 5500) 2024
v. 240311

a Name of MTIA, CCT, PSA, or 103-12 IE: **BNYM DB SL INT CREDIT BOND IDX FD**

b Name of sponsor of entity listed in (a): **THE BANK OF NEW YORK MELLON**

c EIN-PN 25-6078093-060	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6422776
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a Name of MTIA, CCT, PSA, or 103-12 IE: **BNYM DB SL LT CREDIT BOND IDX FD**

b Name of sponsor of entity listed in (a): **THE BANK OF NEW YORK MELLON**

c EIN-PN 25-6078093-062	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 12776616
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a Name of MTIA, CCT, PSA, or 103-12 IE: **EB TEMPORARY INVESTMENT**

b Name of sponsor of entity listed in (a): **THE BANK OF NEW YORK MELLON**

c EIN-PN 25-6078093-023	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 499437
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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)
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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)
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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)
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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)
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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)
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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)
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SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan NORTEK RETIREMENT PLAN	B Three-digit plan number (PN) ▶ 008
C Plan sponsor's name as shown on line 2a of Form 5500 BROAN-NUTONE LLC	D Employer Identification Number (EIN) 05-0504397

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.

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	2104	441
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	49738697	43179992
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

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	49740801	43180433
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k		
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	49740801	43180433

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)		
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(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)		
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A), (B), and (C).....	2b(2)(D)		
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(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)		1791629
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		1791629

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	7887611	
(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)		7887611
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	12000	
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)	72000	
(8) Legal fees	2i(8)	2535	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)	377851	
(11) Other expenses.....	2i(11)		
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		464386
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		8351997

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-6560368
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: **BAKER TILLY US, LLP**

(2) EIN: **30-1413443**

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.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		2000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.		X	

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? Yes No
If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 547795.

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan <u>NORTEK RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶	<u>008</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>BROAN-NUTONE LLC</u>	D Employer Identification Number (EIN) <u>05-0504397</u>	

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	
---	--

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):
EIN(s): 25-1926855

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	
---	--

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

a Enter the percentage of plan assets held as:
 Public Equity: 35.0 % Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: 65.0 %
 High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%

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

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

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

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:
 Yes.
 No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.
 No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.
 No. Other. Provide explanation: _____

Part VII IRS Compliance Questions

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

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).
 Design-based safe harbor method
 "Prior year" ADP test
 "Current year" ADP test
 N/A

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

Nortek Retirement Plan

Financial Statements and
Supplemental Schedules

December 31, 2024 and 2023

Nortek Retirement Plan

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Independent Auditors' Report

The Pension Committee and Participants
Nortek Retirement Plan
Hartford, Wisconsin

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit on the 2024 Financial Statements

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

Management, having determined it is permissible in the circumstances, has elected to have the audit of the Plan's 2024 financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under ERISA (ERISA Section 103(a)(3)(C) audit). As permitted by ERISA Section 103(a)(3)(C), our audit need not extend to any statements or information related to assets held for investment of the Plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution.)

Management has obtained a certification from a qualified institution as of and for the year ended December 31, 2024, stating that the certified investment information, as described in Note 4 to the financial statements, is complete and accurate.

Opinion on the 2024 Financial Statements

In our opinion, based on our audit and the procedures performed as described in the Auditors' Responsibilities for the Audit of the 2024 Financial Statements section:

- the amounts and disclosures in the accompanying 2024 financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America (GAAP); and
- the information in the accompanying 2024 financial statements related to assets held by and certified by a qualified institution agrees to, or is derived from, in all material respects, the information prepared by and certified by an institution that management determines meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion on the 2024 Financial Statements

We conducted our audit in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the 2024 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 audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion on the 2024 financial statements.

Responsibilities of Management for the 2024 Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern within one year after the date that the financial statements are issued or available to be issued.

Management is 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.

Auditors' Responsibilities for the Audit of the 2024 Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit of the 2024 Financial Statements section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.

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

Our audit did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the 2024 financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of GAAP.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the 2024 financial statements as a whole are presented fairly, in all material respects, in accordance with GAAP.

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

Other Matter - 2024 Supplemental Schedules Required by ERISA

The supplemental schedules, Schedule H, Line 4i - schedule of assets (held at end of year) as of December 31, 2024 and schedule H, Line 4j – schedule of reportable transactions for the year ended December 31, 2024, are presented for purposes of additional analysis and are not a required part of the financial statements but is supplementary information required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, including their form and content, are presented in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion:

- the form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.
- the information in the supplemental schedule related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Other Matter - Auditors' Report on the 2023 Financial Statements

Predecessor auditors performed an audit of the 2023 financial statements of the Plan. In accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA, the prior year audit did not extend to any statements or information related to assets held for investment of the Plan that were certified by a qualified institution. Their report, dated October 14, 2024, indicated that (a) the amounts and disclosures in the 2023 financial statements, other than those agreed to or derived from the certified investment information, were presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America, and (b) the information in the 2023 financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C). Their report also indicated that the form and content of the 2023 supplemental schedule, other than the information in the 2023 supplemental schedule that agreed to or is derived from the certified investment information, were presented, in all material respects, in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA; and the information in the 2023 supplemental schedule related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Baker Tilly US, LLP

Peachtree Corners, Georgia
August 01, 2025

Nortek Retirement Plan

Statements of Net Assets Available for Benefits

<i>December 31,</i>	2024	2023
ASSETS		
Investments		
Investments, at fair value	\$ 43,179,992	\$ 49,738,697
Receivables		
Accrued investment income	<u>441</u>	<u>2,104</u>
Total receivables	<u>441</u>	<u>2,104</u>
Total assets	<u>43,180,433</u>	<u>49,740,801</u>
Net assets available for benefits	<u>\$ 43,180,433</u>	<u>\$ 49,740,801</u>

See accompanying notes to the financial statements.

Nortek Retirement Plan

Statements of Changes in Net Assets Available for Benefits

<i>Year ended December 31,</i>	2024	2023
ADDITIONS TO NET ASSETS		
Investment income		
Interest and dividends	\$ 120,349	\$ 24,406
Net appreciation in fair value of investments	1,671,280	5,466,993
Total investment income	1,791,629	5,491,399
Total additions to net assets	1,791,629	5,491,399
DEDUCTIONS FROM NET ASSETS		
Benefits paid directly to participants	7,887,611	5,333,706
Administrative expenses	464,386	593,644
Total deductions	8,351,997	5,927,350
Net decrease in net assets available for benefits	(6,560,368)	(435,951)
Net assets available for benefits, beginning of year	49,740,801	50,176,752
Net assets available for benefits, end of year	\$ 43,180,433	\$ 49,740,801

See accompanying notes to the financial statements.

Nortek Retirement Plan

Notes to Financial Statements

1. Description of the Plan

The following description of the Nortek Retirement Plan (the Plan) provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General

The Plan is a non-contributory defined benefit pension plan covering substantially all employees of Nortek, Inc. (the Company), who have completed eligibility requirements. The Plan is subject to the provisions of the Employee Retirement Income Securities Act of 1974, as amended (ERISA). Effective December 31, 1995, the Company amended the Plan such that all Participants would cease to accrue any future benefits in the Plan and there would be no new Participants. Remaining Participants in the Plan have a nonforfeitable and fully vested interest in their accrued benefit and shall receive payment of such benefit in accordance with the normal provisions of the Plan. Effective December 31, 2016, Nortek, Inc. transferred its sponsorship of the Plan to Broan-NuTone, LLC, and the Plan name was changed from Nortek, Inc. Retirement Plan to Nortek Retirement Plan.

The Plan's Benefit Administration Committee has overall responsibility for the operation and administration of the Plan. The Plan's Benefit Administration Committee determines the appropriateness of the Plan's investment offerings, monitors investment performance and reports to the Board of Directors. The Bank of New York Mellon is the trustee (Trustee) of the Plan.

During 2024, the Company offered terminated Participants, who had not begun taking benefits, the opportunity to elect a lump sum distribution. This lump sum window resulted in approximately \$2,735,000 of distributions being made.

Pension Benefits

The Plan provides for benefits when certain requirements are met. The following is a summary of these provisions:

Employees who have terminated their employment with the Company before attaining age 65, and have accumulated five or more years of vested service, are eligible to receive monthly pension benefits equal to their accrued vested benefits, beginning at their normal retirement age (65). The vested benefit is calculated as a percentage of the benefit at normal retirement age based on years of credited service.

Active employees who become totally and permanently disabled after being credited with ten years of service, accrued years of service during such period of disability, when aggregated with such prior service, up a maximum of 30 years. Effective December 31, 1995, the Company amended the Plan such that all Participants would cease to accrue any future benefits in the Plan. Remaining Participants in the Plan have a nonforfeitable and fully vested interest in their accrued benefit and shall receive payment of such benefit in accordance with the normal provisions of the Plan.

Employees terminating employment may elect early retirement when they have attained age 55 and have been credited with five years of service. Employees electing early retirement may elect to receive their benefit at age 65 or a reduced benefit at their early retirement date. The reduced pension benefit equals the normal pension benefit, reduced by 1/180th for each month of payment prior to the normal retirement date between the ages of 60 and 65 and by an additional 1/360th for each month of payment between ages 55 and 60.

Pre-retirement death benefits are payable in monthly amounts, if a Participant dies after attaining a vested right in his or her accrued benefit, to the surviving spouse equal to the amount such spouse would have received under the 50% joint and survivor form of benefit if the Participant had retired on the day of his or her death or, if earlier, on the day he or she terminated employment.

1. Description of the Plan (cont.)

Pension Benefits (cont.)

In the case of a benefit with a lump-sum value of \$1,000 or less, the Participant will receive a single lump-sum distribution. Participants who are eligible for single lump-sum distributions of \$200 or more, in accordance with the provisions of the Plan, may elect, with certain limitations, as defined, to transfer such single lump-sum distribution directly to a qualified individual retirement account or annuity or any defined contribution plan that accepts rollover contributions (Eligible Rollover Distribution) from a plan qualified by the Internal Revenue Code (the Code).

Effective 2014, Participants in the Plan who are age 62 or older may elect to commence distribution of vested accrued pension benefits even if they are still employed.

If an active employee dies at age 55 or older, a death benefit equal to the value of the employee's accumulated pension benefit is paid to the employee's beneficiary. Pre-retirement death benefits are payable in monthly amounts, if a Participant dies after attaining a vested right in his or her accrued benefit, to the surviving spouse equal to the amount such spouse would have received under the 50% joint and survivor form of benefit if the Participant had retired on the day of his or her death or, if earlier, on the day he or she terminated employment.

Vesting

Participants with five or more years of credited service are vested and are entitled to annual pension benefits beginning at normal retirement age (65).

Funding Policy

Contributions to provide benefits under the Plan are made solely by the Company. The Company's funding policy is to make cash contributions to the Plan in accordance with the funding requirements established by ERISA and at a rate deemed necessary to maintain the Plan on an actuarially sound basis. The amounts of the contributions are based upon the computations of the Plan's independent actuary (see Note 3) and have been designed to provide sufficient funds to pay benefits as they become payable under the Plan. All funding requirements of ERISA have been met for the years ended December 31, 2024 and 2023.

2. Summary of Significant Accounting Policies

Basis of Accounting

The accompanying financial statements are prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America (GAAP).

Use of Estimates

The preparation of financial statements in conformity with GAAP requires the Plan's management to make estimates and assumptions that affect the reported amounts of assets, liabilities, and changes therein: disclosure of contingent assets and liabilities: and the actuarial present value of accumulated plan benefits at the date of the financial statements, and changes therein. Actual results could differ from those estimates.

The investments of the Plan are reported at fair value. Fair value is the amount that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date (the exit price). See Note 5 for discussion of fair value measurement.

Nortek Retirement Plan

Notes to Financial Statements

2. Summary of Significant Accounting Policies (cont.)

Investment Valuation and Income (Loss) Recognition

The investments of the Plan are reported at fair value. Fair value is the amount that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date (the exit price). See Note 5 for discussion of fair value measurement.

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

Payment of Benefits

Benefit payments to Participants are recorded upon distribution.

Administrative Expenses

The Plan's expenses are paid either by the Plan or the Company, as provided by the Plan document. Expenses that are paid directly by the Company are excluded from these financial statements. Certain expenses incurred in connection with the general administration of the Plan that are paid by the Plan are recorded as deductions in the accompanying statements of changes in net assets available for benefits. In addition, certain investment related expenses are included in net appreciation (depreciation) of fair value of investments presented in the accompanying statements of changes in net assets available for benefits.

3. Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those estimated future periodic payments, including lump-sum distributions, which 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, and (b) present Participants or their beneficiaries.

Benefits payable under all circumstances - retirement, death, disability, and termination of employment - are included to the extent they are deemed attributable to Participant service rendered to the valuation date (or freeze date).

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

The significant actuarial assumptions used in determining accumulated plan benefits as of January 1 were as follows:

	2024	2023
Actuarial cost method	- Unit Credit	- Unit Credit
Discount rate	- 6.0%	- 6.0%
Mortality (funding)	- IRS 2024 Generational Table	- IRS 2023 Static Mortality Table
Retirement	- Graded from 55 to 69	- Graded from 55 to 69

For the current valuation performed, the mortality assumption was updated to reflect the required Society of Actuaries table, and the expense assumption was updated to reflect expenses of \$406,435.

Nortek Retirement Plan

Notes to Financial Statements

3. Actuarial Present Value of Accumulated Plan Benefits (cont.)

These assumptions are based on the Plan continuing, were the Plan to be terminated, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

The actuarial present value of accumulated plan benefits as of the beginning of the Plan year is comprised of the following:

	2024	2023
Vested benefits		
Participants currently receiving payments	\$ 46,517,014	\$ 49,091,036
Other vested benefits	1,477,579	1,894,444
Total vested benefits	47,994,593	50,985,480
Non-vested benefits	-	-
Total actuarial present value of accumulated plan benefits	\$ 47,994,593	\$ 50,985,480

Changes in the actuarial present value of accumulated plan benefits are as follows:

	2024	2023
Beginning of year	\$ 50,985,480	\$ 74,137,206
Benefits accumulated	(676,285)	1,876,443
Interest due to decrease in discount period	2,899,118	3,585,984
Assumption changes	119,986	127,464
Benefits paid	(5,333,706)	(28,741,617)
End of year	\$ 47,994,593	\$ 50,985,480

4. Certified Information

The plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA for 2024 and 2023. Accordingly, Bank of New York Mellon (BNY Mellon), the Trustee of the Plan, has certified to the completeness and accuracy of all investments reported in the accompanying Statements of Net Assets Available for Benefits as of December 31, 2024 and 2023, and the supplemental Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year) as of December 31, 2024, and the related investment activity reported in the Statement of Changes in Net Assets Available for Benefits for the year ended December 31, 2024. Such information was obtained by management and agreed to or derived from information certified as complete and accurate by a qualified institution.

5. Fair Value Measurements

GAAP establishes 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 measurements) and the lowest priority to unobservable inputs in which little or no market data exists (Level 3 measurements). The three levels of the fair value hierarchy under GAAP are described below:

5. Fair Value Measurements (cont.)

Basis of Fair Value Measurement

Level 1 - Unadjusted quoted prices in active markets that are accessible at the measurement date for identical, unrestricted assets or liabilities;

Level 2 - Quoted prices in markets that are not considered to be active or financial instruments for which all significant inputs are observable, either directly or indirectly;

Level 3 - Prices or valuations that require inputs that are both significant to the fair value measurement and unobservable.

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

The following is a description of the valuation methodology used for assets and liabilities measured at fair value. There have been no changes in the methodology used at December 31, 2024 and 2023.

Common Collective Trust Funds - Valued at fair value using the net asset value (NAV) per share (or its equivalent) practical expedient based on the last reported sales price of the underlying investments held. The Plan's interest in the common collective trust fund was based on information using the audited financial statements of the common collective trust fund at year-end. The investment income (loss) was allocated to Participants based on their proportionate share of the net assets of the fund.

The method described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation methodology is appropriate and consistent with other market participants, the use of a different methodology or assumption to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The Plan's investments at fair value as of December 31, 2024 and 2023 were made up entirely of common collective trusts, which are measured at the NAV as a practical expedient. In accordance with Subtopic 820-10, certain investments that are measured as such are not classified in the fair value hierarchy. The Plan held no assets at December 31, 2024 and 2023 that were classified in the fair value hierarchy.

Fair value of investments in certain entities that calculate NAV per share (or its equivalent) follows:

Investment	Fair Value at December 31, 2024	Fair Value at December 31, 2023	Unfunded Commitments	Redemption Frequency (if Currently Eligible)	Redemption Notice Period
Common collective trust funds	\$ 43,179,992	\$ 49,738,697	None	Daily	None

6. Risks and Uncertainties

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

6. Risks and Uncertainties (cont.)

Plan contributions were made, and the actuarial present value of accumulated plan benefits were reported based on certain assumptions pertaining to interest rates, inflation rates and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimation and assumption process, it is at least reasonably possible that changes in these estimates and assumptions in the near-term would be material to the financial statements.

At December 31, 2024, 30% and 20% of the Plan's investments were invested in BNYM-M DB SL LT Credit Bond Index Fund and BNYM-M DB SL Long Bond Index Fund, respectively.

7. Income Tax Status

The Plan has received a determination letter from the Internal Revenue Service (IRS) dated December 18, 2017, stating that the Plan was qualified under Section 401(a) of the Internal Revenue Code (IRC) and, therefore, the related trust was exempt from taxation. Once qualified, the Plan is required to operate in conformity with the IRC to maintain its qualification. Although the Plan has been amended since the date of the letter, the Plan administrator believes the Plan is designed and currently being operated in compliance with the applicable requirements of the IRC.

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

8. Party-In-Interest Transactions

Parties-in-interest are defined under DOL regulations as any fiduciary of the Plan, any part rendering service to the Plan, the Company, and certain others. All investments are managed by BNY Mellon; therefore, these transactions qualify as party-in-interest transactions. As described in Note 2, the Plan paid certain expenses related to Plan operations and investment activity to various service providers. These transactions are permitted under the provisions of the Plan and are exempt from the prohibition of party-in-interest transactions under ERISA.

9. Plan Termination

Although it has not expressed any intention to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA.

Whether a particular Participant's accumulated plan benefits will be paid depends on the priority of those benefits and the level of benefits guaranteed by the Pension Benefit Guaranty Corporation (PBGC) at that time and also may depend on the financial condition of the Company. Some benefits may be fully or partially provided for by the existing assets and the PBGC guaranty, while other benefits may not be provided for at all. For a further description regarding the priority of Participants' claims to the assets of the Plan upon Plan termination and benefits guaranteed by the PBGC, reference is made to this information included in the Plan document.

10. Subsequent Events

The Plan has evaluated, for consideration of recognition or disclosure, subsequent events that have occurred through the date of issuance, August 01, 2025, and has determined that, except for the matters noted below, no significant events occurred after December 31, 2024, but prior to the issuance of these financial statements, that would have a material impact on its financial statements.

SUPPLEMENTAL SCHEDULES

Nortek Retirement Plan
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
EIN: 05-0504397
Plan # 008

December 31, 2024

(a)	(b) Identity of Issuer	(c) Description of Investment: Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
Common collective trusts				
*	The Bank of New York Mellon	BNYM-M DB NSL REIT Index Fund	\$ 778,017	\$ 847,047
*	The Bank of New York Mellon	BNYM-M DB NSL Intl Stock Index Fund	3,215,831	3,934,891
*	The Bank of New York Mellon	BNYM-M DB NSL Stock Index Fund	3,170,420	5,092,514
*	The Bank of New York Mellon	BNYM-M DB NSL Emerging Markets Stock Index	1,111,131	1,268,419
*	The Bank of New York Mellon	EB TEMP INV FD VAR RT 12/31/49 FEE CL 00	499,437	499,437
*	The Bank of New York Mellon	BNYM-M DB SL Long Bond Index Fund	10,029,804	8,502,989
*	The Bank of New York Mellon	BNYM-M DB SL Int Credit Bond Index Fund	6,357,124	6,422,776
*	The Bank of New York Mellon	BNYM-M DB SL LT Credit Bond Index Fund	12,162,666	12,776,616
*	The Bank of New York Mellon	BNYM-M DB NSL Mid Cap Stock Index Fund	1,634,008	2,133,469
*	The Bank of New York Mellon	BNYM-M DB NSL Small Cap Growth Index Fund	1,393,443	1,701,834
Total			\$ 40,351,881	\$ 43,179,992

* Party-in-interest, as defined by ERISA.

Nortek Retirement Plan
Schedule H, Line 4j - Schedule of Reportable Transactions
EIN: 05-0504397
Plan #008

December 31, 2024

(a) Identity of Party	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
Category (i) - Series of individual transactions in excess of 5% of beginning of year Plan assets						
* The Bank of New York Mellon	EB TEMP INV FD VAR RT 12/31/49 FEE CL 00	\$ 3,925,000	\$ -	\$ -	\$ 3,925,000	\$ -
* The Bank of New York Mellon	EB TEMP INV FD VAR RT 12/31/49 FEE CL 00	\$ -	\$ 3,160,785	\$ 3,160,785	\$ -	\$ -
* The Bank of New York Mellon	BNYM-M DB SL INT CREDIT BIF	\$ -	\$ 4,500,000	\$ 4,642,113	\$ -	\$ (142,113)
Category (iii) - Series of securities transactions in excess of 5% of beginning of year Plan assets						
* The Bank of New York Mellon	EB TEMP INV FD VAR RT 12/31/49 FEE CL 00	\$ 7,803,194	\$ -	\$ -	\$ 7,809,194	\$ -
* The Bank of New York Mellon	FEE CL 00	\$ -	\$ 8,195,179	\$ 8,195,179	\$ -	\$ -
* The Bank of New York Mellon	BNYM-M DB SL LONG BIF	\$ -	\$ 620,000	\$ 620,000	\$ -	\$ -
* The Bank of New York Mellon	BNYM-M DB SL LONG BIF	\$ 2,790,000	\$ -	\$ -	\$ 2,790,000	\$ -
* The Bank of New York Mellon	BNYM-M DB SL INT CREDIT BIF	\$ -	\$ 5,162,000	\$ 5,310,346	\$ -	\$ (148,346)
* The Bank of New York Mellon	BNYM-M DB SL INT CREDIT BIF	\$ 140,000	\$ -	\$ -	\$ 140,000	\$ -

Columns (e) and (f) have not been presented as this information is not applicable.

* Party-in-interest, as defined by ERISA.

There were no category (ii) or (iv) transactions during the 2024 Plan year.

APPENDIX B: SUMMARY OF PRINCIPAL PLAN PROVISIONS

Plan Sponsor EIN/PN	Broan - NuTone LLC 05-0504397 / 008
Effective Date	January 1, 1988; re-stated December 29, 1994. Most recent amendment effective January 1, 2003 adopted the maximum benefit limitation increase from \$140,000 to \$160,000 under EGTRRA.
Service	For NuTone, Inc., a participant's period of employment; for all others, 1,000 hours per twelve-month period.
Eligibility & Accrued Benefits	<p>Accruals ceased for all active participants in the former NuTone, Inc. Retirement Plan as of September 30, 1999. All NuTone, Inc. participants became fully vested on that date.</p> <p>Accruals ceased for all other active participants as of December 31, 1995. All participants became fully vested on that date.</p> <p>Normal retirement benefits were calculated using final average earnings and Credited Service according to each plan's benefit formula as of the applicable benefit freeze date.</p> <p>In addition, the plan provides benefits to former employees of disposed subsidiaries. Terms and conditions of those benefits are governed by the provisions of the former plans merged into the Nortek, Inc. Retirement Plan at the time of the sale.</p>
Normal Retirement	<p><u>Eligibility:</u> Age 65.</p> <p><u>Benefit Formula:</u> Benefit is the accrued benefit.</p> <p><u>Commencement Date:</u> Payments will commence on the retired participant's Normal Retirement Date.</p> <p><u>Form of Payment:</u> Payable monthly for life. Optional forms are available on an actuarially equivalent basis.</p>
Early Retirement	<p><u>Eligibility:</u> Age 55 with at least 5 years of Vesting Service. Age 55 for former participants of the NuTone, Inc. Retirement Plan.</p> <p><u>Benefit:</u> Accrued benefit as of the early retirement date reduced by 1/180th for the first 60 months early retirement age precedes age 65, and 1/360th for each month thereafter in excess of 60.</p> <p>Former participants in the NuTone, Inc. Retirement Plan:</p> <ul style="list-style-type: none">a) For participants hired before January 1, 1989:<ul style="list-style-type: none">(i) Accrued benefit starting at age 62, or starting immediately if the Member has attained age 58 and completed 30 Years of Service; otherwise(ii) An immediate amount equal to the benefit payable at age 62 reduced by 1/2 of 1% for each month by which benefit commencement precedes age 62.b) For participants hired after December 31, 1988:<ul style="list-style-type: none">(i) An immediate amount equal to the benefit payable at age 65 reduced by 1/2 of 1% for each month by which benefit commencement precedes age 65.

APPENDIX B: SUMMARY OF PRINCIPAL PLAN PROVISIONS

Early Retirement (cont.)

Commencement Date: Payments will commence on the retired participant's Early Retirement Date.

Form of Payment: Payable monthly for life. Optional forms are available on an actuarially equivalent basis.

Late Retirement

Eligibility: Retirement after age 65.

Benefit: Benefit is the accrued benefit. Former participants in the NuTone, Inc. Retirement Plan receive a benefit equal to the actuarial equivalent of the benefit accrued at normal retirement age, if greater.

Commencement Date: Payments will commence on the retired participant's Deferred Retirement Date.

Form of Payment: Same as Normal Retirement.

Vested Deferred Retirement

Eligibility: Termination other than by retirement, death, or disability after becoming vested.

Benefit: Accrued benefit to date of termination.

Commencement Date: Deferred until normal retirement date. Eligible participants may elect a benefit commencement date as early as age 55, reduced for early retirement (as applicable).

Form of Payment: Same as Normal Retirement.

Death Before Retirement

Eligibility: Payable to surviving spouse.

Benefit: Lifetime benefit equal to 50% of the participant's deferred vested benefit (including a reduction to reflect an assumed election of a 50% joint & survivor option).

For former participants in the NuTone, Inc. Retirement Plan on December 31, 1988, if the participant dies after reaching age 45 and completing 15 years of service, the spouse is entitled to a special death benefit (if greater than the regular death benefit). The special death benefit is a lifetime benefit equal to 25% of the participant's deferred vested benefit, with no reductions for early commencement.

Commencement Date: Payable at the earliest date that the participant would have become eligible for early retirement.

Form of Payment: Payable monthly for life.

Death After Retirement

There are no benefits paid if a participant dies after retirement unless the participant has chosen an optional form of payment which provides for payments after death.

Employee Contributions

None.

APPENDIX B: SUMMARY OF PRINCIPAL PLAN PROVISIONS

Forms of Payment

The normal form of payment for single participants is the life annuity. The normal form for married participants is an actuarially reduced 50% joint & survivor annuity.

Optional forms of payment include actuarially adjusted joint & survivor benefits (50%, 66-2/3%, 75% and 100%) and a 10-year certain and continuous annuity. The 75% J&S option is not available for all subsidiaries.

Benefits Not Valued

None.

Changes Since Prior Valuation

None.

APPENDIX B: SUMMARY OF PRINCIPAL PLAN PROVISIONS

Plan Sponsor EIN/PN	Nortek, Inc. (formerly Mammoth, Inc.) 05-0504397 / 008 (formerly EIN/PN: 43-1413077 / 003)
Effective Date	July 1, 1987; re-stated January 1, 2001
Eligibility	<p><u>Employment Classification:</u> Hourly-paid employees of Mammoth Division covered by collective bargaining agreement</p> <p><u>Minimum Age & Service:</u> Completion of one year of service and attainment of age 21. The plan is closed to new participants.</p>
Service	<p><u>Credited Service:</u> 1,000 hours per calendar year</p> <p><u>Vesting Service:</u> 1,000 hours per calendar year</p>
Accrued Benefit	The monthly benefit is equal to \$10.50 times years of Credited Service. Accruals ceased for all active participants on August 31, 1995. All participants were fully vested on that date.
Normal Retirement	<p><u>Eligibility:</u> Age 65.</p> <p><u>Benefit Formula:</u> Benefit is the accrued benefit.</p> <p><u>Commencement Date:</u> Payments will commence on the retired participant's Normal Retirement Date.</p> <p><u>Form of Payment:</u> Payable monthly for life. Optional forms are available on an actuarially equivalent basis.</p>
Early Retirement	<p><u>Eligibility:</u> Age 55 with at least 10 years of Vesting Service.</p> <p><u>Benefit:</u> Accrued benefit as of the early retirement date reduced by 1/180th for the first 60 months early retirement age precedes age 65, and 1/360th for each month thereafter</p> <p><u>Commencement Date:</u> Payments will commence on the retired participant's Early Retirement Date.</p> <p><u>Form of Payment:</u> Payable monthly for life. Optional forms are available on an actuarially equivalent basis.</p>
Late Retirement	<p><u>Eligibility:</u> Retirement after age 65.</p> <p><u>Benefit:</u> The benefit calculated as of the participant's Normal Retirement Date and actuarially increased for late retirement.</p> <p><u>Commencement Date:</u> Payments will commence on the retired participant's Deferred Retirement Date.</p> <p><u>Form of Payment:</u> Payable monthly for life. Optional forms are available on an actuarially equivalent basis.</p>

APPENDIX B: SUMMARY OF PRINCIPAL PLAN PROVISIONS

Plan Sponsor EIN/PN	Nortek, Inc. (formerly NuTone, Inc.) 05-0504397 / 008 (formerly EIN/PN: 95-3959551 / 008)
Effective Date	January 1, 1957; re-stated January 1, 1989. Most recent amendment effective June 9, 1999. Most recent collective bargaining agreement effective March 9, 2004 did not change any plan provisions.
Eligibility	Hourly compensated employees of NuTone, Inc. excluding Copell, Texas employees. Plan employees become plan members on the first day of the month coincident with or next following the completion of 12 months of service.
Service	<p><u>Vesting Service:</u> Elapsed time from Employment Commencement Date with partial months on or after the fifteenth of the month rounded up to the next whole month and partial months prior to the fifteenth of the month rounded down to the preceding month.</p> <p><u>Credited Service:</u> Determined in same manner as Vesting Service but excluding pre-participation service.</p>
Accrued Benefit	Effective June 9, 1999, the monthly amount equal to \$25 per year of Credited Service for separations on or after June 9, 1999, \$26 after June 9, 2001, and \$27 after June 9, 2003. Benefit accruals for all employees ceased as of July 16, 2006 in conjunction with the plant closing.
Benefits Not Valued	None.
Normal Retirement	<p><u>Eligibility:</u> Age 65.</p> <p><u>Benefit Formula:</u> Benefit is the accrued benefit.</p> <p><u>Commencement Date:</u> Payments will commence on the retired participant's Normal Retirement Date.</p> <p><u>Form of Payment:</u> Payable monthly for life. Optional forms are available on an actuarially equivalent basis.</p>
Early Retirement	<p><u>Eligibility:</u> Age 55.</p> <p><u>Benefit Payable:</u> Accrued benefit as of the early retirement date reduced by 1/2 of 1% for each month early retirement precedes age 65. Accrued benefit is unreduced if participant terminated after June 9, 1999 and has both attained age 58 and completed 29 years of Credited Service, or if a participant terminated between January 16, 1989 and June 8, 1999 having both attained age 58 and completed 30 years of Credited Service, or if a participant terminated between October 1, 1982 and January 16, 1989 having both attained age 62 and completed at least 30 years of Credit Service.</p> <p><u>Commencement Date:</u> Payments will commence on the retired participant's Early Retirement Date.</p> <p><u>Form of Payment:</u> Payable monthly for life. Optional forms are available on an actuarially equivalent basis.</p>
Late Retirement	<p><u>Eligibility:</u> Retirement after age 65.</p> <p><u>Benefit Payable:</u> The benefit calculated as of the participant's actual retirement date.</p> <p><u>Commencement Date:</u> Payments will commence on the retired participant's Deferred Retirement Date.</p> <p><u>Form of Payment:</u> Payable monthly for life. Optional forms are available on an actuarially equivalent basis.</p>

Nortek Retirement Plan
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
EIN: 05-0504397
Plan # 008

December 31, 2024

(a)	(b) Identity of Issuer	(c) Description of Investment: Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
Common collective trusts				
*	The Bank of New York Mellon	BNYM-M DB NSL REIT Index Fund	\$ 778,017	\$ 847,047
*	The Bank of New York Mellon	BNYM-M DB NSL Intl Stock Index Fund	3,215,831	3,934,891
*	The Bank of New York Mellon	BNYM-M DB NSL Stock Index Fund	3,170,420	5,092,514
*	The Bank of New York Mellon	BNYM-M DB NSL Emerging Markets Stock Index	1,111,131	1,268,419
*	The Bank of New York Mellon	EB TEMP INV FD VAR RT 12/31/49 FEE CL 00	499,437	499,437
*	The Bank of New York Mellon	BNYM-M DB SL Long Bond Index Fund	10,029,804	8,502,989
*	The Bank of New York Mellon	BNYM-M DB SL Int Credit Bond Index Fund	6,357,124	6,422,776
*	The Bank of New York Mellon	BNYM-M DB SL LT Credit Bond Index Fund	12,162,666	12,776,616
*	The Bank of New York Mellon	BNYM-M DB NSL Mid Cap Stock Index Fund	1,634,008	2,133,469
*	The Bank of New York Mellon	BNYM-M DB NSL Small Cap Growth Index Fund	1,393,443	1,701,834
Total			\$ 40,351,881	\$ 43,179,992

* Party-in-interest, as defined by ERISA.

**Nortek Retirement Plan
Age & Service Chart
Attachment to Form 5500 Schedule SB**

	Under 1	1 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 and up
Under 25	0	0	0	0	0	0	0	0	0	0
25 to 29	0	0	0	0	0	0	0	0	0	0
30 to 34	0	0	0	0	0	0	0	0	0	0
35 to 39	0	0	0	0	0	0	0	0	0	0
40 to 44	0	0	0	0	0	0	0	0	0	0
45 to 49	0	0	0	0	0	0	0	0	0	0
50 to 54	0	0	0	0	0	0	2	6	4	0
55 to 59	0	0	0	0	1	0	1	12	23	1
60 to 64	0	0	0	0	0	0	1	5	12	25
65 to 69	0	0	0	0	0	0	0	2	2	10
70 and up	0	0	0	1	0	0	0	0	0	0

APPENDIX A: STATEMENT OF ACTUARIAL ASSUMPTIONS AND METHODS

Plan Sponsor Broan - NuTone LLC
EIN/PN 05-0504397 / 008

Key Interest Rates PPA funding liability rates

1st segment rate	4.75%
2nd segment rate	4.87%
3rd segment rate	5.59%

PPA rates used are the applicable segment rates for September 2023, adjusted for ARPA.

FAS 35 valuation interest rate 6.00%

Compensation Increases None assumed (plan is frozen).

Administrative Expenses Administrative expenses are assumed equal to anticipated PBGC premiums (both flat rate and variable premiums), plus 0.25% of assets (MVA) plus actuarial fees. For purposes of this valuation, we have assumed administrative expenses totaling \$406,435.

Mortality We have assumed mortality according to the prescribed sex distinct 2024 IRS Generational Table for purposes of plan funding. FAS35 liabilities are based on mortality consistent with that used for fiscal 2023 disclosures.

Retirement Probabilities of retirement are shown by age below. NuTone, Inc. participants age 70 and over are assumed to retire immediately.

	<u>Age</u>	<u>Rate</u>	<u>Age</u>	<u>Rate</u>	<u>Age</u>	<u>Rate</u>
NuTone Sal, Mammoth:	55	2%	60	5%	65	50%
	56	2%	61	5%	66	30%
	57	2%	62	30%	67	30%
	58	2%	63	20%	68	30%
	59	2%	64	20%	69	30%
All Others:	<u>Age</u>	<u>Rate</u>	<u>Age</u>	<u>Rate</u>	<u>Age</u>	<u>Rate</u>
	55	2.00%	60	4.44%	65	100.00%
	56	2.04%	61	6.98%		
	57	2.08%	62	43.75%		
	58	2.13%	63	22.22%		
	59	2.17%	64	28.57%		

Disability The rates shown at the following illustrative ages indicate the disability assumption for employees included in this valuation:

<u>Age</u>	<u>Male</u>	<u>Female</u>
20	0.03%	0.03%
30	0.03%	0.04%
40	0.08%	0.13%
50	0.33%	0.40%
60	1.15%	0.90%

No disability decrements are assumed for NuTone, Inc. employees

Disabled Mortality Revenue Ruling 96-7 mortality table for participants disabled after December 31, 1994.

APPENDIX A: STATEMENT OF ACTUARIAL ASSUMPTIONS AND METHODS

Representative Termination Rates

Annual rates of withdrawal varying by age and location as shown below:

NuTone, Inc. (Sal)		Broan 'B' Providence		Broan 'A', SMB Nordyne	
<u>Age</u>	<u>Rate</u>	<u>Age</u>	<u>Rate</u>	<u>Age</u>	<u>Rate</u>
20	5.54%	20	7.50%	20	15.00%
30	3.70%	30	3.50%	30	7.00%
40	1.13%	40	1.50%	40	3.00%
50	0.00%	50	0.50%	50	1.00%
60	0.00%	60	0.00%	60	0.00%

NuTone, Inc. (Hourly)		Mammoth	
<u>Age</u>	<u>Rate</u>	<u>Age</u>	<u>Rate</u>
25	7.80%	25	10.00%
35	7.00%	35	5.00%
45	5.52%	45	2.00%
55	2.41%	55+	0.00%

Form of Payment

Participants are assumed to elect the normal form of annuity.

Marriage

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

Employees

No new or rehired employees.

Inclusion Date

Not applicable - plan is frozen.

Cost Method

PPA Unit Credit Cost Method

Employee Data

Employee data was supplied by Nortek, Inc. as of January 1, 2024.

Asset Method

24-month asset smoothing as permitted by PPA, first gain/loss phase-in during 2008.

Nature of Actuarial Calculations

The results documented in this report are estimates based on data that may be imperfect as well as on assumptions with respect to future events. Certain plan provisions may be approximated or deemed immaterial and therefore are not valued. Reasonable efforts were made to ensure that items significant to the context of the actuarial liabilities and costs are treated appropriately.

Future experience may differ from the assumptions used in these calculations. As differences arise, future expenses will be adjusted to reflect actual plan experience.

Changes in Assumptions and Methods Since Most Recent Actuarial Valuation

Effective with this valuation, we updated the mortality assumption to reflect the required SOA table which includes a generational adjustment to mortality. In addition, we have updated the expense assumption consistent with the description above.

Nortek Retirement Plan
Schedule H, Line 4j - Schedule of Reportable Transactions
EIN: 05-0504397
Plan #008

December 31, 2024

(a) Identity of Party	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
Category (i) - Series of individual transactions in excess of 5% of beginning of year Plan assets						
* The Bank of New York Mellon	EB TEMP INV FD VAR RT 12/31/49 FEE CL 00	\$ 3,925,000	\$ -	\$ -	\$ 3,925,000	\$ -
* The Bank of New York Mellon	EB TEMP INV FD VAR RT 12/31/49 FEE CL 00	\$ -	\$ 3,160,785	\$ 3,160,785	\$ -	\$ -
* The Bank of New York Mellon	BNYM-M DB SL INT CREDIT BIF	\$ -	\$ 4,500,000	\$ 4,642,113	\$ -	\$ (142,113)
Category (iii) - Series of securities transactions in excess of 5% of beginning of year Plan assets						
* The Bank of New York Mellon	EB TEMP INV FD VAR RT 12/31/49 FEE CL 00	\$ 7,803,194	\$ -	\$ -	\$ 7,809,194	\$ -
* The Bank of New York Mellon	FEE CL 00	\$ -	\$ 8,195,179	\$ 8,195,179	\$ -	\$ -
* The Bank of New York Mellon	BNYM-M DB SL LONG BIF	\$ -	\$ 620,000	\$ 620,000	\$ -	\$ -
* The Bank of New York Mellon	BNYM-M DB SL LONG BIF	\$ 2,790,000	\$ -	\$ -	\$ 2,790,000	\$ -
* The Bank of New York Mellon	BNYM-M DB SL INT CREDIT BIF	\$ -	\$ 5,162,000	\$ 5,310,346	\$ -	\$ (148,346)
* The Bank of New York Mellon	BNYM-M DB SL INT CREDIT BIF	\$ 140,000	\$ -	\$ -	\$ 140,000	\$ -

Columns (e) and (f) have not been presented as this information is not applicable.

* Party-in-interest, as defined by ERISA.

There were no category (ii) or (iv) transactions during the 2024 Plan year.

**SCHEDULE SB
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

**Single-Employer Defined Benefit Plan
Actuarial Information**

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

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

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024


▶ **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>NORTEK RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶	<u>008</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>BROAN - NUTONE LLC</u>	D Employer Identification Number (EIN) <u>05-0504397</u>	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B		
F Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500		

Part I	Basic Information		
1	Enter the valuation date:	Month <u>01</u>	Day <u>01</u> Year <u>2024</u>
2	Assets:		
	a Market value.....	2a	<u>49740801</u>
	b Actuarial value.....	2b	<u>54714881</u>
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment.....	<u>610</u>	<u>42787352</u>
	b For terminated vested participants.....	<u>325</u>	<u>6809568</u>
	c For active participants	<u>108</u>	<u>1635191</u>
	d Total.....	<u>1043</u>	<u>51232111</u>
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>		
	a Funding target disregarding prescribed at-risk assumptions	4a	
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor.....	4b	
5	Effective interest rate	5	<u>4.98 %</u>
6	Target normal cost		
	a Present value of current plan year accruals.....	6a	<u>0</u>
	b Expected plan-related expenses	6b	<u>406435</u>
	c Target normal cost.....	6c	<u>406435</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>04/14/2025</u> Date
	<u>SCOTT BOULAY</u> Type or print name of actuary	<u>23-06423</u> Most recent enrollment number
	<u>HUB INTERNATIONAL</u> Firm name	<u>781-229-9500</u> Telephone number (including area code)
	<u>300 BALLARDVALE STREET WILMINGTON, MA 01887</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

For Paperwork Reduction Act Notice, see the Instructions for Form 5500 or 5500-SF.

Schedule SB (Form 5500) 2024
v. 240311

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	656942
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	429080
9	Amount remaining (line 7 minus line 8)	0	227862
10	Interest on line 9 using prior year's actual return of <u>11.63</u> %	0	26503
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		0
b(1)	Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.10</u> %		0
b(2)	Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c	Total available at beginning of current plan year to add to prefunding balance		0
d	Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d - line 12)	0	254365

Part III Funding Percentages			
14	Funding target attainment percentage.....	14	106.30%
15	Adjusted funding target attainment percentage	15	106.30%
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	100.28%
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.....	17	%

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

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

a Contributions allocated toward unpaid minimum required contributions from prior years.....	19a	0
b Contributions made to avoid restrictions adjusted to valuation date.....	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.....	19c	0

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? 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: 4.87%	3rd segment: 5.59%	<input type="checkbox"/> N/A, full yield curve used
-----------------------	-----------------------	-----------------------	---

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

22 Weighted average retirement age **22** 63

23 Mortality table(s) (see instructions) 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** 406435

b Excess assets, if applicable, but not greater than line 31a **31b** 406435

32 Amortization installments:

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

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

34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)..... **34** 0

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

36 Additional cash requirement (line 34 minus line 35) **36** 0

37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) **37** 0

38 Present value of excess contributions for current year (see instructions)

a Total (excess, if any, of line 37 over line 36) **38a** 0

b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances **38b** 0

39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) **39** 0

40 Unpaid minimum required contributions for all years **40** 0

Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)

41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. 2019 2020 2021