

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

Complete all entries in accordance with the instructions to the Form 5500-SF.

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

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: [X] a single-employer plan [] a multiple-employer plan (not multiemployer) (Pension Plan filers checking this box must attach Schedule MEP. Other plans must attach a list of participating employer information in accordance with the form instructions.)
B This return/report is [] the first return/report [] the final return/report [] an amended return/report [] a short plan year return/report (less than 12 months)
C Check box if filing under: [X] Form 5558 [] automatic extension [] DFVC program [] special extension (enter description)
D If the plan is a collectively-bargained plan, check here [X]
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: RENK AMERICA PENSION PLAN
1b Three-digit plan number (PN): 002
1c Effective date of plan: 07/02/2021
2a Plan sponsor's name (employer, if for a single-employer plan): RENK AMERICA LLC
2b Employer Identification Number (EIN): 86-2456482
2c Sponsor's telephone number: 231-724-2151
2d Business code (see instructions): 335900
3a Plan administrator's name and address: [X] Same as Plan Sponsor.
3b Administrator's EIN
3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report.
4b EIN
4d PN
5a Total number of participants at the beginning of the plan year: 94
5b Total number of participants at the end of the plan year: 93
5c(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)
5c(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)
5d(1) Total number of active participants at the beginning of the plan year: 90
5d(2) Total number of active participants at the end of the plan year: 83
5e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested: 0

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, and Name of individual signing as plan administrator. Includes entries for Kimberly RobidouX dated 08/22/2025.

- 6a** Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) Yes No
- b** Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) Yes No
- If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.**
- c** If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No Not determined
- If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 554548. (See instructions.)

Part III Financial Information			
7		(a) Beginning of Year	(b) End of Year
a	Total plan assets	1544590	2200456
b	Total plan liabilities		
c	Net plan assets (subtract line 7b from line 7a)	1544590	2200456
8		(a) Amount	(b) Total
a	Contributions received or receivable from:		
	(1) Employers	836000	
	(2) Participants		
	(3) Others (including rollovers)		
b	Other income (loss)	-102701	
c	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)		733299
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	35618	
e	Certain deemed and/or corrective distributions (see instructions) .		
f	Administrative service providers (salaries, fees, commissions)	32321	
g	Other expenses	9494	
h	Total expenses (add lines 8d, 8e, 8f, and 8g)		77433
i	Net income (loss) (subtract line 8h from line 8c)		655866
j	Transfers to (from) the plan (see instructions)		

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

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

Part VI Pension Funding Compliance

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

a Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 **11a** 0

b PBGC missed contribution reporting requirements. If the plan is covered by PBGC and the amount reported on line 11a is greater than \$0, has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:
 Yes.
 No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.
 No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.
 No. Other. Provide explanation _____

12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? Yes No
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) If this is a defined benefit pension plan, leave line 12 blank and complete line 11 above.

a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver. Month Day Year

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

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

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

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

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

Part VII Plan Terminations and Transfers of Assets

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

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

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

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

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

Part VIII IRS Compliance Questions

14a Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? Yes No

14b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).
 Design-based safe harbor method
 "Prior year" ADP test
 "Current year" ADP test
 N/A

15 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 01 / 01 / 2024 (MM/DD/YYYY) and the Opinion Letter serial number _____.

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>RENK AMERICA PENSION PLAN</u>	B Three-digit plan number (PN) ▶	<u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>RENK AMERICA LLC</u>	D Employer Identification Number (EIN) <u>86-2456482</u>	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input checked="" type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input type="checkbox"/> More than 500	

Part I Basic Information

1 Enter the valuation date:	Month <u>01</u>	Day <u>01</u>	Year <u>2024</u>	
2 Assets:				
a Market value	2a	<u>1544590</u>		
b Actuarial value	2b	<u>1544590</u>		
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target	
a For retired participants and beneficiaries receiving payment	<u>2</u>	<u>37272</u>	<u>37272</u>	
b For terminated vested participants	<u>2</u>	<u>91135</u>	<u>91135</u>	
c For active participants	<u>90</u>	<u>1545693</u>	<u>1545693</u>	
d Total	<u>94</u>	<u>1674100</u>	<u>1674100</u>	
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>				
a Funding target disregarding prescribed at-risk assumptions	4a			
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b			
5 Effective interest rate	5	<u>5.29 %</u>		
6 Target normal cost				
a Present value of current plan year accruals	6a	<u>525136</u>		
b Expected plan-related expenses	6b	<u>50000</u>		
c Target normal cost	6c	<u>575136</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 <u>WILLIAM STRANGE</u> Signature of actuary <u>MILLIMAN, INC.</u> Firm name <u>12790 MERIT DRIVE SUITE 800 DALLAS, TX 75251</u> Address of the firm	<u>08/22/2025</u> Date <u>23-07903</u> Most recent enrollment number <u>214-863-5500</u> Telephone number (including area code)
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If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions

Part II Beginning of Year Carryover and Prefunding Balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of <u>8.31</u> %	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		55287
	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>5.38</u> %		2974
	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		58261
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages			
14	Funding target attainment percentage	14	92.26 %
15	Adjusted funding target attainment percentage	15	92.26 %
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	105.98 %
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		
03/13/2024	182750						
06/12/2024	182750						
09/12/2024	182750						
12/16/2024	182750						
03/12/2025	40000						
06/11/2025	65000						
Totals ▶			18(b)	836000	18(c)	0	

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:	
	a Contributions allocated toward unpaid minimum required contributions from prior years	19a 0
	b Contributions made to avoid restrictions adjusted to valuation date	19b 0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c 807734
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: 4.96 %	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code)			21b 0
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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....			27

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

Part VIII Minimum Required Contribution For Current Year			
31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6c)			31a 575136
b Excess assets, if applicable, but not greater than line 31a			31b 0
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	129510	11837	
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 586973
	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 586973
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)			37 807734
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)			38a 220761
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances.....			38b 0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)			39 0
40 Unpaid minimum required contributions for all years			40 0

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

Attachment to 2024 Form 5500

Schedule SB, line 19 – Discounted Employer Contributions

Plan Name: RENK America Pension Plan

EIN: 86-2456482

Plan Sponsor: RENK America LLC

PN: 002

Employer Contributions for Plan Year

The employer contributions for the plan year ending December 31, 2024 were paid on the dates and in the amounts shown below. The plan year's Effective Interest Rate of 5.29% per year is used to discount contributions back to January 1, 2024. Contributions (or portions of contributions) made after the due date for a quarterly required contribution are penalized an additional 5% per year during the late period. Contributions made solely to avoid the application of benefit restrictions cannot be considered in determining excess contributions.

Date	Contribution Amount	Discounted Value as of 1/1/2024 without Penalty	Penalty Amount	Discounted Value as of 1/1/2024 with Penalty
March 13, 2024	\$182,750	\$180,906	\$0	\$180,906
June 12, 2024	182,750	178,602	0	178,602
September 12, 2024	182,750	176,303	0	176,303
December 16, 2024	182,750	173,960	0	173,960
March 12, 2025	40,000	37,617	0	37,617
June 11, 2025	<u>65,000</u>	<u>60,346</u>	<u>0</u>	<u>60,346</u>
Total	836,000	807,734	0	807,734

Attachment to 2024 Form 5500

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

Plan Name: RENK America Pension Plan

EIN: 86-2456482

Plan Sponsor: RENK America LLC

PN: 002

The weighted average retirement age is calculated below.

(1) Age	(2) Expected Active Headcount	(3) Retirement Rate	(4) Expected Retirements (2)*(3)	(5) Weighted Age (1)*(4)
55	46.0521	0.0143	0.6574	36.1545
56	49.2458	0.0300	1.4774	82.7330
57	53.5983	0.0294	1.5779	89.9431
58	56.8212	0.1965	11.1642	647.5257
59	52.4293	0.1924	10.0867	595.1148
60	44.1132	0.2000	8.8226	529.3580
61	39.0215	0.2000	7.8043	476.0618
62	33.9637	0.1456	4.9446	306.5625
63	28.7820	0.1500	4.3173	271.9900
64	31.2469	0.1500	4.6870	299.9701
65	28.2990	0.2500	7.0748	459.8595
66	24.0422	0.2000	4.8084	317.3575
67	19.0591	0.2000	3.8118	255.3923
68	16.0927	0.2000	3.2185	218.8603
69	12.7279	0.2000	2.5456	175.6446
70	10.0531	1.0000	10.0531	703.7159
71	0.0000	1.0000	0.0000	0.0000
72	0.0000	1.0000	0.0000	0.0000
73	0.0000	1.0000	0.0000	0.0000
74	0.0000	1.0000	0.0000	0.0000
75	0.0000	1.0000	0.0000	0.0000
76	0.0000	1.0000	0.0000	0.0000
77	2.0000	1.0000	2.0000	154.0000
Total			89.0516	5620.2435
Average				63.1100

Attachment to 2024 Form 5500
Schedule SB, Part V – Statement of Actuarial Assumptions/Methods

Plan Name: RENK America Pension Plan

EIN: 86-2456482

Plan Sponsor: RENK America LLC

PN: 002

Summary of Actuarial Methods

The ultimate cost of a pension plan is the excess of actual benefits and administrative expenses paid over actual net investment return on plan assets during the plan's existence until the last payment has been made to the last participant. A plan's "actuarial cost method" determines the expected incidence of actuarial costs by allocating portions of the ultimate cost to each plan year. The cost method is thus a budgeting tool to help ensure that a plan will be adequately and systematically funded. Annual contributions are also affected by a plan's "asset valuation method" (as well as plan provisions, actuarial assumptions, and actual plan demographic and investment experience each year).

Actuarial Cost Method

The actuarial cost method used for determining the Plan's ERISA funding requirements is the Unit Credit method. Under this method, an accrued benefit is determined at each active participant's assumed retirement age based on compensation and service at both the beginning and the end of the current year. The Plan's Normal Cost is the sum of the present value of the excess of each active participant's accrued benefit at the end of the current year over that at the beginning of the current year. The Plan's accrued liability is the sum of (a) the present value of each active participant's accrued benefit at the beginning of the current year plus (b) the present value of each inactive participant's benefits. This method is prescribed for ERISA funding requirements by the Pension Protection Act of 2006.

Asset Valuation Method

The Actuarial Value of Assets used for determining the Plan's ERISA funding requirements is equal to the Market Value of Assets. The Market Value of Assets is equal to the Fair Value of Assets as of the valuation date plus the discounted value of employer contributions made after the valuation date. These contributions are discounted to the valuation date using the Effective Interest Rate for the prior plan year.

Amortization Method

For the Plan's ERISA funding requirements, incremental Funding Shortfall amounts are amortized over a fifteen- year period, and the related shortfall amortization payment is determined on the first valuation date following the plan year in which it arises based on the segment rates used for ERISA minimum funding purposes on that date, as prescribed under IRC Section 430.

CHANGES IN ACTUARIAL METHODS SINCE PRIOR VALUATION

None.

Attachment to 2024 Form 5500
Schedule SB, Part V – Statement of Actuarial Assumptions/Methods

Plan Name: RENK America Pension Plan

EIN: 86-2456482

Plan Sponsor: RENK America LLC

PN: 002

ECONOMIC ASSUMPTIONS

Interest Rates

The current funding interest rates are as follows. The funding interest rates are prescribed under IRS regulations based on the Plan Sponsor's interest rate election. The interest rates reflect the extension of the pension funding stabilization percentages under the Infrastructure Investment and Jobs Act (IIJA).

	Minimum Funding	Maximum Deductible
Segment 1 (0–5 years)	4.75%	4.37%
Segment 2 (5–20 years)	4.96%	4.96%
Segment 3 (20+ years)	5.59%	4.95%
Effective Interest Rate	5.29%	4.94%

Compensation Increases

Not applicable.

Explicit Provision for Expenses

Based on historical administrative expenses adjusted for PBGC premium.

DEMOGRAPHIC ASSUMPTIONS

Mortality Rates

IRS applicable mortality for 2024.

Termination

Annual rates of termination are based on age and service. Sample rates are shown in the following table:

Age	Rate
25	8.0%
30	6.5
35	5.0
40	3.5
45	2.5
50	1.5
55+	0.0

Attachment to 2024 Form 5500
Schedule SB, Part V – Statement of Actuarial Assumptions/Methods

Plan Name: RENK America Pension Plan

EIN: 86-2456482

Plan Sponsor: RENK America LLC

PN: 002

Retirement

Assumed benefit commencement age for current and future terminated vested participants: 65

Assumed retirement rates for active participants are below:

Age	Rate
55 – 57	3.0%
58 – 61	20.0
62 – 64	15.0
65	25.0
66 – 69	20.0
70	100.0

Disability

Annual rates of disability are based on age. Sample rates are shown in the following table:

Age	Rate
40	0.04%
45	0.06
50	0.08
55	0.14
60	0.27

Decrement Timing

Decrements are assumed to occur at the beginning of the year.

Marital Characteristics

70% of active male participants and 55% of active female participants are assumed to be married to a spouse of the opposite sex. Males are assumed to be 3 years older than females.

Attachment to 2024 Form 5500
Schedule SB, Part V – Statement of Actuarial Assumptions/Methods

Plan Name: RENK America Pension Plan

EIN: 86-2456482

Plan Sponsor: RENK America LLC

PN: 002

Form of Payment

Retirement Benefit

- Married participants: 55% Joint and Survivor Annuity
- Single participants: Single Life Annuity

Supplemental Benefit

Single Life Annuity

Additional Disability Benefit

Single Life Annuity until age 62

Additional Death Benefit

Lump Sum

Special Medicare Benefit

- Married participants: 100% Joint and Survivor Annuity
- Single participants: Single Life Annuity

Benefits Not Valued

None.

CHANGES IN ACTUARIAL ASSUMPTIONS SINCE PRIOR VALUATION

Description	Current	Previous
ERISA Funding Interest Rates	4.75% / 4.96% / 5.59%	4.75% / 5.00% / 5.74%
Maximum Deductible Contribution	4.37% / 4.96% / 4.95%	2.13% / 3.62% / 3.93%
Mortality for ERISA Funding and Maximum Deductible Contribution	Statutory tables for 2024	Statutory tables for 2023

Attachment to 2024 Form 5500

Schedule SB, Part V – Summary of Plan Provisions

Plan Name: RENK America Pension Plan

EIN: 86-2456482

Plan Sponsor: RENK America LLC

PN: 002

Definitions

Accrued Benefit

The sum of the Accrued Regular Benefit and the Accrued Supplemental Allowance, reduced in each instance by the L3Harris Benefit prior to any adjustment for Early or Late Retirement or the L3Harris Supplemental Allowance as applicable.

Accrued Regular Benefit

Benefit rates shown in the tables below multiplied by the number of years of Credited Service.

Effective for Members terminating on or after	For a Member represented by the Union through its Local 113
Effective Date	\$46.00
January 1, 2022	\$47.00
January 1, 2023	\$48.00
January 1, 2024	\$49.00
January 1, 2025	\$50.00

Effective for Members terminating on or after	For a Member represented by the Union through its Local 1279
Effective Date	\$44.00
January 1, 2022	\$45.00

Accrued Supplemental Allowance

Eligibility

A participant who terminates employment and meets one of the following requirements shall receive a monthly Supplemental Allowance in addition to any other benefits under the Plan:

- i. 30 years of Vesting Service or Credited Service
- ii. Termination between age 60 and age 62 with at least 10 year of Vesting Service or Credited Service
- iii. Age at termination plus years of Vesting Service or Credited Service is at least 85
- iv. Eligible for Disability Retirement

Application for retirement benefits must be filed within 2 years of termination in order to receive a Supplemental Allowance.

Attachment to 2024 Form 5500

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Benefit

A monthly benefit calculated as follows:

- i. \$1,600 multiplied by
- ii. Credited Service Fraction equal to Credited Service (maximum of 30) divided by 30, multiplied by
- iii. Age Fraction equal to
 - a. If retiring prior to age 60 with less than 30 years of Vesting Service, 60 divided by the number of full months the benefit commencement date precedes the participant's 65th birthday.
 - b. If retiring prior to age 58 with at least 30 years of Vesting or Credited Service and not a Disability Retirement, 100% less 2/3% for each full month the benefit commencement date precedes the participant's 58th birthday.

Actuarially Equivalent

Actuarially Equivalent factors are based on 5% interest and mortality under Section 417(e)(3) of the Internal Revenue Code. Lump sums are calculated using Section 417(e)(3) mortality and interest rates with a September lookback.

Credited Service

Each Plan Year during which a participant has performed 1,700 or more Credited Hours, a Participant will receive a full year of Credited Service. If a Participant does not complete 1,700 Credited Hours, they shall accrue 1/12th of a year of Credited Service for each 142 Credited Hours during the Plan Year. For the remaining hours, if 71 or more, shall count as another 1/12th of a year, but if less than 71, shall not count.

Effective Date

July 2, 2021

Eligible Employee

An Eligible Employee must satisfy all of the following requirements:

- i. Employed by L3Harris Technologies, Inc., as of July 1, 2021 and accruing a benefit under the L3Harris Combat Propulsion Systems U.A.W. Retirement Plan (the "L3Harris Plan") as of July 1, 2021;
- ii. Became an employee of RENK America LLC on July 2, 2021 in connection with the acquisition of the Combat Propulsion Systems business from L3Harris Technologies, Inc.; and
- iii. RENK America LLC employee, paid by an hourly rate and represented by The International Union, United Automobile, Aerospace and Agricultural Implement Workers of America, U.A.W., and its Locals 113 and 1279 on July 2, 2021.

L3Harris Benefit

The Regular Accrued Benefit applicable under the L3Harris Plan, determined as of the Effective Date. The L3Harris Benefit shall be a fixed amount and shall not increase or change due to changes to the L3Harris Plan following the Effective Date, provided however that the L3Harris benefit may be adjusted for hours, early commencement, actuarial equivalence, and other factors pursuant to the terms of the Plan.

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L3Harris Supplemental Allowance

The Supplemental Accrued Benefit applicable to a Member under the L3Harris Plan, determined as of the Effective Date. The L3Harris Benefit shall be a fixed amount and shall not increase or change due to changes to the L3Harris Plan following the Effective Date, provided however that the L3Harris benefit may be adjusted for hours, early commencement, actuarial equivalence, and other factors pursuant to the terms of the Plan.

L3Harris Plan

The L3Harris Combat Propulsion Systems U.A.W. Retirement Plan, as in effect on the Effective Date.

Normal Form of Payment

The normal form of payment for a participant is a single life annuity.

Plan Sponsor

RENK America LLC

Plan Year

The 12-month period beginning on January 1 and ending on December 31.

Vesting Schedule

Participants are fully vested in their benefits at all times under this Plan.

Vesting Service

Each Plan Year during which a participant has performed 1,000 or more Hours of Service. The Employee shall receive a one-time credit for all Vesting Service accumulated under the L3Harris Plan.

Normal Retirement

Normal Retirement Date

The first day of the month following attainment of age 65.

Normal Retirement Benefit

The Accrued Benefit.

Early Retirement

Early Retirement Date

Participants may retire on the first day of any month prior to Normal Retirement Date and after satisfaction of one of the following:

- i. Termination of employment following the attainment of age 55 and completion of 10 Years of Vesting Service or Credited Service; or
- ii. Termination of employment following the completion of 30 Years of Vesting Service or Credited Service.

Early Retirement Benefit

Termination On or After Age 58 with 30 Years of Vesting Service or Credited Service

The Accrued Benefit reduced by 1/12th of 2.5% for each full calendar month after the date of commencement and prior to the attainment of age 62.

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Termination Prior to Age 58 with 30 Years of Vesting Service or Credited Service

The Accrued Benefit reduced by 1/3% for each full calendar month after the date of commencement and prior to the attainment of age 62.

Termination On or After Age 55 with less than 30 Years of Vesting Service or Credited Service

The Accrued Benefit reduced by 1/2% for each full calendar month after the date of commencement and prior to the attainment age of 62.

Late Retirement

Late Retirement Date

The first day of the month following the date of termination if it occurs after the Normal Retirement Date.

Late Retirement Benefit

The Late Retirement Benefit will be equal to the Accrued Benefit, including service after Normal Retirement Date.

Vested Termination

Vested Termination Date

Participants may retire on the first day of any month prior to Normal Retirement Date with at least 10 year of Vesting Service or Credited Service.

Vested Termination Benefit

The Accrued Benefit reduced by 0.6% for each full calendar month after the date of commencement and prior to the attainment age of 65.

Disability Retirement

Eligibility

10 Years of Vesting Service or Credited Service and have incurred a Disability as an Employee prior to Normal Retirement Date.

Disability Benefit

The sum of the following:

- i. Accrued Benefit without reduction for early commencement
- ii. \$20.00 multiplied by the years of Credited Service (up to 25), payable for each month through the earlier of the month in which the participant attains age 62 or the month in which the participant commences Social Security benefits on account of Disability.
- iii. Supplemental Allowance, payable through age 62

Preretirement Death

Eligibility

Surviving spouses of participants with a vested Accrued Benefit who die before commencement of payments.

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Preretirement Death Benefit

The amount that would have been paid had the participant terminated employment on the date of death and survived to their earliest retirement age, retired with a Qualified Joint and Survivor Annuity in effect, and died the next day.

If the participant dies while employed after age 58 with at least 30 years of Vesting Service or Credited Service, the benefit will equal to the survivor portion of a benefit paid as a 60% Joint & Survivor Annuity as determined above.

A surviving spouse may defer the commencement to a date no later than the date that would have been the participant's Normal Retirement Date. For each month deferred, monthly payments will be increased by 1.25%.

Additional Death Benefit

Eligibility

Death of a participant that terminated employment after reaching Normal Retirement Age or who was receiving Retirement or Disability Benefits.

Additional Death Benefit

A lump sum payment equal to \$2,500 for Members represented by the Union through its Local 1279 and \$5,000 for Members represented by the Union through its Local 113. A participant may designate a beneficiary other than the participant's spouse, provided there is written consent from the spouse.

Special Medicare Benefit

Eligibility

An Employee who terminated after becoming eligible for a Normal Retirement Benefit, Late Retirement Benefit, Early Retirement Benefit, or Disability Benefit.

Special Medicare Benefit

A monthly benefit of \$6.00 multiplied by the participant's years of Credited Service. The benefit shall commence as of the later of the date benefits commence or the first day of the month after the participant attains the age 65 and shall end with the month in which the participant's death occurs.

The surviving spouse of a participant shall receive a monthly benefit of \$6.00 multiplied by the participant's years of Credited Service. The surviving spouse's benefit shall commence as of the later of the first day of the month following the participant's death or the earlier of the first day of the month after the participant would have attained age 65 or the first day of the month after the surviving spouse attains age 65. Benefits shall end with the month in which the surviving spouse's death occurs.

Optional Forms of Payment

- Lump Sum (if less than \$20,000 for Members represented by the Union through its Local 1279 and if less than \$40,000 for Members represented by the Union through its Local 113)
- 55% Qualified Joint and Survivor Annuity (QJSA)
- 75% Joint and Survivor Annuity

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Changes in Principal Plan Provisions Since Prior Valuation

Effective January 1, 2024 for Members represented by the Union through its Local 113:

- accrued benefit rate of \$49,
- death benefit of \$5,000, and
- lump sum optional form limit of \$40,000.

Effective January 1, 2025 for Members represented by the Union through its Local 113:

- accrued benefit rate of \$50.

Attachment to 2024 Form 5500

Schedule SB, line 26 – Schedule of Active Participant Data

Plan Name: RENK America Pension Plan

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Plan Sponsor: RENK America LLC

PN: 002

Active Participants by Age and Service

The number of active participants, summarized by attained age and years of credited service as of January 1, 2024, is shown below.

Age	Years of Credited Service										Total	
	0	1–4	5–9	10–14	15–19	20–24	25–29	30–34	35–39	40+		
0–24	-	-	-	-	-	-	-	-	-	-	-	-
25–29	-	-	-	-	-	-	-	-	-	-	-	-
30–34	-	-	-	-	-	-	-	-	-	-	-	-
35–39	-	-	-	-	-	-	-	-	-	-	-	-
40–44	-	-	1	-	-	1	-	-	-	-	-	2
45–49	-	-	-	1	2	5	2	-	-	-	-	10
50–54	-	-	-	2	4	12	11	-	-	-	-	29
55–59	-	-	-	5	6	4	5	2	-	-	-	22
60–64	-	-	-	3	3	10	1	-	-	-	-	17
65–69	-	-	-	1	4	1	2	-	-	-	-	8
70+	-	-	-	-	-	1	-	-	-	1	-	2
Total	-	-	1	12	19	34	21	2	-	1	-	90

Attachment to 2024 Form 5500

Schedule SB, line 32 – Schedule of Amortization Bases

Plan Name: RENK America Pension Plan

EIN: 86-2456482

Plan Sponsor: RENK America LLC

PN: 002

Shortfall Amortization

The amount needed to amortize the Funding Shortfall to the Applicable Funding Target, in combination with prior Shortfall Amortizations, for the plan year beginning January 1, 2024 is determined below. The net Funding Shortfall for a plan year is amortized in fifteen level payments. The present value and amortization factors shown below are based on the interest rates for determining the Applicable Funding Target for the current plan year.

1. Present value of remaining prior Shortfall Amortizations	\$0
2. Shortfall Amortization for current plan year	
a. Applicable Funding Target	1,674,100
b. Actuarial Value of Assets less Prefunding Balance	1,544,590
c. Is the plan exempt from establishing a Shortfall Amortization for the current year?	No
d. Funding Shortfall [(a) - (b), but not < \$0]	129,510
e. Net Funding Shortfall [If (d) > \$0, (d) - (1a), otherwise n/a]	129,510
f. Amortization factor	10.941397
g. Shortfall Amortization for current plan year [(e) ÷ (f)]	\$11,837
3. Total Shortfall Amortizations [(1) + (2g), but not < \$0]	11,837

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 RENK America Pension Plan	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF RENK America LLC	D Employer Identification Number (EIN) 86-2456482	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input checked="" type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input type="checkbox"/> More than 500	

Part I Basic Information

1	Enter the valuation date: Month <u>1</u> Day <u>1</u> Year <u>2024</u>		
2	Assets:		
	a Market value	2a	1,544,590
	b Actuarial value	2b	1,544,590
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	2	37,272
	b For terminated vested participants	2	91,135
	c For active participants	90	1,545,693
	d Total	94	1,674,100
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>		
	a Funding target disregarding prescribed at-risk assumptions	4a	
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b	
5	Effective interest rate	5	5.29 %
6	Target normal cost		
	a Present value of current plan year accruals	6a	525,136
	b Expected plan-related expenses	6b	50,000
	c Target normal cost	6c	575,136

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>08/22/2025</u> Date
	<u>William Strange</u> Type or print name of actuary	<u>23-07903</u> Most recent enrollment number
	<u>Milliman, Inc.</u> Firm name	<u>(214) 863-5500</u> Telephone number (including area code)
	<u>12790 Merit Drive Suite 800 Dallas TX 75251</u> Address of the firm	

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

Part II Beginning of Year Carryover and Prefunding Balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of <u>8.31</u> %	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		55,287
	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>5.38</u> %		2,974
	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		58,261
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages			
14	Funding target attainment percentage	14	92.26%
15	Adjusted funding target attainment percentage	15	92.26%
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	105.98%
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		
03/13/2024	182,750						
06/12/2024	182,750						
09/12/2024	182,750						
12/16/2024	182,750						
03/12/2025	40,000						
06/11/2025	65,000						
			Totals ▶	18(b)	836,000	18(c)	0

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

a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	807,734

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: 4.96 %	3rd segment: 5.59 %	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code)				21b 0
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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....	27

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6c)	31a	575,136	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	129,510	11,837	
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	586,973	
	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	586,973	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	807,734	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	220,761	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances.....	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years	40	0	

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

41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. <input type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input checked="" type="checkbox"/> 2021
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