

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 REVISED RANSOM & RANDOLPH PENSION PLAN
1b Three-digit plan number (PN) 007
1c Effective date of plan 09/01/1985
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) RANSOM & RANDOLPH, LLC 3535 BRIARFIELD BOULEVARD PO BOX 1570 MAUMEE, OH 43537
2b Employer Identification Number (EIN) 85-4287075
2c Sponsor's telephone number 513-482-7330
2d Business code (see instructions) 339110
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 42
5b Total number of participants at the end of the plan year 42
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 14
5d(2) Total number of active participants at the end of the plan year 13
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, Enter name of individual signing as plan administrator. Row 1: Filed with authorized/valid electronic signature, 09/11/2025, MINDY ROSENBERG. Row 2: Signature of employer/plan sponsor, Date, Enter name of individual signing as employer or plan sponsor.

- 6a** Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) Yes No
- b** Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) Yes No
- If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.**
- c** If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No Not determined
- If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 545699. (See instructions.)

Part III Financial Information			
7		(a) Beginning of Year	(b) End of Year
7	Plan Assets and Liabilities		
a	Total plan assets	7a 5839066	6174268
b	Total plan liabilities	7b	
c	Net plan assets (subtract line 7b from line 7a)	7c 5839066	6174268
8		(a) Amount	(b) Total
a	Contributions received or receivable from:		
	(1) Employers	8a(1)	
	(2) Participants	8a(2)	
	(3) Others (including rollovers)	8a(3)	
b	Other income (loss)	8b 630755	
c	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	630755
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d 267125	
e	Certain deemed and/or corrective distributions (see instructions) .	8e	
f	Administrative service providers (salaries, fees, commissions)	8f 24186	
g	Other expenses	8g 4242	
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h	295553
i	Net income (loss) (subtract line 8h from line 8c)	8i	335202
j	Transfers to (from) the plan (see instructions)	8j	

Part IV Plan Characteristics	
9a	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 1A
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)	10a	X	
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b	X	
c	Was the plan covered by a fidelity bond?	10c	X	1000000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d	X	
e	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e	X	
f	Has the plan failed to provide any benefit when due under the plan?	10f	X	
g	Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	10g	X	
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i		

Part VI Pension Funding Compliance

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

a Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 **11a** 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? (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. Yes No

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 ___/___/___ (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>REVISED RANSOM & RANDOLPH PENSION PLAN</u>	B Three-digit plan number (PN) ▶	<u>007</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>RANSOM & RANDOLPH, LLC</u>	D Employer Identification Number (EIN) <u>85-4287075</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>5839066</u>
	b Actuarial value	2b	<u>5918561</u>
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	<u>21</u>	<u>2626841</u>
	b For terminated vested participants	<u>7</u>	<u>158110</u>
	c For active participants	<u>14</u>	<u>2071053</u>
	d Total	<u>42</u>	<u>4856004</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>5.12 %</u>
6	Target normal cost		
	a Present value of current plan year accruals	6a	<u>97514</u>
	b Expected plan-related expenses	6b	<u>26433</u>
	c Target normal cost	6c	<u>123947</u>

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

SIGN HERE		
	Signature of actuary	<u>07/08/2025</u> Date
	<u>ALFRED H. JOHNSON</u> Type or print name of actuary	<u>23-06960</u> Most recent enrollment number
	<u>AON CONSULTING, INC.</u> Firm name	<u>610-834-2100</u> Telephone number (including area code)
	<u>259 N. RANDOR CHESTER ROAD SUITE 160 RANDOR, PA 19087</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>16.50</u> %	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		0
b(1)	Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.25</u> %		0
b(2)	Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c	Total available at beginning of current plan year to add to prefunding balance		0
d	Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages			
14	Funding target attainment percentage	14	118.70 %
15	Adjusted funding target attainment percentage	15	118.70 %
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	119.27 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

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

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

Part V Assumptions Used to Determine Funding Target and Target Normal Cost				
21 Discount rate:				
a Segment rates:	1st segment: 4.75 %	2nd segment: 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 65
23 Mortality table(s) (see instructions)	<input checked="" type="checkbox"/> Prescribed - combined <input 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 123947
b Excess assets, if applicable, but not greater than line 31a				31b 123947
32 Amortization installments:	Outstanding Balance		Installment	
a Net shortfall amortization installment	0		0	
b Waiver amortization installment	0		0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount				33
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....				34 0
	Carryover balance	Prefunding balance	Total balance	
35 Balances elected for use to offset funding requirement	0	0	0	
36 Additional cash requirement (line 34 minus line 35)				36 0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)				37 0
38 Present value of excess contributions for current year (see instructions)				
a Total (excess, if any, of line 37 over line 36)				38a 0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances				38b 0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)				39 0
40 Unpaid minimum required contributions for all years				40 0

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

Schedule SB Attachment (Form 5500) –2024 Plan Year
 Revised Ransom & Randolph Corporation Pension Plan
 EIN: 85-4287075 PN: 007

Schedule SB, line 26a – Schedule of Active Participant Data
 as of January 1, 2024

Number of Participants

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

N-14

Schedule SB Attachment (Form 5500) —2024 Plan Year
Revised Ransom & Randolph Corporation Pension Plan
EIN: 85-4287075 PN: 007

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

Interest Rates for Minimum Funding Purposes	Based on segment rates with a four-month lookback (as of September 2023), each adjusted as needed to fall within the American Rescue Plan Act of 2021 25-year average interest rate stabilization corridor
1st Segment Rate	4.75%
2nd Segment Rate	4.87%
3rd Segment Rate	5.59%
Interest Rates for Maximum Tax Purposes	Based on segment rates with a four-month lookback (as of September 2023), without regard to interest rate stabilization
1st Segment Rate	3.62%
2nd Segment Rate	4.46%
3rd Segment Rate	4.52%
Salary Increases	See Table 1
Retirement Age	
Active Participants	See Table 2
Terminated Vested Participants	Age 65
Mortality Rates	
Healthy and Disabled	2024 IRC 430 nonannuitant and annuitant blended static mortality table
Withdrawal Rates	See Table 3
Disability Rates	None
Decrement Timing	Middle of year decrements (except that retirement is assumed to occur at the beginning of the year for ages where the assumed retirement rate is 100%)
Surviving Spouse Benefit	It is assumed that 80% of males and 80% of females have an eligible spouse, and that males are three years older than their spouses.

Schedule SB Attachment (Form 5500) —2024 Plan Year
Revised Ransom & Randolph Corporation Pension Plan
EIN: 85-4287075 PN: 007

Benefit and Compensation Limits

Projected benefits and compensation are limited by the current IRC section 415 maximum benefit of \$275,000 and the 401(a)(17) compensation limit of \$345,000.

Valuation of Plan Assets

Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value.

A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii).

Expected Return on Assets

2022 Plan Year	5.60%
2023 Plan Year	6.74%
2024 Plan Year	6.74%

Trust Expenses Included in Target Normal Cost

\$26,433

Actuarial Method

Standard unit credit cost method

Valuation Date

January 1, 2024

Schedule SB Attachment (Form 5500) –2024 Plan Year
 Revised Ransom & Randolph Corporation Pension Plan
 EIN: 85-4287075 PN: 007

Table 1

Salary Increases

Year	Date of Hire	
	Pre-2/1/2008	Post-1/31/2008
2019	9.25%	3.45%
2020	2.35%	3.35%
2021	2.35%	3.25%
2022	2.35%	3.15%
2023	2.35%	3.05%
2024	2.35%	2.95%
2025	2.35%	2.85%
2026	2.35%	2.75%
2027	2.35%	2.65%
2028	2.35%	2.55%
2029	2.35%	2.45%
2030	2.35%	2.35%

Table 2

Retirement Rates

Age	Years of Service	
	0-31	32+
62	0.00%	100.00%
63	0.00%	100.00%
64	0.00%	100.00%
65+	100.00%	100.00%

Schedule SB Attachment (Form 5500) –2024 Plan Year
 Revised Ransom & Randolph Corporation Pension Plan
 EIN: 85-4287075 PN: 007

Table 3

Withdrawal Rates

Service	Rate	Service	Rate
0	21.60%	30	0.80%
1	18.10%	31	0.70%
2	16.50%	32	0.60%
3	15.00%	33	0.60%
4	13.60%	34	0.50%
5	12.30%	35	0.40%
6	11.20%	36	0.40%
7	10.10%	37	0.30%
8	9.10%	38	0.30%
9	8.20%	39	0.30%
10	7.40%	40	0.20%
11	6.70%	41	0.20%
12	6.00%	42	0.20%
13	5.40%	43	0.20%
14	4.90%	44	0.10%
15	4.40%	45	0.10%
16	3.90%	46	0.10%
17	3.50%	47	0.10%
18	3.20%	48	0.10%
19	2.80%	49	0.10%
20	2.50%	50	0.10%
21	2.30%	51+	0.10%
22	2.00%		
23	1.80%		
24	1.60%		
25	1.40%		
26	1.30%		
27	1.10%		
28	1.00%		
29	0.90%		

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 REVISED RANSOM & RANDOLPH PENSION PLAN	B Three-digit plan number (PN) ▶	007
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF RANSOM & RANDOLPH, LLC	D Employer Identification Number (EIN) 85-4287075	
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 01 Day 01 Year 2024

2 Assets:		
a Market value	2a	5,839,066
b Actuarial value	2b	5,918,561

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	21	2,626,841	2,626,841
b For terminated vested participants	7	158,110	158,110
c For active participants	14	2,071,053	2,200,843
d Total	42	4,856,004	4,985,794

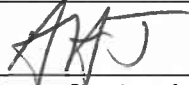
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)

a Funding target disregarding prescribed at-risk assumptions	4a	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b	

5 Effective interest rate **5** 5.12%

6 Target normal cost		
a Present value of current plan year accruals	6a	97,514
b Expected plan-related expenses	6b	26,433
c Target normal cost	6c	123,947

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>7/8/2025</u> Date
	ALFRED H. JOHNSON Type or print name of actuary	2306960 Most recent enrollment number
	AON CONSULTING, INC. Firm name	610-834-2100 Telephone number (including area code)
	259 N. Randor Chester Road Suite 160 Randor PA 19087 Address of the firm	

Part II Beginning of Year Carryover and Prefunding Balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	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>16.50</u> %	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.25</u> %		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d - line 12)	0	0

Part III Funding Percentages			
14	Funding target attainment percentage	14	118.70 %
15	Adjusted funding target attainment percentage	15	118.70 %
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	119.27 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

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

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
	a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
	b Contributions made to avoid restrictions adjusted to valuation date	19b	0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	0

20	Quarterly contributions and liquidity shortfalls:		
	a Did the plan have a "funding shortfall" for the prior year?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	c If line 20a is "Yes," see instructions and complete the following table as applicable:		
Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

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

21 Discount rate:

a Segment rates:

1st segment: 4.75%	2nd segment: 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** 65

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** 123,947

b Excess assets, if applicable, but not greater than line 31a **31b** 123,947

32 Amortization installments:

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

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

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

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

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

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

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

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

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

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

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

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

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

Schedule SB Attachment (Form 5500) —2024 Plan Year
Revised Ransom & Randolph Corporation Pension Plan
EIN: 85-4287075 PN: 007

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

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The average retirement age shown in line 22 is based on a single point retirement age assumption. Therefore, no weighted average calculation is required.

Schedule SB Attachment (Form 5500) —2024 Plan Year
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Schedule SB, Part V — Statement of Actuarial Assumptions/Methods

Interest Rates for Minimum Funding Purposes	Based on segment rates with a four-month lookback (as of September 2023), each adjusted as needed to fall within the American Rescue Plan Act of 2021 25-year average interest rate stabilization corridor
1st Segment Rate	4.75%
2nd Segment Rate	4.87%
3rd Segment Rate	5.59%
Interest Rates for Maximum Tax Purposes	Based on segment rates with a four-month lookback (as of September 2023), without regard to interest rate stabilization
1st Segment Rate	3.62%
2nd Segment Rate	4.46%
3rd Segment Rate	4.52%
Salary Increases	See Table 1
Retirement Age	
Active Participants	See Table 2
Terminated Vested Participants	Age 65
Mortality Rates	
Healthy and Disabled	2024 IRC 430 nonannuitant and annuitant blended static mortality table
Withdrawal Rates	See Table 3
Disability Rates	None
Decrement Timing	Middle of year decrements (except that retirement is assumed to occur at the beginning of the year for ages where the assumed retirement rate is 100%)
Surviving Spouse Benefit	It is assumed that 80% of males and 80% of females have an eligible spouse, and that males are three years older than their spouses.

Schedule SB Attachment (Form 5500) –2024 Plan Year
Revised Ransom & Randolph Corporation Pension Plan
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Benefit and Compensation Limits

Projected benefits and compensation are limited by the current IRC section 415 maximum benefit of \$275,000 and the 401(a)(17) compensation limit of \$345,000.

Valuation of Plan Assets

Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value.

A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii).

Expected Return on Assets

2022 Plan Year	5.60%
2023 Plan Year	6.74%
2024 Plan Year	6.74%

Trust Expenses Included in Target Normal Cost

\$26,433

Actuarial Method

Standard unit credit cost method

Valuation Date

January 1, 2024

Schedule SB Attachment (Form 5500) –2024 Plan Year
 Revised Ransom & Randolph Corporation Pension Plan
 EIN: 85-4287075 PN: 007

Table 1

Salary Increases

Year	Date of Hire	
	Pre-2/1/2008	Post-1/31/2008
2019	9.25%	3.45%
2020	2.35%	3.35%
2021	2.35%	3.25%
2022	2.35%	3.15%
2023	2.35%	3.05%
2024	2.35%	2.95%
2025	2.35%	2.85%
2026	2.35%	2.75%
2027	2.35%	2.65%
2028	2.35%	2.55%
2029	2.35%	2.45%
2030	2.35%	2.35%

Table 2

Retirement Rates

Age	Years of Service	
	0-31	32+
62	0.00%	100.00%
63	0.00%	100.00%
64	0.00%	100.00%
65+	100.00%	100.00%

Schedule SB Attachment (Form 5500) –2024 Plan Year
 Revised Ransom & Randolph Corporation Pension Plan
 EIN: 85-4287075 PN: 007

Table 3

Withdrawal Rates

Service	Rate	Service	Rate
0	21.60%	30	0.80%
1	18.10%	31	0.70%
2	16.50%	32	0.60%
3	15.00%	33	0.60%
4	13.60%	34	0.50%
5	12.30%	35	0.40%
6	11.20%	36	0.40%
7	10.10%	37	0.30%
8	9.10%	38	0.30%
9	8.20%	39	0.30%
10	7.40%	40	0.20%
11	6.70%	41	0.20%
12	6.00%	42	0.20%
13	5.40%	43	0.20%
14	4.90%	44	0.10%
15	4.40%	45	0.10%
16	3.90%	46	0.10%
17	3.50%	47	0.10%
18	3.20%	48	0.10%
19	2.80%	49	0.10%
20	2.50%	50	0.10%
21	2.30%	51+	0.10%
22	2.00%		
23	1.80%		
24	1.60%		
25	1.40%		
26	1.30%		
27	1.10%		
28	1.00%		
29	0.90%		

Schedule SB Attachment (Form 5500) —2024 Plan Year
Revised Ransom & Randolph Corporation Pension Plan
EIN: 85-4287075 PN: 007

Schedule SB, Part V — Summary of Plan Provisions

Effective Date	Originally effective September 1, 1985 and restated January 1, 2013.
Eligibility for Participation	An hourly employee at the Ransom & Randolph Division of PMC Global, Inc who is covered by a collective bargaining agreement providing participation in the plan shall be eligible to participate on the later of (a) December 15, 1976 or (b) the attainment of age 21 and completion of one year of service.
Normal Retirement	
Eligibility	Age 65 or age 62 with 32 years of service.
Benefit	<p>A monthly amount payable as a single life annuity calculated as 1/12th of participant's annual pension in accordance with Schedule A for bargaining unit employees who are members of United Automobile Workers Union, Local No. 12, and in accordance with Schedule B for bargaining unit employees who are members of International Chemical Workers Union, Local No. 11.</p> <p>Schedule A</p> <ul style="list-style-type: none">(i) 1% of plan compensation exceeding \$12,000 received prior to January 1, 1981 and 1.5% of plan compensation exceeding \$15,000 received on or after January 1, 1981, but before January 1, 1993; plus(ii) 1.5% of the first \$12,000 of plan compensation received prior to January 1, 1981, and 2% of the first \$15,000 of Plan Compensation received on or after January 1, 1981, but before January 1, 1993; plus(iii) 2% of all plan compensation received on or after January 1, 1993 but before February 1, 1996; plus(iv) 2.25% of all plan compensation received on or after February 1, 1996 but before February 1, 2000; plus(v) 2.5% of all plan compensation received on or after February 1, 2000 but before February 1, 2008; plus

Schedule SB Attachment (Form 5500) —2024 Plan Year
Revised Ransom & Randolph Corporation Pension Plan
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- (vi) 2.75% of all plan compensation received on or after February 1, 2008 but before February 1, 2010; plus
- (vii) 3% of all plan compensation received on or after February 1, 2010 but before February 1, 2011; plus
- (viii) 3.25% of all plan compensation received on or after February 1, 2011 but before January 1, 2012; plus
- (ix) 3.75% of all plan compensation received on or after January 1, 2012.

Subject to a minimum and a maximum.

Minimum annual pension:

Effective for those participants retiring on or after February 1, 2000, \$3,600.

Effective February 1, 2012, an employee with 32 or more years of service may retire at age 62 with the minimum annual pension that he would be eligible for if he retired at age 65.

Maximum annual pension:

Effective for participants retiring on or after January 1, 2013, \$19,500, plus \$235 for each year of service beyond the eighth.

Both the minimum and maximum limitation shall include vested pension benefits payable under Group Annuity Contract GA-268.

Schedule B

- (i) 1.5% of the first \$12,000 of all plan compensation received prior to June 1, 1989; plus
- (ii) 1% of all plan compensation exceeding \$12,000 received prior to June 1, 1989; plus
- (iii) 1.5% of plan compensation received on or after June 1, 1989.

Subject to a minimum and a maximum.

Minimum annual pension:

\$1,200 for those participants who have completed 10 and have remained an employee until age 65;

Schedule SB Attachment (Form 5500) —2024 Plan Year
Revised Ransom & Randolph Corporation Pension Plan
EIN: 85-4287075 PN: 007

Maximum annual pension:

\$6,000.

Both limitations include vested pension benefits payable under Group Annuity Contract GA-268.

Late Retirement

Eligibility

The first day of any month after the participant's normal retirement date.

Benefit

A monthly benefit. If employment continues after normal retirement date, the benefit payable shall be equal to the normal retirement benefit based on years of credited service as of the actual retirement date.

Early Retirement

Eligibility

Age 55 and 10 years of service.

Benefit

A monthly benefit equal to the normal retirement benefit reduced by 5/9 of 1% for each month by which age on date of retirement is less than 65 but not less than 60 and 5/18 of 1% for each month by which age on date of retirement is less than 60 but not less than 55.

Deferred Vested

Eligibility

At least three years of service with vesting percentage determined by the vesting schedule.

Benefit

A monthly benefit equal to the normal retirement benefit. Deferred vested participants may also elect early retirement.

Disability

None.

Surviving Spouse

Eligibility

A married active participant who is vested or a married terminated, vested participant who has not yet commenced receiving a pension, provided that coverage is not waived.

Benefit

After attaining eligibility for early retirement, the eligible spouse will receive a monthly benefit equal to 50% or 100% (as elected by the participant) of the normal retirement pension computed as of the date of death, reduced for early commencement as if the employee had retired the day before his death. If the employee is younger than early retirement age at death, the benefit

Schedule SB Attachment (Form 5500) —2024 Plan Year
 Revised Ransom & Randolph Corporation Pension Plan
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will be determined as of the date of death but reduced as if he had retired at the earliest retirement age (age 55 with 10 years of service or age 65, if less than 10 years of service at death) and further reduced as if the employee had elected the continuation to the spouse under the 50% or 100% joint and survivor annuity option.

Normal Form of Annuity

Without Spouse

Single life annuity.

With Spouse

50% joint and survivor annuity reduced to be equivalent to the retirement benefit payable for employee's lifetime. Participant receives reduced lifetime benefit and, in event of participant's death, 50% of reduced benefit continues to surviving spouse.

Optional Forms of Annuity

100% joint and survivor annuity, single life annuity (with spousal consent), lump sum cashout (ICW only).

Optional Form Factors

For joint and survivor annuities, conversions use the UP-1984 mortality table (with no age setback for the participant and a five year age setback for the beneficiary) and an interest rate of 9%.

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

Definitions

Plan Compensation

Total wages, bonuses and commissions paid to an employee for services rendered to the employer during a calendar year.

Vesting Schedule

Years of Service	Nonforfeitable Percentage of Accrued Benefits
Fewer than 3 years	0%
3 years	20%
4 years	40%
5 years	60%
6 years	80%
Greater than 7 years	100%

Notwithstanding the above schedule, a participant becomes fully vested upon reaching his/her normal retirement date.

Schedule SB Attachment (Form 5500) –2024 Plan Year
Revised Ransom & Randolph Corporation Pension Plan
EIN: 85-4287075 PN: 007

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

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

Schedule SB Attachment (Form 5500) –2024 Plan Year
 Revised Ransom & Randolph Corporation Pension Plan
 EIN: 85-4287075 PN: 007

Schedule SB, line 26a – Schedule of Active Participant Data
 as of January 1, 2024

Number of Participants

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

N-14

Schedule SB Attachment (Form 5500) —2024 Plan Year
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Schedule SB, line 22 — Description of Weighted Average Retirement Age

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Normal Retirement	
Eligibility	Age 65 or age 62 with 32 years of service.
Benefit	<p>A monthly amount payable as a single life annuity calculated as 1/12th of participant's annual pension in accordance with Schedule A for bargaining unit employees who are members of United Automobile Workers Union, Local No. 12, and in accordance with Schedule B for bargaining unit employees who are members of International Chemical Workers Union, Local No. 11.</p> <p>Schedule A</p> <ul style="list-style-type: none">(i) 1% of plan compensation exceeding \$12,000 received prior to January 1, 1981 and 1.5% of plan compensation exceeding \$15,000 received on or after January 1, 1981, but before January 1, 1993; plus(ii) 1.5% of the first \$12,000 of plan compensation received prior to January 1, 1981, and 2% of the first \$15,000 of Plan Compensation received on or after January 1, 1981, but before January 1, 1993; plus(iii) 2% of all plan compensation received on or after January 1, 1993 but before February 1, 1996; plus(iv) 2.25% of all plan compensation received on or after February 1, 1996 but before February 1, 2000; plus(v) 2.5% of all plan compensation received on or after February 1, 2000 but before February 1, 2008; plus

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