

<p>Form 5500</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p>This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</p> <p>▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p>OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: 24pt; font-weight: bold;">2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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Part I Annual Report Identification Information
 For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A This return/report is for: a multiemployer plan a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)

a single-employer plan a DFE (specify) _____

B This return/report is: the first return/report the final return/report

an amended return/report a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here. ▶

D Check box if filing under: Form 5558 automatic extension the DFVC program

special extension (enter description)

E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶

Part II Basic Plan Information—enter all requested information

<p>1a Name of plan <u>RETIREMENT PLAN FOR EMPLOYEES OF SARGENT MANUFACTURING COMPANY AND AMSTAR ELECTRONICS GROUP</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>022</u></p>
<p>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) <u>SARGENT MANUFACTURING COMPANY ASSA ABLOY, INC.</u></p> <p><u>110 SARGENT DRIVE</u> <u>NEW HAVEN, CT 06511</u></p>	<p>1c Effective date of plan <u>01/01/1976</u></p> <p>2b Employer Identification Number (EIN) <u>25-1515164</u></p> <p>2c Plan Sponsor's telephone number <u>203-624-5225</u></p> <p>2d Business code (see instructions) <u>332300</u></p>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/06/2025	JOSEPH HURLEY
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	724
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	177
	6a(2)	169
	6b	384
	6c	67
	6d	620
	6e	78
	6f	698
	6g(1)	
6g(2)		
6h		0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

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

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

9a Plan funding arrangement (check all that apply)	9b Plan benefit arrangement (check all that apply)
(1) <input type="checkbox"/> Insurance	(1) <input type="checkbox"/> Insurance
(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts
(3) <input checked="" type="checkbox"/> Trust	(3) <input checked="" type="checkbox"/> Trust
(4) <input type="checkbox"/> General assets of the sponsor	(4) <input type="checkbox"/> General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules	b General Schedules
(1) <input checked="" type="checkbox"/> R (Retirement Plan Information)	(1) <input checked="" type="checkbox"/> H (Financial Information)
(2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) <input type="checkbox"/> I (Financial Information – Small Plan)
(3) <input checked="" type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(3) <input type="checkbox"/> A (Insurance Information) – Number Attached <u>0</u>
(4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____	(4) <input checked="" type="checkbox"/> C (Service Provider Information)
(5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	(5) <input checked="" type="checkbox"/> D (DFE/Participating Plan Information)
	(6) <input type="checkbox"/> G (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2024 Form M-1 annual report. If the plan was not required to file the 2024 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

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

A Name of plan <u>RETIREMENT PLAN FOR EMPLOYEES OF SARGENT MANUFACTURING COMPANY AND AMSTAR ELECTRONICS GROUP</u>	B Three-digit plan number (PN) ▶	<u>022</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>SARGENT MANUFACTURING COMPANY ASSA ABLOY, INC.</u>	D Employer Identification Number (EIN) <u>25-1515164</u>	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

Part I Basic Information

1	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>		
2	Assets:		
	a Market value	2a	<u>69951887</u>
	b Actuarial value	2b	<u>69951887</u>
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	<u>473</u>	<u>38940110</u>
	b For terminated vested participants	<u>74</u>	<u>1785250</u>
	c For active participants	<u>177</u>	<u>22639551</u>
	d Total	<u>724</u>	<u>63364911</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>5.15 %</u>
6	Target normal cost		
	a Present value of current plan year accruals	6a	<u>618185</u>
	b Expected plan-related expenses	6b	<u>133735</u>
	c Target normal cost	6c	<u>751920</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>09/15/2025</u>
	Signature of actuary	Date
	<u>BRETT A. BRENNER</u>	<u>23-08287</u>
	Type or print name of actuary	Most recent enrollment number
	<u>AON CONSULTING, INC.</u>	<u>973-463-6192</u>
	Firm name	Telephone number (including area code)
	<u>MSC #17741 P.O. BOX 6718 SOMERSET, NJ 08875</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	13503755
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	1818334
9	Amount remaining (line 7 minus line 8)	0	11685421
10	Interest on line 9 using prior year's actual return of <u>11.92</u> %	0	1392902
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>5.23</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	13078323

Part III Funding Percentages			
14	Funding target attainment percentage	14	89.59 %
15	Adjusted funding target attainment percentage	15	110.19 %
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	81.97 %
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	<input checked="" 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
0	0	0
	(4) 4th	0

Part V Assumptions Used to Determine Funding Target and Target Normal Cost			
21 Discount rate:			
a Segment rates:	1st segment: 4.75 %	2nd segment: 4.96 %	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code)			21b 0
22 Weighted average retirement age			22 64
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	751920	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	6608185	653314	
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	1405234	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	1405234	1405234
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 checked="" type="checkbox"/> 2020 <input type="checkbox"/> 2021			

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

A Name of plan RETIREMENT PLAN FOR EMPLOYEES OF SARGENT MANUFACTURING COMPANY AND AMSTAR ELECTRONICS GROUP	B Three-digit plan number (PN) ▶	022
C Plan sponsor's name as shown on line 2a of Form 5500 SARGENT MANUFACTURING COMPANY ASSA ABLOY, INC.	D Employer Identification Number (EIN) 25-1515164	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

AON CONSULTING, INC.

22-2232264

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 16 50	NONE	35039	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

A Name of plan <u>RETIREMENT PLAN FOR EMPLOYEES OF SARGENT MANUFACTURING COMPANY AND AMSTAR ELECTRONICS GROUP</u>	B Three-digit plan number (PN)	<u>022</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>SARGENT MANUFACTURING COMPANY ASSA ABLOY, INC.</u>	D Employer Identification Number (EIN) <u>25-1515164</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE:	<u>ASSA ABLOY MASTER PENSION TRUST</u>		
b Name of sponsor of entity listed in (a):	<u>ASSA ABLOY INC.</u>		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
<u>93-0925319-102</u>	<u>M</u>		<u>72274454</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024			
A Name of plan RETIREMENT PLAN FOR EMPLOYEES OF SARGENT MANUFACTURING COMPANY AND AMSTAR ELECTRONICS GROUP	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%;">B Three-digit plan number (PN) ▶</td> <td style="width:20%; text-align: center;">022</td> </tr> </table>	B Three-digit plan number (PN) ▶	022
B Three-digit plan number (PN) ▶	022		
C Plan sponsor's name as shown on line 2a of Form 5500 SARGENT MANUFACTURING COMPANY ASSA ABLOY, INC.	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%;">D Employer Identification Number (EIN) 25-1515164</td> </tr> </table>	D Employer Identification Number (EIN) 25-1515164	
D Employer Identification Number (EIN) 25-1515164			

Part I	Asset and Liability Statement
---------------	--------------------------------------

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)	69951887	72274454
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	69951887	72274454
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h	34238	34807
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	34238	34807
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	69917649	72239647

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)		
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		0
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		6154953
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		6154953

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	3724416	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		3724416
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)	35039	
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses.....	2i(11)	73500	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		108539
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		3832955

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		2321998
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) Unmodified (2) Qualified (3) Disclaimer (4) Adverse

b Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) DOL Regulation 2520.103-8 (2) DOL Regulation 2520.103-12(d) (3) neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: COHNREZNICK LLP

(2) EIN: 33-4144829

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		5000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)		X	
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 547657.

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

A Name of plan <u>RETIREMENT PLAN FOR EMPLOYEES OF SARGENT MANUFACTURING COMPANY AND AMSTAR ELECTRONICS GROUP</u>	B Three-digit plan number (PN) ▶	<u>022</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>SARGENT MANUFACTURING COMPANY ASSA ABLOY, INC.</u>	D Employer Identification Number (EIN) <u>25-1515164</u>	

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	0
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2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):
 EIN(s): 13-5160382

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	0
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Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
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4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? Yes No N/A
If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a	
b Enter the amount contributed by the employer to the plan for this plan year	6b	
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c	

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? Yes No N/A

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? Yes No N/A

Part III	Amendments
-----------------	-------------------

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... Increase Decrease Both No

Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
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10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? Yes No

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part VII IRS Compliance Questions

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

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

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

**Retirement Plan for Employees of Sargent
Manufacturing Company and Amstar Electronics
Group**

**Financial Statements
and Independent Auditor's Report**

December 31, 2024 and 2023

**Retirement Plan for Employees of Sargent Manufacturing
Company and Amstar Electronics Group**

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Supplementary information required by 29 CFR 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA) has been omitted because it is not applicable.

Independent Auditor's Report

To the Plan Administrator
Retirement Plan for Employees of Sargent Manufacturing Company and Amstar Electronics Group

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit

We have performed audits of the financial statements of Retirement Plan for Employees of Sargent Manufacturing Company and Amstar Electronics Group (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 ("ERISA"), as permitted by ERISA Section 103(a)(3)(C) ("ERISA Section 103(a)(3)(C)"). The financial statements comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

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

Management has obtained certifications from a qualified institution as of December 31, 2024 and 2023, and for the years then ended, stating that the certified investment information, as described in Note 10 to the financial statements, is complete and accurate.

Opinion

In our opinion, based on our audits and on the procedures performed as described in the *Auditor's Responsibilities for the Audit of the Financial Statements* section:

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

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America ("GAAS"). Our responsibilities under those standards are further described in the *Auditor's Responsibilities for the Audit of the Financial Statements* section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

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

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

Management is also responsible for maintaining a current Plan instrument, including all Plan amendments, administering the Plan, and determining that the Plan's transactions that are presented and disclosed in the financial statements are in conformity with the Plan's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

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

- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

Our audits did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

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

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

CohnReznick LLP

Hartford, Connecticut
October 6, 2025

**Retirement Plan for Employees of Sargent Manufacturing
Company and Amstar Electronics Group**

**Statements of Net Assets Available for Benefits
December 31, 2024 and 2023**

	<u>2024</u>	<u>2023</u>
Assets		
Investments, at fair value		
Plan interest in ASSA ABLOY Inc. Master Trust	<u>\$ 72,274,454</u>	<u>\$ 69,951,887</u>
Liabilities		
Accrued expenses	<u>34,807</u>	<u>34,238</u>
Net assets available for benefits	<u><u>\$ 72,239,647</u></u>	<u><u>\$ 69,917,649</u></u>

See Notes to Financial Statements.

**Retirement Plan for Employees of Sargent Manufacturing
Company and Amstar Electronics Group**

**Statements of Changes in Net Assets Available for Benefits
Years Ended December 31, 2024 and 2023**

	2024	2023
Additions		
Investment income		
Plan interest in ASSA ABLOY Inc. Master Trust	\$ 6,154,953	\$ 7,666,586
Deductions		
Benefits paid to participants	3,724,416	3,880,944
Administrative expenses	108,539	138,773
Total deductions	3,832,955	4,019,717
Net increase in net assets	2,321,998	3,646,869
Net assets available for benefits, beginning of year	69,917,649	66,270,780
Net assets available for benefits, end of year	\$ 72,239,647	\$ 69,917,649

See Notes to Financial Statements.

Retirement Plan for Employees of Sargent Manufacturing Company and Amstar Electronics Group

Notes to Financial Statements December 31, 2024 and 2023

Note 1 - Plan description

The following description of the Retirement Plan for Employees of Sargent Manufacturing Company and Amstar Electronics Group (the "Plan") provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

The Plan is a noncontributory, defined benefit pension plan which covers all hourly union employees of Sargent Manufacturing Company (the "Company" or "Sargent"), a wholly-owned subsidiary of ASSA ABLOY Inc. (the "Sponsor"), and provides for retirement, death and disability benefits. Prior to December 31, 1997, substantially all hourly employees of the Company were participants of the Plan. Effective December 31, 1997, management decided to cease accruing benefits under the Plan for all nonbargaining hourly paid participants. These participants remain in the Plan but are no longer accruing benefits. In addition, on May 31, 1998, the Plan's management merged The Amstar Electronics Group Pension Plan (the "Amstar Plan") into the Plan. All Amstar participants are retired. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"). The Plan is administered by the ASSA ABLOY Inc. Benefits Committee (the "Benefits Committee" and the "Plan administrator") which have been appointed by the Sponsor. The Benefits Committee has sole authority to control and manage the operation and administration of the Plan, subject to the terms and provisions of the Plan. The Benefits Committee determines the appropriateness of the Plan's investment offerings and monitors investment performance. Below are the general provisions of the Plan. Plan participants should refer to the Plan document for a more complete description of the Plan.

Substantially all assets of the Plan are held by the ASSA ABLOY Inc. Master Trust (the "Master Trust"). As of December 31, 2024 and 2023, the Master Trust holds the assets of the Plan as well as the assets of the Yale Security Inc. Bargaining Unit Pension Plan, the Corbin Russwin, Inc. Pension Plan for Hourly Employees, the ASSA ABLOY Inc., U.S. Intruder Group Pension Plan for Salaried Employees and The United Automobile, Aerospace and Agricultural Implement Workers of America and Its Local 1242 McKinney Products Company Pension Plan, which are also sponsored by the Sponsor. The assets of the Master Trust are held by The Bank of New York Mellon/BNY Mellon Bank, N.A. (the "Trustee"). The assets are currently managed by Centel Wealth Advisors, which has been granted discretionary authority concerning purchases and sales of investments.

Eligibility

All hourly union employees of the Company who have completed one year of continuous service, as defined by the Plan document, are eligible to participate in the Plan.

Pension benefits

Participants with five years of vested service, as defined by the Plan document, are entitled to pension benefits upon retirement. There is no partial vesting of benefits. The Plan provides for normal retirement benefits upon reaching age 65 and has provisions for early retirement, disability and death benefits. The normal retirement benefit is a monthly amount which is based on years of credited service multiplied by a rate which varies between \$1.75 and \$45.00, depending on the retirement date and subject to certain limits. For unmarried participants, payment is in the form of an unreduced life annuity with 10 years certain. For married participants, benefits are paid in the form of a 50% joint and survivor annuity or other actuarially equivalent optional forms offered by the Plan.

Early retirement benefits for Sargent participants are calculated by reducing the normal retirement benefit by one-sixth of one percent for each of the first 36 months and by one-half of one percent for each month thereafter, for each month from the early retirement date to age 65. For former Amstar

Retirement Plan for Employees of Sargent Manufacturing Company and Amstar Electronics Group

Notes to Financial Statements December 31, 2024 and 2023

Plan participants, early retirement benefits were calculated by reducing the normal retirement benefit by six-tenths of one percent for the first 60 months and by three-tenths of one percent for each month thereafter.

Prior to March 28, 2005, if the actuarial equivalent value of the pension benefit otherwise payable under the Plan was \$5,000 or less, it was payable in a single lump-sum payment. Such payment was made without the consent of the participant or his or her beneficiary.

Effective March 28, 2005, participants with balances of \$1,000 or less will receive an automatic lump-sum distribution upon termination. If the actuarial equivalent value of the pension benefit otherwise payable under the Plan is between \$1,000 and \$5,000, the Plan administrator will distribute such funds to an individual retirement account as directed by the Plan document.

The Plan was amended on March 8, 2007, such that Sargent bargained hourly employees, hired on or after that date, are not eligible to participate in the Plan, subject to the transfer provisions as defined in the Plan document.

Administrative expenses

The Plan is responsible for payment of the Trustee expenses and recordkeeping fees, actuarial services, Pension Benefits Guaranty Corporation ("PBGC") premiums, and accounting and auditing services. During the years ended December 31, 2024 and 2023, administrative expenses were \$108,539 and \$138,773, respectively.

Death and disability benefits

The Plan provides for the payment of benefits to beneficiaries of participants who die prior to the commencement of retirement, if certain requirements have been met. If a participant dies after the commencement of retirement benefit payments, benefits are paid in accordance with the participant's benefit election.

Sargent participants who become entitled to Social Security Disability Benefits and who have completed five or more years of vesting service, upon application, are eligible for a disability pension benefit. The monthly benefit is equal to their Normal Retirement monthly benefit rate in effect as of the date they became disabled, multiplied by their years of credited service as of that same date commencing the first of the month following the later of (a) six months of short-term disability or (b) the date on which they become entitled to Social Security Disability Benefits. No participant shall be entitled to receive a disability benefit if their disability is compensable by Workers' Compensation. Amstar participants do not qualify for a disability retirement benefit under the Plan. However, if an Amstar participant qualified for and was receiving disability retirement benefits under the terms of the Amstar Plan (prior to its restatement and merger into this Plan), his or her benefit would continue to be paid under the Plan in accordance with the provisions of the Amstar Plan.

Vesting

Benefits under the Plan become fully vested after five years of service or attainment of age 65; there is no partial vesting.

Note 2 - Summary of significant accounting policies

The following are the significant accounting policies followed by the Plan:

Basis of accounting

The accompanying financial statements are prepared on the accrual basis of accounting.

Retirement Plan for Employees of Sargent Manufacturing Company and Amstar Electronics Group

Notes to Financial Statements December 31, 2024 and 2023

Investment valuation and income recognition

All Plan assets are held by the Trustee. The Master Trust invests in securities traded on national securities exchanges which are valued by the Trustee at the last reported sales price on the last business day of the Plan year, as well as common/collective trusts and a hedge fund which are valued by the Trustee at the last reported net asset value ("NAV"). These investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date (see Note 11). The Plan's Benefits Committee and Plan administrator determine the Plan's valuation policies utilizing information provided by its investment advisors and custodians.

The Plan's proportionate interest in the Master Trust is based on beginning of year fair value of the Plan's interest in the Master Trust plus actual contributions and allocated net investment income (loss) less actual distributions and allocated and actual administrative expenses. The net investment income (loss) from the Master Trust represents the Plan's proportionate share of the total income (loss) from investments including interest, dividends, and appreciation (depreciation), which are netted with investment advisory fees. Appreciation (depreciation) in the fair value of investments consists of the realized gains and losses and the changes in unrealized appreciation (depreciation) on those investments.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Investment income (loss) includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Payment of benefits

Benefit payments to participants or beneficiaries are recorded upon distribution.

Use of estimates

The preparation of the financial statements in accordance with accounting principles generally accepted in the United States of America requires the Plan administrator to make estimates and assumptions that affect the reported amounts of assets, liabilities and changes therein, disclosure of contingent assets and liabilities, and the actuarial present value of accumulated plan benefits, and changes therein, at the dates of the financial statements. Actual results could differ from those estimates.

Administrative expenses

The Plan's expenses are paid either by the Plan or the Plan's Sponsor as provided by the Plan document. Expenses that are paid directly by the Plan Sponsor are excluded from these financial statements. Certain administrative expenses of the Plan, such as actuarial, legal, auditing and insurance fees are paid by the Plan. These expenses paid by the Plan are recorded as deductions in the accompanying statements of changes in net assets available for benefits. In addition, certain investment-related expenses are included in investment income (loss) presented in the accompanying statements of changes in net assets available for benefits.

Risks and uncertainties

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

**Retirement Plan for Employees of Sargent Manufacturing
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December 31, 2024 and 2023**

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

Subsequent events

Subsequent events were evaluated through October 6, 2025, which is the date the financial statements were available to be issued.

Note 3 - Actuarial present value of accumulated plan benefits

Accumulated Plan benefits are those future payments, including lump-sum distributions, that are attributable under the Plan's provisions to the service employees have rendered. Accumulated Plan benefits include benefits expected to be paid to: (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Benefits under the Plan are accumulated based on, in part, employees' compensation. Benefits payable under all circumstances - retirement, death, disability or termination of employment - are included, to the extent they are deemed attributable to employee service rendered to the valuation date.

The actuarial present value of accumulated Plan benefits is determined by Aon Consulting, Inc. (the "Actuary") and is that amount which results from applying actuarial assumptions to adjust the accumulated Plan benefits to reflect the time value of money (through discounts for interest) and the probability of payments (by means of decrements such as for death, disability, withdrawal or retirement) between the valuation date and the expected payment dates. The effect of Plan amendments (if any) on the accumulated Plan benefits is recognized during the year in which such amendments become effective.

The significant actuarial assumptions used in the valuations as of December 31, 2024 and 2023 also updated for actuarial assumptions used in 2024 and 2023 were (a) Pri-2012 mortality study with blue collar adjustments projected generationally from 2012 with scale MP-2021, (b) retirement age assumptions (the assumed average retirement age was 64 in 2024 and in 2023), and (c) the rate which is used to measure investment return (4.90% for 2024 and 5.10% for 2023). During 2024, retirement rate assumptions were also updated to align with projected future retirement trends. These actuarial assumptions are based on the presumption that the Plan will continue. If the Plan were to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated Plan benefits.

The benefits accumulated and actuarial experience amount presented in the statements of changes in accumulated Plan benefits includes normal service costs for benefits that have been earned by participants and actuarial gains and losses, as determined by the Actuary.

The computations of the actuarial present value of accumulated Plan benefits were made as of January 1, 2024 and 2023. Had the valuation been performed as of December 31, there would be no material differences.

**Retirement Plan for Employees of Sargent Manufacturing
Company and Amstar Electronics Group**

**Notes to Financial Statements
December 31, 2024 and 2023**

Note 4 - Funding policy

The Company's funding policy is to contribute such amounts as are determined on an actuarial basis to meet the minimum funding requirements of ERISA, plus such additional amounts as the Company may determine to be appropriate. For 2024 and 2023, the minimum required contribution was \$1,405,234 and \$1,818,334, respectively.

To satisfy the 2024 and 2023 minimum required contributions, the Company elected to apply prefunding balances of \$1,405,234 and \$1,818,334, respectively.

Note 5 - Plan termination

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

In the event the Plan terminates, the net assets of the Plan will be allocated, as prescribed by ERISA and its related regulations, generally to provide the following benefits in the following order:

- a. Annuity benefits that former employees or their beneficiaries have been receiving for at least three years, or that employees eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan. The priority amount is limited to the lowest benefit that would have been payable during those three years. The amount is further limited to the lowest benefit that would be payable under Plan provisions in effect at any time during the five years preceding Plan termination.
- b. Other vested benefits insured by the PBGC (a U.S. government agency) up to the applicable limitations.
- c. All other vested benefits (that is, vested benefits not insured by the PBGC).
- d. All nonvested benefits.

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination.

Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide for the accumulated benefit obligations and may depend on the financial condition of the Plan Sponsor and the level of benefits guaranteed by the PBGC.

Note 6 - Related party and party-in-interest transactions

Plan assets include investments in funds managed by the Trustee of the Plan and, as such, transactions with the Trustee qualify as party-in-interest transactions. Aon Consulting, Inc. provides actuarial services to the Plan, which also qualify as party-in-interest transactions. Personnel and facilities of the Sponsor have been used to perform administrative functions for the Plan at no charge to the Plan.

**Retirement Plan for Employees of Sargent Manufacturing
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**Notes to Financial Statements
December 31, 2024 and 2023**

Note 7 - Accumulated plan benefits

Statement of accumulated plan benefits

	<u>December 31, 2023</u>
Actuarial present value of accumulated Plan benefits	
Vested benefits	
Participants currently receiving payments	\$ 38,678,744
Other participants	<u>25,299,587</u>
	63,978,331
Nonvested benefits	<u>116,131</u>
Total actuarial present value of accumulated Plan benefits	<u>\$ 64,094,462</u>

Statement of changes in accumulated plan benefits

	<u>Year ended December 31, 2023</u>
Actuarial present value of accumulated Plan benefits at beginning of year	<u>\$ 63,393,385</u>
Increase (decrease) during the year attributable to	
Benefits accumulated and actuarial experience	166,415
Interest due to decrease in discount period	3,135,329
Benefits paid	(3,880,944)
Plan amendments	-
Assumption changes	<u>1,280,277</u>
Net change	<u>701,077</u>
Actuarial present value of accumulated Plan benefits at end of year	<u>\$ 64,094,462</u>

Note 8 - Investments

The Plan's proportionate undivided interest in the Master Trust's net assets at December 31, 2024 and 2023 was 34.3% and 33.9%, respectively. The fair value of the net assets in the Master Trust as of December 31, 2024 and 2023 was \$210,555,243 and \$206,217,242, respectively. Investment income (loss) and administrative expenses relating to the Master Trust are allocated to the individual plans based upon average monthly balances invested by each plan. The Master Trust has been set up to facilitate the investment of the participating plans' pooled assets on a diversified basis in accordance with the applicable ERISA requirements.

**Retirement Plan for Employees of Sargent Manufacturing
Company and Amstar Electronics Group**

**Notes to Financial Statements
December 31, 2024 and 2023**

The following table presents the net assets for the Master Trust and the portion attributable to the Plan at December 31:

	Master Trust		Plan's interest in Master Trust	
	2024	2023	2024	2023
Cash	\$ 3,828	\$ -	\$ 1,314	\$ -
Receivables				
Accrued income	774,056	747,951	265,700	253,716
Due from broker for securities sold	-	74,816	-	25,379
Total receivables	<u>774,056</u>	<u>822,767</u>	<u>265,700</u>	<u>279,095</u>
Investments at fair value				
Common stocks	124,362,975	131,855,574	42,688,398	44,727,328
Corporate debt	33,027,184	26,331,690	11,336,795	8,932,092
U.S. government securities	44,022,686	37,312,684	15,111,073	12,657,005
Common/collective trusts	8,364,514	9,894,527	2,871,174	3,356,367
Total investments	<u>209,777,359</u>	<u>205,394,475</u>	<u>72,007,440</u>	<u>69,672,792</u>
Net assets	<u>\$ 210,555,243</u>	<u>\$ 206,217,242</u>	<u>\$ 72,274,454</u>	<u>\$ 69,951,887</u>

The following table presents the net investment income (loss) of the Master Trust and the portion attributable to the Plan for the years ended December 31:

	Master Trust		Plan's interest in Master Trust	
	2024	2023	2024	2023
Changes in Net Assets				
Net appreciation (depreciation) in fair value of investments				
Common stocks	\$ 14,475,445	\$ 17,581,697	\$ 4,580,054	\$ 5,628,649
Corporate debt	136,026	774,606	43,039	247,984
U.S. government securities	(330,837)	644,955	(104,677)	206,477
Common/collective trusts	9,167	-	-	-
Hedge fund	-	(20,783)	2,900	(6,654)
Interest	2,609,406	2,200,678	825,620	704,530
Dividends	2,553,771	2,766,268	808,017	885,600
Net investment income	19,452,978	23,947,421	6,154,953	7,666,586
Net transfers to Plan accounts	(13,727,558)	(14,199,626)	-	-
Benefits paid to participants and beneficiaries	-	-	(3,724,416)	(3,880,944)
Administrative expenses	(1,387,419)	(1,244,960)	(107,970)	(132,035)
Increase in net assets	4,338,001	8,502,835	2,322,567	3,653,607
Net assets				
Beginning of year	<u>206,217,242</u>	<u>197,714,407</u>	<u>69,951,887</u>	<u>66,298,280</u>
End of year	<u>\$ 210,555,243</u>	<u>\$ 206,217,242</u>	<u>\$ 72,274,454</u>	<u>\$ 69,951,887</u>

**Retirement Plan for Employees of Sargent Manufacturing
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**Notes to Financial Statements
December 31, 2024 and 2023**

Note 9 - Tax status

The Internal Revenue Service ("IRS") has determined and informed the Company by a letter dated May 28, 2015, that the Plan is designed in accordance with the applicable sections of the Internal Revenue Code ("IRC"). The Plan administrator believes that the Plan is currently being operated in accordance with the applicable requirements of the IRC.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would be not sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for tax periods in progress.

Note 10 - Certification by Trustee

The Plan administrator has elected the method of compliance permitted by 29 CFR 2520-103.8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. The Trustee of the Plan, The Bank of New York Mellon, as of and for the years ended December 31, 2024 and 2023, has certified to the Plan administrator the following information as complete and accurate. The information was relied on by the Plan administrator in the preparation of the Plan's financial statements in accordance with ERISA.

Investments

The cost and fair value of each of the investment funds of the Master Trust investments, and the Plan's interest in these investments and cash and cash equivalents, as of December 31, 2024 and 2023.

Purchases and sales of investments, including gains or losses on sales, for the years ended December 31, 2024 and 2023.

Investment Income (loss)

The Plan's interest in the Master Trust investment income (loss) for the years ended December 31, 2024 and 2023.

The amount of investment advisor fees of the Master Trust, and the Plan's share of the investment advisor fees of the Master Trust, for the years ended December 31, 2024 and 2023.

Note 11 - Fair value measurements

Financial Accounting Standards Board ("FASB") Accounting Standards Codification ("ASC") 820, *Fair Value Measurements and Disclosures*, provides the framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities ("Level 1") and the lowest priority to unobservable inputs ("Level 3"). The three levels of the fair value hierarchy under FASB ASC 820 are described below:

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

**Retirement Plan for Employees of Sargent Manufacturing
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**Notes to Financial Statements
December 31, 2024 and 2023**

Level 2: Inputs to the valuation methodology include:

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

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

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

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

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

Common stocks and U.S. government securities: Valued at the closing price reported on the active market on which the individual securities are traded.

When quoted prices are not available for identical or similar bonds, the bond is valued under a discounted cash flows approach that maximizes observable inputs, such as current yields of similar instruments, but includes adjustments for certain risks that may not be observable, such as credit and liquidity risks or a broker quote if available.

Corporate debt: Valued using pricing models maximizing the use of observable inputs for similar securities. This includes basing value on yields currently available on corporate securities of issues with similar credit ratings.

Common/collective trusts: Valued at the last reported NAV of shares held by the Plan at year end. The NAV, as provided by the Trustee, is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the fund less its liabilities. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV. Participant transactions (purchases and sales) may occur daily. Were the Plan to initiate a full redemption of the collective trust, the investment adviser reserves the right to temporarily delay withdrawal from the trust in order to ensure that securities liquidations will be carried out in an orderly business manner.

The estimated fair value of the common/collective trust is NAV. The use of NAV as fair value is deemed appropriate as the collective trust funds do not have finite lives, unfunded commitments relating to these types of investments, or significant restrictions on redemptions.

**Retirement Plan for Employees of Sargent Manufacturing
Company and Amstar Electronics Group**

**Notes to Financial Statements
December 31, 2024 and 2023**

The following tables set forth by level, within the fair value hierarchy, the Master Trust's assets at fair value as of December 31, 2024 and 2023:

Assets at fair value as of December 31, 2024				
	Level 1	Level 2	Level 3	Total
Common stocks	\$ 124,362,975	\$ -	\$ -	\$ 124,362,975
Corporate debt	-	33,027,184	-	33,027,184
U.S. government securities	44,022,686	-	-	44,022,686
	<u>\$ 168,385,661</u>	<u>\$ 33,027,184</u>	<u>\$ -</u>	201,412,845
Investments measured at NAV (a)				<u>8,364,514</u>
Total assets at fair value				<u>\$ 209,777,359</u>
Assets at fair value as of December 31, 2023				
	Level 1	Level 2	Level 3	Total
Common stocks	\$ 131,855,574	\$ -	\$ -	\$ 131,855,574
Corporate debt	-	26,331,690	-	26,331,690
U.S. government securities	37,312,684	-	-	37,312,684
	<u>\$ 169,168,258</u>	<u>\$ 26,331,690</u>	<u>\$ -</u>	195,499,948
Investments measured at NAV (a)				<u>9,894,527</u>
Total assets at fair value				<u>\$ 205,394,475</u>

(a) In accordance with Subtopic 820-10, certain investments that were measured at NAV per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statements of net assets available for benefits.

Fair value of investments in entities that calculate NAV

The following table summarizes the Master Trust's investments measured at fair value based on NAVs per share as of December 31, 2024 and 2023, respectively:

December 31, 2024	Fair value	Unfunded commitments	Redemption frequency (if currently eligible)	Redemption notice period
Common/collective trusts	<u>\$ 8,364,514</u>	n/a	Daily	30 days
December 31, 2023	Fair value	Unfunded commitments	Redemption frequency (if currently eligible)	Redemption notice period
Common/collective trusts	<u>\$ 9,894,527</u>	n/a	Daily	30 days

**Retirement Plan for Employees of Sargent Manufacturing
Company and Amstar Electronics Group**

**Notes to Financial Statements
December 31, 2024 and 2023**

Note 12 - Subsequent event

Effective March 3, 2025, the pension benefit multiplier under the Plan was increased to \$48.00 per year of credited service, pursuant to the Company's collective bargaining agreement with Local 243 of the United Electrical, Radio and Machine Workers of America.



Independent Member of Nexia

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Schedule SB Attachment (Form 5500) –2024 Plan Year
 Retirement Plan for Employees of Sargent Manufacturing Company
 EIN: 25-1515164 PN: 022

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										
30-34										
35-39										
40-44					3	3	1			
45-49					2	6	1			
50-54					8	7	7	4		
55-59					4	8	8	4	19	
60-64					6	10	13	4	23	9
65-69					1	2	3	3	4	9
70+								2	2	1

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Schedule SB Attachment (Form 5500) –2024 Plan Year
Retirement Plan for Employees of Sargent Manufacturing Company
EIN: 25-1515164 PN: 022

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

Interest Rates for Minimum Funding Purposes	Based on segment rates with no lookback (as of January 2024), each adjusted as needed to fall within the 25-year average interest rate stabilization corridor under ARPA.
1st Segment Rate	4.75%
2nd Segment Rate	4.96%
3rd Segment Rate	5.59%
Interest Rates for Maximum Tax Purposes	Based on segment rates with no lookback (as of January 2024), without regard to interest rate stabilization.
1st Segment Rate	4.37%
2nd Segment Rate	4.96%
3rd Segment Rate	4.95%
Retirement Age	
Active Participants	See Table 1.
Terminated Vested Participants	Age 64
Mortality Rates	
Healthy and Disabled	2024 generational mortality tables for annuitants and non-annuitants per §1.430(h)(3)-1(b).
Withdrawal Rates	See Table 2.
Disability Rates	See Table 3.
Decrement Timing	Beginning of year decrements.
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.
Benefit Limits	Projected benefits are limited by the current IRC section 415 maximum benefit of \$275,000.
Valuation of Plan Assets	Fair market value.

Schedule SB Attachment (Form 5500) –2024 Plan Year
Retirement Plan for Employees of Sargent Manufacturing Company
EIN: 25-1515164 PN: 022

Trust Expenses Included in Target Normal Cost Plan Administrative fees and premiums are anticipated to be paid out of pension assets for the upcoming year. An administrative expense load has been included in the valuation equal to the actual fees for the prior year plus actual PBGC premium payment for the current year (\$133,735 for 2024).

Actuarial Method Standard unit credit cost method

Valuation Date January 1, 2024

Schedule SB Attachment (Form 5500) –2024 Plan Year
 Retirement Plan for Employees of Sargent Manufacturing Company
 EIN: 25-1515164 PN: 022

Table 1

Retirement Rates

Age	Rate
55	3.50%
56	3.50%
57	3.50%
58	3.50%
59	3.50%
60	4.50%
61	10.00%
62	20.00%
63	10.00%
64	15.00%
65	25.00%
66	15.00%
67	15.00%
68	15.00%
69	15.00%
70+	100.00%

Schedule SB Attachment (Form 5500) –2024 Plan Year
 Retirement Plan for Employees of Sargent Manufacturing Company
 EIN: 25-1515164 PN: 022

Table 2

Withdrawal Rates

Age	Rate	Age	Rate
20	5.75%	50	1.50%
21	5.75%	51	1.50%
22	5.50%	52	1.50%
23	5.25%	53	1.50%
24	5.00%	54	1.25%
25	4.75%	55	1.25%
26	4.50%	56	1.25%
27	4.50%	57	1.25%
28	4.25%	58	1.25%
29	4.00%	59	1.00%
30	3.75%	60	1.00%
31	3.75%	61	1.00%
32	3.50%	62	1.00%
33	3.25%	63	1.00%
34	3.25%	64	1.00%
35	3.00%	65	1.00%
36	3.00%	66	1.00%
37	2.75%	67	1.00%
38	2.75%	68	1.00%
39	2.50%	69	1.00%
40	2.50%	70+	1.00%
41	2.50%		
42	2.25%		
43	2.25%		
44	2.00%		
45	2.00%		
46	2.00%		
47	1.75%		
48	1.75%		
49	1.75%		

Schedule SB Attachment (Form 5500) –2024 Plan Year
 Retirement Plan for Employees of Sargent Manufacturing Company
 EIN: 25-1515164 PN: 022

Table 3

Disability Rates – Male

Age	Years of Service	
	0–4	5+
15	0.0000%	0.0000%
16	0.0000%	0.0000%
17	0.0000%	0.0000%
18	0.1200%	0.1200%
19	0.1200%	0.1200%
20	0.1200%	0.1200%
21	0.1200%	0.1200%
22	0.1200%	0.1200%
23	0.1200%	0.1200%
24	0.1200%	0.1200%
25	0.1200%	0.1200%
26	0.1200%	0.1200%
27	0.1200%	0.1200%
28	0.1200%	0.1200%
29	0.1200%	0.1200%
30	0.1200%	0.1200%
31	0.1210%	0.1210%
32	0.1220%	0.1220%
33	0.1235%	0.1235%
34	0.1255%	0.1255%
35	0.1275%	0.1275%
36	0.1300%	0.1300%
37	0.1330%	0.1330%
38	0.1370%	0.1370%
39	0.1420%	0.1420%
40	0.1470%	0.1470%
41	0.1530%	0.1530%
42	0.1590%	0.1590%
43	0.1690%	0.1690%
44	0.1830%	0.1830%

Schedule SB Attachment (Form 5500) –2024 Plan Year
 Retirement Plan for Employees of Sargent Manufacturing Company
 EIN: 25-1515164 PN: 022

Table 3 (continued)

Disability Rates – Male

Age	Years of Service	
	0–4	5+
45	0.1975%	0.1975%
46	0.2210%	0.2210%
47	0.2490%	0.2490%
48	0.2805%	0.2805%
49	0.3150%	0.3150%
50	0.3565%	0.3565%
51	0.4050%	0.4050%
52	0.4625%	0.4625%
53	0.5225%	0.5225%
54	0.5925%	0.5925%
55	0.6810%	0.0000%
56	0.7910%	0.0000%
57	0.9295%	0.0000%
58	1.1100%	0.0000%
59	1.2600%	0.0000%
60	1.3800%	0.0000%
61	1.4705%	0.0000%
62	1.5420%	0.0000%
63	1.5980%	0.0000%
64	1.6400%	0.0000%
65+	0.0000%	0.0000%

Schedule SB Attachment (Form 5500) –2024 Plan Year
 Retirement Plan for Employees of Sargent Manufacturing Company
 EIN: 25-1515164 PN: 022

Table 3 (continued)

Disability Rates – Female

Age	Years of Service	
	0–4	5+
15	0.0000%	0.0000%
16	0.0000%	0.0000%
17	0.0000%	0.0000%
18	0.1800%	0.1800%
19	0.1800%	0.1800%
20	0.1800%	0.1800%
21	0.1800%	0.1800%
22	0.1800%	0.1800%
23	0.1800%	0.1800%
24	0.1800%	0.1800%
25	0.1800%	0.1800%
26	0.1800%	0.1800%
27	0.1800%	0.1800%
28	0.1800%	0.1800%
29	0.1800%	0.1800%
30	0.1800%	0.1800%
31	0.1815%	0.1815%
32	0.1830%	0.1830%
33	0.1855%	0.1855%
34	0.1885%	0.1885%
35	0.1915%	0.1915%
36	0.1950%	0.1950%
37	0.1995%	0.1995%
38	0.2055%	0.2055%
39	0.2130%	0.2130%
40	0.2205%	0.2205%
41	0.2295%	0.2295%
42	0.2385%	0.2385%
43	0.2535%	0.2535%
44	0.2745%	0.2745%

Schedule SB Attachment (Form 5500) –2024 Plan Year
 Retirement Plan for Employees of Sargent Manufacturing Company
 EIN: 25-1515164 PN: 022

Table 3 (continued)

Disability Rates – Female

Age	Years of Service	
	0–4	5+
45	0.2965%	0.2965%
46	0.3315%	0.3315%
47	0.3735%	0.3735%
48	0.4210%	0.4210%
49	0.4725%	0.4725%
50	0.5350%	0.5350%
51	0.6075%	0.6075%
52	0.6940%	0.6940%
53	0.7840%	0.7840%
54	0.8890%	0.8890%
55	1.0215%	0.0000%
56	1.1865%	0.0000%
57	1.3945%	0.0000%
58	1.6650%	0.0000%
59	1.8900%	0.0000%
60	2.0700%	0.0000%
61	2.2060%	0.0000%
62	2.3130%	0.0000%
63	2.3970%	0.0000%
64	2.4600%	0.0000%
65+	0.0000%	0.0000%

Schedule SB Attachment (Form 5500) –2024 Plan Year
Retirement Plan for Employees of Sargent Manufacturing Company
EIN: 25-1515164 PN: 022

Expenses

In the development of the minimum required contribution, the normal cost is increased for administrative expenses charged directly to the pension trust.

Funding Cost Method – PPA

Accrued benefits payable in the event of death, termination, disability, or retirement were determined for all active participants. The target normal cost is equal to the actuarial present value of the benefits accrued in the current year and the target liability is equal to the actuarial present value of the benefits accrued in years prior to the current year.

The target liability for inactive participants under this cost method is determined as the actuarial present value of the benefits expected to be paid. These participants include retired participants and their beneficiaries currently receiving benefits and terminated vested participants not yet receiving benefits. No target normal costs are now payable with respect to these participants.

Funding Asset Method

The actuarial value of assets is determined by using Market Value.

Dates of Calculations

The funding valuation date is January 1, 2024.

Employees Included in the Calculations

Former employees or their survivors who are receiving or entitled to receive an immediate or deferred benefit under the provisions of the Plan are also included.

Source of Data

Data is as of the valuation date and is supplied to us by ASSA ABLOY.

We rely on ASSA ABLOY to inform us of any former participants who have been rehired and lost prior service because of the length of their break in service. These employees may have participation requirements different from other new employees.

Although we believe these to be accurate and complete, the data and financial information have not been audited by us.

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 <div style="font-size: 24pt; font-weight: bold; text-align: center;">2024</div> This Form is Open to Public Inspection
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Part I Annual Report Identification Information	
For calendar plan year 2024 or fiscal plan year beginning <u>01/01/2024</u> and ending <u>12/31/2024</u>	
A This return/report is for:	<input type="checkbox"/> a multiemployer plan <input type="checkbox"/> a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) <input checked="" type="checkbox"/> a single-employer plan <input type="checkbox"/> a DFE (specify) ____
B This return/report is:	<input type="checkbox"/> the first return/report <input type="checkbox"/> the final return/report <input type="checkbox"/> an amended return/report <input type="checkbox"/> a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here.	<input checked="" type="checkbox"/>
D Check box if filing under:	<input checked="" type="checkbox"/> Form 5558 <input type="checkbox"/> automatic extension <input type="checkbox"/> the DFVC program <input type="checkbox"/> special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.	<input type="checkbox"/>

Part II Basic Plan Information —enter all requested information											
1a Name of plan RETIREMENT PLAN FOR EMPLOYEES OF SARGENT MANUFACTURING COMPANY AND AMSTAR ELECTRONICS GROUP	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%;">1b Three-digit plan number (PN) ▶</td> <td style="width:20%; text-align: center;">022</td> </tr> <tr> <td colspan="2">1c Effective date of plan 01/01/1976</td> </tr> <tr> <td colspan="2">2b Employer Identification Number (EIN) 25-1515164</td> </tr> <tr> <td colspan="2">2c Plan Sponsor's telephone number 203-624-5225</td> </tr> <tr> <td colspan="2">2d Business code (see instructions) 332300</td> </tr> </table>	1b Three-digit plan number (PN) ▶	022	1c Effective date of plan 01/01/1976		2b Employer Identification Number (EIN) 25-1515164		2c Plan Sponsor's telephone number 203-624-5225		2d Business code (see instructions) 332300	
1b Three-digit plan number (PN) ▶	022										
1c Effective date of plan 01/01/1976											
2b Employer Identification Number (EIN) 25-1515164											
2c Plan Sponsor's telephone number 203-624-5225											
2d Business code (see instructions) 332300											
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) SARGENT MANUFACTURING COMPANY ASSA ABLOY, INC. 110 SARGENT DRIVE NEW HAVEN CT 06511											

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

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

SIGN HERE		<u>10/16/25</u>	JOSEPH HURLEY
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

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3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	724
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6a(1)	177
	6a(2)	169
	6b	384
	6c	67
	6d	620
	6e	78
	6f	698
	6g(1)	
6g(2)		
6h		0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7	

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

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

9a Plan funding arrangement (check all that apply)	9b Plan benefit arrangement (check all that apply)
(1) <input type="checkbox"/> Insurance	(1) <input type="checkbox"/> Insurance
(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts
(3) <input checked="" type="checkbox"/> Trust	(3) <input checked="" type="checkbox"/> Trust
(4) <input type="checkbox"/> General assets of the sponsor	(4) <input type="checkbox"/> General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

- (1) **R** (Retirement Plan Information)
- (2) **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3) **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- (4) **DCG** (Individual Plan Information) – Number Attached _____
- (5) **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2024 Form M-1 annual report. If the plan was not required to file the 2024 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

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

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

A Name of plan RETIREMENT PLAN FOR EMPLOYEES OF SARGENT MANUFACTURING COMPANY AND AMSTAR ELECTRONICS GROUP	B Three-digit plan number (PN) ▶	022
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF SARGENT MANUFACTURING COMPANY	D Employer Identification Number (EIN) 25-1515164	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

Part I	Basic Information			
1	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>			
2	Assets:			
	a Market value	2a	69,951,887	
	b Actuarial value	2b	69,951,887	
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	473	38,940,110	38,940,110
	b For terminated vested participants	74	1,785,250	1,785,250
	c For active participants	177	22,639,551	22,756,389
	d Total	724	63,364,911	63,481,749
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	5.15%	
6	Target normal cost			
	a Present value of current plan year accruals	6a	618,185	
	b Expected plan-related expenses	6b	133,735	
	c Target normal cost	6c	751,920	

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	Brett A. Brenner <i>BAB</i> Signature of actuary	09/15/2025 Date
	Brett A. Brenner Type or print name of actuary	2308287 Most recent enrollment number
	AON CONSULTING, INC. Firm name	973-463-6192 Telephone number (including area code)
	MSC #17741 P.O. Box 6718 SOMERSET NJ 08875 Address of the firm	

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

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

Schedule SB (Form 5500) 2024
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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	13,503,755
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	1,818,334
9	Amount remaining (line 7 minus line 8)	0	11,685,421
10	Interest on line 9 using prior year's actual return of <u>11.92%</u>	0	1,392,902
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>5.23%</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	13,078,323

Part III		Funding Percentages	
14	Funding target attainment percentage	14	89.59%
15	Adjusted funding target attainment percentage	15	110.19%
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	81.97%
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	
Totals ▶			18(b)	0	18(c)	0

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

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

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? Yes No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? Yes No

c If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

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

21 Discount rate:				
a Segment rates:	1st segment: 4.75 %	2nd segment: 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 64
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	751,920	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance		Installment
a Net shortfall amortization installment	6,608,185		653,314
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	1,405,234	
		Carryover balance	Prefunding balance
35 Balances elected for use to offset funding requirement		0	1,405,234
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 checked="" type="checkbox"/> 2020 <input type="checkbox"/> 2021

Schedule SB Attachment (Form 5500) –2024 Plan Year
 Retirement Plan for Employees of Sargent Manufacturing Company
 EIN: 25-1515164 PN: 022

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

The average retirement age shown in line 22 has been calculated by assuming the following retirement rates and no decrements other than retirement for this calculation. All retirements are assumed to occur at beginning of year.

(a) Age	(b) Rate	(c) Weight	(d) Product (a) × (b) × (c)
55	3.50%	1.0000	1.93
56	3.50%	0.9650	1.89
57	3.50%	0.9312	1.86
58	3.50%	0.8986	1.82
59	3.50%	0.8672	1.79
60	4.50%	0.8368	2.26
61	10.00%	0.7992	4.87
62	20.00%	0.7193	8.92
63	10.00%	0.5754	3.63
64	15.00%	0.5179	4.97
65	25.00%	0.4402	7.15
66	15.00%	0.3301	3.27
67	15.00%	0.2806	2.82
68	15.00%	0.2385	2.43
69	15.00%	0.2027	2.10
70	100.00%	0.1723	12.06
	Weighted Average		63.77

Schedule SB Attachment (Form 5500) –2024 Plan Year
Retirement Plan for Employees of Sargent Manufacturing Company
EIN: 25-1515164 PN: 022

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

Interest Rates for Minimum Funding Purposes	Based on segment rates with no lookback (as of January 2024), each adjusted as needed to fall within the 25-year average interest rate stabilization corridor under ARPA.
1st Segment Rate	4.75%
2nd Segment Rate	4.96%
3rd Segment Rate	5.59%
Interest Rates for Maximum Tax Purposes	Based on segment rates with no lookback (as of January 2024), without regard to interest rate stabilization.
1st Segment Rate	4.37%
2nd Segment Rate	4.96%
3rd Segment Rate	4.95%
Retirement Age	
Active Participants	See Table 1.
Terminated Vested Participants	Age 64
Mortality Rates	
Healthy and Disabled	2024 generational mortality tables for annuitants and non-annuitants per §1.430(h)(3)-1(b).
Withdrawal Rates	See Table 2.
Disability Rates	See Table 3.
Decrement Timing	Beginning of year decrements.
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.
Benefit Limits	Projected benefits are limited by the current IRC section 415 maximum benefit of \$275,000.
Valuation of Plan Assets	Fair market value.

Schedule SB Attachment (Form 5500) –2024 Plan Year
Retirement Plan for Employees of Sargent Manufacturing Company
EIN: 25-1515164 PN: 022

Trust Expenses Included in Target Normal Cost Plan Administrative fees and premiums are anticipated to be paid out of pension assets for the upcoming year. An administrative expense load has been included in the valuation equal to the actual fees for the prior year plus actual PBGC premium payment for the current year (\$133,735 for 2024).

Actuarial Method Standard unit credit cost method

Valuation Date January 1, 2024

Schedule SB Attachment (Form 5500) –2024 Plan Year
Retirement Plan for Employees of Sargent Manufacturing Company
EIN: 25-1515164 PN: 022

Table 1

Retirement Rates

Age	Rate
55	3.50%
56	3.50%
57	3.50%
58	3.50%
59	3.50%
60	4.50%
61	10.00%
62	20.00%
63	10.00%
64	15.00%
65	25.00%
66	15.00%
67	15.00%
68	15.00%
69	15.00%
70+	100.00%

Schedule SB Attachment (Form 5500) –2024 Plan Year
 Retirement Plan for Employees of Sargent Manufacturing Company
 EIN: 25-1515164 PN: 022

Table 2

Withdrawal Rates

Age	Rate	Age	Rate
20	5.75%	50	1.50%
21	5.75%	51	1.50%
22	5.50%	52	1.50%
23	5.25%	53	1.50%
24	5.00%	54	1.25%
25	4.75%	55	1.25%
26	4.50%	56	1.25%
27	4.50%	57	1.25%
28	4.25%	58	1.25%
29	4.00%	59	1.00%
30	3.75%	60	1.00%
31	3.75%	61	1.00%
32	3.50%	62	1.00%
33	3.25%	63	1.00%
34	3.25%	64	1.00%
35	3.00%	65	1.00%
36	3.00%	66	1.00%
37	2.75%	67	1.00%
38	2.75%	68	1.00%
39	2.50%	69	1.00%
40	2.50%	70+	1.00%
41	2.50%		
42	2.25%		
43	2.25%		
44	2.00%		
45	2.00%		
46	2.00%		
47	1.75%		
48	1.75%		
49	1.75%		

Schedule SB Attachment (Form 5500) –2024 Plan Year
 Retirement Plan for Employees of Sargent Manufacturing Company
 EIN: 25-1515164 PN: 022

Table 3

Disability Rates – Male

Age	Years of Service	
	0–4	5+
15	0.0000%	0.0000%
16	0.0000%	0.0000%
17	0.0000%	0.0000%
18	0.1200%	0.1200%
19	0.1200%	0.1200%
20	0.1200%	0.1200%
21	0.1200%	0.1200%
22	0.1200%	0.1200%
23	0.1200%	0.1200%
24	0.1200%	0.1200%
25	0.1200%	0.1200%
26	0.1200%	0.1200%
27	0.1200%	0.1200%
28	0.1200%	0.1200%
29	0.1200%	0.1200%
30	0.1200%	0.1200%
31	0.1210%	0.1210%
32	0.1220%	0.1220%
33	0.1235%	0.1235%
34	0.1255%	0.1255%
35	0.1275%	0.1275%
36	0.1300%	0.1300%
37	0.1330%	0.1330%
38	0.1370%	0.1370%
39	0.1420%	0.1420%
40	0.1470%	0.1470%
41	0.1530%	0.1530%
42	0.1590%	0.1590%
43	0.1690%	0.1690%
44	0.1830%	0.1830%

Schedule SB Attachment (Form 5500) –2024 Plan Year
 Retirement Plan for Employees of Sargent Manufacturing Company
 EIN: 25-1515164 PN: 022

Table 3 (continued)

Disability Rates – Male

Age	Years of Service	
	0–4	5+
45	0.1975%	0.1975%
46	0.2210%	0.2210%
47	0.2490%	0.2490%
48	0.2805%	0.2805%
49	0.3150%	0.3150%
50	0.3565%	0.3565%
51	0.4050%	0.4050%
52	0.4625%	0.4625%
53	0.5225%	0.5225%
54	0.5925%	0.5925%
55	0.6810%	0.0000%
56	0.7910%	0.0000%
57	0.9295%	0.0000%
58	1.1100%	0.0000%
59	1.2600%	0.0000%
60	1.3800%	0.0000%
61	1.4705%	0.0000%
62	1.5420%	0.0000%
63	1.5980%	0.0000%
64	1.6400%	0.0000%
65+	0.0000%	0.0000%

Schedule SB Attachment (Form 5500) –2024 Plan Year
 Retirement Plan for Employees of Sargent Manufacturing Company
 EIN: 25-1515164 PN: 022

Table 3 (continued)

Disability Rates – Female

Age	Years of Service	
	0–4	5+
15	0.0000%	0.0000%
16	0.0000%	0.0000%
17	0.0000%	0.0000%
18	0.1800%	0.1800%
19	0.1800%	0.1800%
20	0.1800%	0.1800%
21	0.1800%	0.1800%
22	0.1800%	0.1800%
23	0.1800%	0.1800%
24	0.1800%	0.1800%
25	0.1800%	0.1800%
26	0.1800%	0.1800%
27	0.1800%	0.1800%
28	0.1800%	0.1800%
29	0.1800%	0.1800%
30	0.1800%	0.1800%
31	0.1815%	0.1815%
32	0.1830%	0.1830%
33	0.1855%	0.1855%
34	0.1885%	0.1885%
35	0.1915%	0.1915%
36	0.1950%	0.1950%
37	0.1995%	0.1995%
38	0.2055%	0.2055%
39	0.2130%	0.2130%
40	0.2205%	0.2205%
41	0.2295%	0.2295%
42	0.2385%	0.2385%
43	0.2535%	0.2535%
44	0.2745%	0.2745%

Schedule SB Attachment (Form 5500) –2024 Plan Year
 Retirement Plan for Employees of Sargent Manufacturing Company
 EIN: 25-1515164 PN: 022

Table 3 (continued)

Disability Rates – Female

Age	Years of Service	
	0–4	5+
45	0.2965%	0.2965%
46	0.3315%	0.3315%
47	0.3735%	0.3735%
48	0.4210%	0.4210%
49	0.4725%	0.4725%
50	0.5350%	0.5350%
51	0.6075%	0.6075%
52	0.6940%	0.6940%
53	0.7840%	0.7840%
54	0.8890%	0.8890%
55	1.0215%	0.0000%
56	1.1865%	0.0000%
57	1.3945%	0.0000%
58	1.6650%	0.0000%
59	1.8900%	0.0000%
60	2.0700%	0.0000%
61	2.2060%	0.0000%
62	2.3130%	0.0000%
63	2.3970%	0.0000%
64	2.4600%	0.0000%
65+	0.0000%	0.0000%

Schedule SB Attachment (Form 5500) –2024 Plan Year
Retirement Plan for Employees of Sargent Manufacturing Company
EIN: 25-1515164 PN: 022

Expenses

In the development of the minimum required contribution, the normal cost is increased for administrative expenses charged directly to the pension trust.

Funding Cost Method – PPA

Accrued benefits payable in the event of death, termination, disability, or retirement were determined for all active participants. The target normal cost is equal to the actuarial present value of the benefits accrued in the current year and the target liability is equal to the actuarial present value of the benefits accrued in years prior to the current year.

The target liability for inactive participants under this cost method is determined as the actuarial present value of the benefits expected to be paid. These participants include retired participants and their beneficiaries currently receiving benefits and terminated vested participants not yet receiving benefits. No target normal costs are now payable with respect to these participants.

Funding Asset Method

The actuarial value of assets is determined by using Market Value.

Dates of Calculations

The funding valuation date is January 1, 2024.

Employees Included in the Calculations

Former employees or their survivors who are receiving or entitled to receive an immediate or deferred benefit under the provisions of the Plan are also included.

Source of Data

Data is as of the valuation date and is supplied to us by ASSA ABLOY.

We rely on ASSA ABLOY to inform us of any former participants who have been rehired and lost prior service because of the length of their break in service. These employees may have participation requirements different from other new employees.

Although we believe these to be accurate and complete, the data and financial information have not been audited by us.

Schedule SB Attachment (Form 5500) –2024 Plan Year
 Retirement Plan for Employees of Sargent Manufacturing Company
 EIN: 25-1515164 PN: 022

Schedule SB, Part V – Summary of Plan Provisions

Plan Name	Retirement Plan for Hourly Employees of Sargent Manufacturing Company																		
Covered Employees	Full-time hourly non-union employees or full-time employees represented under a collective bargaining agreement hired before March 8, 2007.																		
Effective Date	July 1, 1974																		
Most Recently Amended	The plan was amended to reflect the collective bargaining agreement that went into effect March 2, 2022.																		
Eligibility Requirement	January 1 or July 1 following date of hire.																		
Credited Service																			
Union Participant	Service while a participant covered by this plan used to determine eligibility for benefits.																		
Non-Union Participant	Service is frozen at January 1, 1998.																		
Vesting Service	One year for each 1,000 hour calendar year of employment.																		
Normal Retirement																			
Requirement	Age 65.																		
Monthly Pension	As a result of collective bargaining completed in March 2022, a member's monthly normal retirement benefit is the dollar amount in the table below multiplied by years of credited service:																		
	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #e0e0e0;"> <th style="text-align: left;">Retirement Dates</th> <th style="text-align: right;">Dollar Amount</th> </tr> </thead> <tbody> <tr> <td>03/05/2003 to 03/03/2004</td> <td style="text-align: right;">\$29.25</td> </tr> <tr> <td>03/04/2004 to 03/07/2007</td> <td style="text-align: right;">\$31.00</td> </tr> <tr> <td>03/08/2007 to 03/10/2010</td> <td style="text-align: right;">\$34.00</td> </tr> <tr> <td>03/11/2010 to 03/13/2013</td> <td style="text-align: right;">\$36.00</td> </tr> <tr> <td>03/14/2013 to 03/14/2016</td> <td style="text-align: right;">\$38.00</td> </tr> <tr> <td>03/15/2016 to 03/01/2019</td> <td style="text-align: right;">\$40.00</td> </tr> <tr> <td>03/02/2019 to 03/01/2022</td> <td style="text-align: right;">\$42.00</td> </tr> <tr> <td>03/02/2022 to 03/09/2025</td> <td style="text-align: right;">\$45.00</td> </tr> </tbody> </table>	Retirement Dates	Dollar Amount	03/05/2003 to 03/03/2004	\$29.25	03/04/2004 to 03/07/2007	\$31.00	03/08/2007 to 03/10/2010	\$34.00	03/11/2010 to 03/13/2013	\$36.00	03/14/2013 to 03/14/2016	\$38.00	03/15/2016 to 03/01/2019	\$40.00	03/02/2019 to 03/01/2022	\$42.00	03/02/2022 to 03/09/2025	\$45.00
Retirement Dates	Dollar Amount																		
03/05/2003 to 03/03/2004	\$29.25																		
03/04/2004 to 03/07/2007	\$31.00																		
03/08/2007 to 03/10/2010	\$34.00																		
03/11/2010 to 03/13/2013	\$36.00																		
03/14/2013 to 03/14/2016	\$38.00																		
03/15/2016 to 03/01/2019	\$40.00																		
03/02/2019 to 03/01/2022	\$42.00																		
03/02/2022 to 03/09/2025	\$45.00																		
Minimum Benefit for Non-Union Retirees	\$250 per month, unreduced for early commencement.																		

Schedule SB Attachment (Form 5500) –2024 Plan Year
 Retirement Plan for Employees of Sargent Manufacturing Company
 EIN: 25-1515164 PN: 022

Early Retirement

Requirement

Age 55 and five years of credited service.

Monthly Pension

Accrued benefit reduces as follows:

Age ¹	Percentage of Normal Retirement Pension:	
	If Age at Retirement is 62 or Older	If Age at Retirement is Prior to Age 62
64	98%	94%
63	96%	88%
62	94%	82%
61	N/A	76%
60		70%
59		64%
58		58%
57		52%
56		46%
55		40%

Non-union employees retiring after age 55 with at least five years, but fewer than 10 years of vesting service, may commence early with a full actuarial reduction.

Disability

Requirement

Ten years of credited service and permanent disability prior to age 65.

Monthly Pension

Normal retirement benefit with no reduction for early commencement.

Vesting

Requirement

Five years of vesting service.

Monthly Pension

Starting at age 65, a pension calculated as for normal retirement, based on credited service to date of termination. If the former employee had completed 10 years of vesting service, the pension commencing between age 60 and 65 is reduced by the same percentages applicable to early retirement.

¹ Age at commencement.

Schedule SB Attachment (Form 5500) –2024 Plan Year
Retirement Plan for Employees of Sargent Manufacturing Company
EIN: 25-1515164 PN: 022

Surviving Spouse's Benefit

Requirement	Five years of continuous service. Employee may reject coverage but requires spouse's consent.
Monthly Surviving Spouse's Benefits	For a participant who dies after attaining early retirement age, the benefit paid to the spouse is calculated as if the participant had retired on the first of the month in which he died with a joint and 50% survivor benefit in effect. For a participant who dies prior to attaining early retirement age, the benefit commences to the spouse when the deceased participant would have first attained early retirement age and is calculated as if the participant had terminated employment on his date of death and commenced receiving a reduced benefit with the joint and 50% survivor benefit in effect.

Forms of Payment

Normal	
Single	10-year certain and continuing.
Married	Joint and 50% surviving spouse.
Optional	Joint and 66 ² / ₃ % contingent annuitant; Joint and 75% contingent annuitant; Joint and 100% contingent annuitant; 10-year certain.

Supplemental Death Benefit	Effective March 4, 2019, the supplemental death benefit payable to certain retirees of Sargent Manufacturing Company is no longer provided under the plan.
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Plan Changes Since the Prior Year

The funding valuation does not reflect any plan changes since the prior year.

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
 Retirement Plan for Employees of Sargent Manufacturing Company
 EIN: 25-1515164 PN: 022

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										
30-34										
35-39										
40-44					3	3	1			
45-49					2	6	1			
50-54					8	7	7	4		
55-59					4	8	8	4	19	
60-64					6	10	13	4	23	9
65-69					1	2	3	3	4	9
70+								2	2	1

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Schedule SB Attachment (Form 5500) –2024 Plan Year
 Retirement Plan for Employees of Sargent Manufacturing Company
 EIN: 25-1515164 PN: 022

Schedule SB, line 32 – Schedule of Amortization Bases

Type of Base	Present Value of Installment	Date Established	Years Remaining	Amortization Installment
Shortfall	\$ 11,095,506	January 1, 2023	14	\$ 1,063,437
Shortfall	\$ (4,487,321)	January 1, 2024	15	\$ (410,123)

Schedule SB Attachment (Form 5500) –2024 Plan Year
 Retirement Plan for Employees of Sargent Manufacturing Company
 EIN: 25-1515164 PN: 022

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

The average retirement age shown in line 22 has been calculated by assuming the following retirement rates and no decrements other than retirement for this calculation. All retirements are assumed to occur at beginning of year.

(a) Age	(b) Rate	(c) Weight	(d) Product (a) × (b) × (c)
55	3.50%	1.0000	1.93
56	3.50%	0.9650	1.89
57	3.50%	0.9312	1.86
58	3.50%	0.8986	1.82
59	3.50%	0.8672	1.79
60	4.50%	0.8368	2.26
61	10.00%	0.7992	4.87
62	20.00%	0.7193	8.92
63	10.00%	0.5754	3.63
64	15.00%	0.5179	4.97
65	25.00%	0.4402	7.15
66	15.00%	0.3301	3.27
67	15.00%	0.2806	2.82
68	15.00%	0.2385	2.43
69	15.00%	0.2027	2.10
70	100.00%	0.1723	12.06
	Weighted Average		63.77

Schedule SB Attachment (Form 5500) –2024 Plan Year
 Retirement Plan for Employees of Sargent Manufacturing Company
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Schedule SB, Part V – Summary of Plan Provisions

Plan Name	Retirement Plan for Hourly Employees of Sargent Manufacturing Company																		
Covered Employees	Full-time hourly non-union employees or full-time employees represented under a collective bargaining agreement hired before March 8, 2007.																		
Effective Date	July 1, 1974																		
Most Recently Amended	The plan was amended to reflect the collective bargaining agreement that went into effect March 2, 2022.																		
Eligibility Requirement	January 1 or July 1 following date of hire.																		
Credited Service																			
Union Participant	Service while a participant covered by this plan used to determine eligibility for benefits.																		
Non-Union Participant	Service is frozen at January 1, 1998.																		
Vesting Service	One year for each 1,000 hour calendar year of employment.																		
Normal Retirement																			
Requirement	Age 65.																		
Monthly Pension	As a result of collective bargaining completed in March 2022, a member's monthly normal retirement benefit is the dollar amount in the table below multiplied by years of credited service:																		
	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #e0e0e0;"> <th style="text-align: left;">Retirement Dates</th> <th style="text-align: right;">Dollar Amount</th> </tr> </thead> <tbody> <tr> <td>03/05/2003 to 03/03/2004</td> <td style="text-align: right;">\$29.25</td> </tr> <tr> <td>03/04/2004 to 03/07/2007</td> <td style="text-align: right;">\$31.00</td> </tr> <tr> <td>03/08/2007 to 03/10/2010</td> <td style="text-align: right;">\$34.00</td> </tr> <tr> <td>03/11/2010 to 03/13/2013</td> <td style="text-align: right;">\$36.00</td> </tr> <tr> <td>03/14/2013 to 03/14/2016</td> <td style="text-align: right;">\$38.00</td> </tr> <tr> <td>03/15/2016 to 03/01/2019</td> <td style="text-align: right;">\$40.00</td> </tr> <tr> <td>03/02/2019 to 03/01/2022</td> <td style="text-align: right;">\$42.00</td> </tr> <tr> <td>03/02/2022 to 03/09/2025</td> <td style="text-align: right;">\$45.00</td> </tr> </tbody> </table>	Retirement Dates	Dollar Amount	03/05/2003 to 03/03/2004	\$29.25	03/04/2004 to 03/07/2007	\$31.00	03/08/2007 to 03/10/2010	\$34.00	03/11/2010 to 03/13/2013	\$36.00	03/14/2013 to 03/14/2016	\$38.00	03/15/2016 to 03/01/2019	\$40.00	03/02/2019 to 03/01/2022	\$42.00	03/02/2022 to 03/09/2025	\$45.00
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03/02/2022 to 03/09/2025	\$45.00																		
Minimum Benefit for Non-Union Retirees	\$250 per month, unreduced for early commencement.																		

Schedule SB Attachment (Form 5500) –2024 Plan Year
 Retirement Plan for Employees of Sargent Manufacturing Company
 EIN: 25-1515164 PN: 022

Early Retirement

Requirement

Age 55 and five years of credited service.

Monthly Pension

Accrued benefit reduces as follows:

Age ¹	Percentage of Normal Retirement Pension:	
	If Age at Retirement is 62 or Older	If Age at Retirement is Prior to Age 62
64	98%	94%
63	96%	88%
62	94%	82%
61	N/A	76%
60		70%
59		64%
58		58%
57		52%
56		46%
55		40%

Non-union employees retiring after age 55 with at least five years, but fewer than 10 years of vesting service, may commence early with a full actuarial reduction.

Disability

Requirement

Ten years of credited service and permanent disability prior to age 65.

Monthly Pension

Normal retirement benefit with no reduction for early commencement.

Vesting

Requirement

Five years of vesting service.

Monthly Pension

Starting at age 65, a pension calculated as for normal retirement, based on credited service to date of termination. If the former employee had completed 10 years of vesting service, the pension commencing between age 60 and 65 is reduced by the same percentages applicable to early retirement.

¹ Age at commencement.

Schedule SB Attachment (Form 5500) –2024 Plan Year
Retirement Plan for Employees of Sargent Manufacturing Company
EIN: 25-1515164 PN: 022

Surviving Spouse's Benefit

Requirement	Five years of continuous service. Employee may reject coverage but requires spouse's consent.
Monthly Surviving Spouse's Benefits	For a participant who dies after attaining early retirement age, the benefit paid to the spouse is calculated as if the participant had retired on the first of the month in which he died with a joint and 50% survivor benefit in effect. For a participant who dies prior to attaining early retirement age, the benefit commences to the spouse when the deceased participant would have first attained early retirement age and is calculated as if the participant had terminated employment on his date of death and commenced receiving a reduced benefit with the joint and 50% survivor benefit in effect.

Forms of Payment

Normal	
Single	10-year certain and continuing.
Married	Joint and 50% surviving spouse.
Optional	Joint and 66 ² / ₃ % contingent annuitant; Joint and 75% contingent annuitant; Joint and 100% contingent annuitant; 10-year certain.

Supplemental Death Benefit	Effective March 4, 2019, the supplemental death benefit payable to certain retirees of Sargent Manufacturing Company is no longer provided under the plan.
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Plan Changes Since the Prior Year

The funding valuation does not reflect any plan changes since the prior year.

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
Retirement Plan for Employees of Sargent Manufacturing Company
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Schedule SB, line 32 – Schedule of Amortization Bases

Type of Base	Present Value of Installment	Date Established	Years Remaining	Amortization Installment
Shortfall	\$ 11,095,506	January 1, 2023	14	\$ 1,063,437
Shortfall	\$ (4,487,321)	January 1, 2024	15	\$ (410,123)