

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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

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

Part I Annual Report Identification Information

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

- A This return/report is for: a multiemployer plan, a multiple-employer plan, a single-employer plan, a DFE, etc.
B This return/report is: the first return/report, the final return/report, an amended return/report, a short plan year return/report, etc.
C If the plan is a collectively-bargained plan, check here.
D Check box if filing under: Form 5558, automatic extension, the DFVC program, special extension, etc.
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.

Part II Basic Plan Information—enter all requested information

1a Name of plan: A O SMITH RETIREMENT SECURITY PLAN
1b Three-digit plan number (PN): 018
1c Effective date of plan: 07/31/1956
2a Plan sponsor's name (employer, if for a single-employer plan): A O SMITH CORPORATION
2b Employer Identification Number (EIN): 39-0619790
2c Plan Sponsor's telephone number: 414-359-4082
2d Business code (see instructions): 332900

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

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

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

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

Form 5500 (2024) v. 240311

3a Plan administrator's name and address <input 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	6118
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)	4837
	6a(2)	4854
	6b	77
	6c	1082
	6d	6013
	6e	67
	6f	6080
	6g(1)	5966
	6g(2)	6051
h	6h	661
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:
2E 2G 2J 2K 2S 2T

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 type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(3) <input type="checkbox"/> A (Insurance Information) – Number Attached _____
(4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____	(4) <input 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 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.	OMB No. 1210-0110 <hr/> 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>A O SMITH RETIREMENT SECURITY PLAN</u>	B Three-digit plan number (PN)	<u>018</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>A O SMITH CORPORATION</u>	D Employer Identification Number (EIN) <u>39-0619790</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>A.O. SMITH CORPORATION MASTER TRUST</u>		
b Name of sponsor of entity listed in (a): <u>A.O. SMITH CORPORATION</u>		
c EIN-PN <u>39-0619790-014</u>	d Entity code <u>M</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>594940751</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)

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan A O SMITH RETIREMENT SECURITY PLAN	B Three-digit plan number (PN) ▶ 018
C Plan sponsor's name as shown on line 2a of Form 5500 A O SMITH CORPORATION	D Employer Identification Number (EIN) 39-0619790

Part I	Asset and Liability Statement
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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)	7433788	9232039
(2) Participant contributions	1b(2)		471768
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	115444	60574
(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)	1989495	2208953
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	360155	357653
(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)	9710819	10431569
(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)	563119347	594940751
(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	582729048	617703307
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k		
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	582729048	617703307

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)	11268618	
(B) Participants.....	2a(1)(B)	24919997	
(C) Others (including rollovers).....	2a(1)(C)	1900050	
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		38088665
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)	645023	
(F) Other.....	2b(1)(F)	85959	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		730982
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	76127	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		55850152
(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		94745926

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	68918435	
(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)		68918435
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)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		
j Total expenses. Add all expense amounts in column (b) and enter total	2j		68918435

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		25827491
l Transfers of assets:			
(1) To this plan	2l(1)		9146768
(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: REILLY, PENNER & BENTON LLP

(2) EIN: 39-0747409

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		15000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.		X	

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

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

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

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) Yes No Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

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.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan <u>A O SMITH RETIREMENT SECURITY PLAN</u>	B Three-digit plan number (PN) ▶	<u>018</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>A O SMITH CORPORATION</u>	D Employer Identification Number (EIN) <u>39-0619790</u>	

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>75-3182674</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
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4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> 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?.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

Part III	Amendments
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9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.....	<input type="checkbox"/> Increase	<input type="checkbox"/> Decrease	<input type="checkbox"/> Both	<input type="checkbox"/> No
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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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
11 a Does the ESOP hold any preferred stock?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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 _____.



Independent Auditors' Report

Plan Administrator
A.O. Smith Retirement Security Plan
Milwaukee, Wisconsin

Opinion

We have audited the accompanying financial statements of A.O. Smith Retirement Security Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which 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 ended December 31, 2024 and 2023, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of A.O. Smith Retirement Security Plan as of December 31, 2024 and 2023, and the changes in its net assets available for benefits for the years ended December 31, 2024 and 2023, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of A.O. Smith Retirement Security 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 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.

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 A.O. Smith Retirement Security Plan's ability to continue as a going concern for one year after the date 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.

Auditors' Responsibilities for the Audit of the Financial Statements

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

Auditors' Responsibilities for the Audit of the Financial Statements (Continued)

In performing an audit in accordance with generally accepted auditing standards, 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 A.O. Smith Retirement Security 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 A.O. Smith Retirement Security Plan's ability to continue as a going concern for a reasonable period of time.

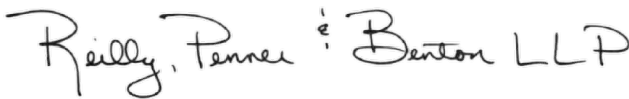
We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

Supplemental Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule of assets (held at end of year) is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards.

In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, including its form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion, the information in the accompanying schedules is fairly stated, in all material respects, in relation to the financial statements as a whole, and the form and content are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.



Milwaukee, Wisconsin
June 30, 2025

**A. O. SMITH
RETIREMENT SECURITY PLAN**

**EIN 39-0619790, Plan 018
Schedule H, line 4i - Schedule of Assets Held (at End of Year)**

December 31, 2024

(a)	(b)	(c)			(d)	(e)
Identity of Issuer	Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Date				Cost	Current Value
		Par	Rate of Interest	Maturity Date		
Equities						
Abbott Laboratories	Common Stock	N/A	N/A	N/A	**	\$10,745
Accenture PLC	Common Stock	N/A	N/A	N/A	**	6,332
Adobe Inc com	Common Stock	N/A	N/A	N/A	**	6,670
Alphabet Inc Cap Stk CL C	Common Stock	N/A	N/A	N/A	**	19,044
Amazon.com Inc	Common Stock	N/A	N/A	N/A	**	14,260
Apple Inc	Common Stock	N/A	N/A	N/A	**	12,521
Ares management Corporation CL A Com STK	Common Stock	N/A	N/A	N/A	**	8,675
Bank America Corp Com	Common Stock	N/A	N/A	N/A	**	9,186
Blackrock Inc Com USD	Common Stock	N/A	N/A	N/A	**	10,251
Cisco Systems Inc	Common Stock	N/A	N/A	N/A	**	4,085
Costco Wholesale Corp Com USD	Common Stock	N/A	N/A	N/A	**	8,246
Danaher Corporation Com	Common Stock	N/A	N/A	N/A	**	4,591
Deere and Co	Common Stock	N/A	N/A	N/A	**	6,356
Eaton corporation PLC	Common Stock	N/A	N/A	N/A	**	8,297
Expedia Group Inc	Common Stock	N/A	N/A	N/A	**	13,229
Eccon Mobil Corp Com	Common Stock	N/A	N/A	N/A	**	7,422
Goldman Sachs group Inc Com USD	Common Stock	N/A	N/A	N/A	**	6,871
Home Depot Inc	Common Stock	N/A	N/A	N/A	**	9,725
Honeywell International Inc Com USD	Common Stock	N/A	N/A	N/A	**	5,647
Jacobs solutions Inc Com	Common Stock	N/A	N/A	N/A	**	4,677
Johnson and Johnson Com USD	Common Stock	N/A	N/A	N/A	**	7,231
Jones Lang Lasalle Inc Com	Common Stock	N/A	N/A	N/A	**	5,063
JPMorgan Chase and Co	Common Stock	N/A	N/A	N/A	**	11,986
Kinder Morgan Inc Com USD	Common Stock	N/A	N/A	N/A	**	4,384
Lam Research Corp Com USD	Common Stock	N/A	N/A	N/A	**	10,835
Leidos Holdings Inc Com	Common Stock	N/A	N/A	N/A	**	5,330
Merck and Co Inc Com	Common Stock	N/A	N/A	N/A	**	4,974
Meta Platforms Inc Class A Common Stock	Common Stock	N/A	N/A	N/A	**	17,565
Microsoft Corp	Common Stock	N/A	N/A	N/A	**	11,802
Northrop Grumman Corp Com USD	Common Stock	N/A	N/A	N/A	**	7,039
Prudential Financial Inc	Common Stock	N/A	N/A	N/A	**	6,638
Qualcomm Inc	Common Stock	N/A	N/A	N/A	**	5,530
Regeneron Pharmaceuticals Inc	Common Stock	N/A	N/A	N/A	**	3,562
Salesforce Inc Com	Common Stock	N/A	N/A	N/A	**	6,687

[Table of Contents](#)

Verizon Communications Inc	Common Stock	N/A	N/A	N/A	**	5,799
Visa Inc	Common Stock	N/A	N/A	N/A	**	7,901
Vontier Corporation Com	Common Stock	N/A	N/A	N/A	**	6,492
Ishares Core S&P 500 ETF	Common Stock	N/A	N/A	N/A	**	18,249
Ishares TR Ishares Semicdtr	Common Stock	N/A	N/A	N/A	**	6,680
Select Sector Spdr Tr Communication	Common Stock	N/A	N/A	N/A	**	15,683
Select Sector Spdr Trust Technology	Common Stock	N/A	N/A	N/A	**	11,393
						\$357,653

Corporate Bonds

Schwab Charles Corp	Corporate Bond	125,000	3.625%	4/1/2025	**	\$124,633
Phillips 66 Not	Corporate Bond	150,000	3.850%	4/09/2025	**	149,576
Citizens Bank	Corporate Bond	100,000	2.250%	4/28/2025	**	99,174
Constellation Energy	Corporate Bond	150,000	3.250%	6/01/2025	**	149,024
Morgan Stanley MTN	Corporate Bond	110,000	5.000%	11/24/2025	**	110,180
Altria Group Inc	Corporate Bond	120,000	4.400%	2/14/2026	**	119,413
Gilead Sciences Inc	Corporate Bond	115,000	3.650%	03/01/2026	**	113,622
Bank of America Corp MTN	Corporate Bond	100,000	4.450%	3/03/2026	**	99,586
The Cigna Group	Corporate Bond	115,000	1.250%	3/15/2026	**	110,291
Oracle Corp	Corporate Bond	125,000	1.650%	3/25/2026	**	120,499
Citigroup Inc	Corporate Bond	115,000	3.400%	5/01/2026	**	113,017
Ebay Inc	Corporate Bond	50,000	1.400%	5/10/2026	**	47,872
Abbive Inc	Corporate Bond	115,000	3.200%	5/14/2026	**	112,954
Capital One Finl Corp Note	Corporate Bond	100,000	3.750%	7/28/2026	**	98,141
General Electric Co MTN	Corporate Bond	50,000	4.650%	8/15/2026	**	49,824
Morgan Stanley MTN	Corporate Bond	75,000	4.350%	9/08/2026	**	74,422
Allstate Corp	Corporate Bond	50,000	3.280%	12/15/2026	**	48,850
Intel Corp	Corporate Bond	100,000	3.150%	5/11/2027	**	95,968
Athene Holding LTD Note	Corporate Bond	100,000	4.125%	01/12/2028	**	97,563
Bank of America Corp Bond	Corporate Bond	100,000	6.875%	1/15/2028	**	105,429
Halliburton Co	Corporate Bond	60,000	2.920%	3/1/2030	**	53,994
Sysco Corp	Corporate Bond	50,000	5.950%	4/1/2030	**	52,079
Cencora Inc	Corporate Bond	70,000	2.800%	5/15/2030	**	62,842
						\$2,208,953

Interest bearing cash

* Truist Bank	Interest-bearing cash				**	\$60,574
* Participant Loans	3.25%-8.50%				\$—	\$10,431,569

Total Assets

\$13,058,749

*Denotes a party-in-interest

**Column (d) cost information not required as accounts are participant directed

See Report of Independent Registered Public Accounting Firm

**A. O. SMITH
RETIREMENT SECURITY PLAN**

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

	2024	2023
Assets:		
Investments at Fair Value	\$ 2,627,180	\$ 2,465,094
Plan interest in A.O. Smith Corporation Master Trust at Fair Value	594,940,751	563,119,347
Total investments	<u>597,567,931</u>	<u>565,584,441</u>
Receivables:		
Notes receivable from participants	10,431,569	9,710,819
Company contributions	9,232,039	7,433,788
Participant contributions	471,768	—
Total receivables	<u>20,135,376</u>	<u>17,144,607</u>
Net assets available for benefits	<u>\$ 617,703,307</u>	<u>\$ 582,729,048</u>

The accompanying notes to the financial statements
are an integral part of this statement

**A. O. SMITH
RETIREMENT SECURITY PLAN**

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

	<u>2024</u>	<u>2023</u>
Increases (Decreases):		
Change in plan interest in A.O. Smith Corporation Master Trust (Note 2)	\$ 55,850,152	\$ 75,453,214
Net appreciation in fair value of investments	76,127	61,787
Interest and dividends	85,959	45,674
Interest income from participant loans	645,023	470,757
Net income	56,657,261	76,031,432
Contributions:		
Company	18,702,406	16,687,574
Participants	24,919,997	23,425,774
Rollovers	1,900,050	3,748,857
Total contributions	45,522,453	43,862,205
Total increases	102,179,714	119,893,637
Decreases:		
Benefit and withdrawal payments	68,918,435	48,626,021
Change in net assets available before transfers	33,261,279	71,267,616
Transfers from other plans	1,712,980	2,534,263
Change in net assets available for benefits	34,974,259	73,801,879
Net assets available for benefits:		
Beginning of year	582,729,048	508,927,169
End of year	<u>\$ 617,703,307</u>	<u>\$ 582,729,048</u>

The accompanying notes to the financial statements
are an integral part of this statement.

**A. O. SMITH
RETIREMENT SECURITY PLAN**

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

1. Description of Plan and Significant Accounting Policies

The A. O. Smith Retirement Security Plan (the Plan) was originally established as the A.O. Smith Profit Sharing Retirement Plan (the Plan) in 1956. Effective January 1, 2010, the Plan was renamed the A. O. Smith Retirement Security Plan and the accounts of all non-union participants maintained under the A. O. Smith Corporation Savings Plan were transferred into the Plan. The Plan generally covers salaried or commissioned employees of A. O. Smith Corporation (the Company), its subsidiaries and affiliates and the non-union hourly employees of the Company's facilities in Appleton, WI; Ashland City, TN; Austin, TX; Charlotte, NC; Chicago, IL; Cookeville, TN; Dallas, TX; El Paso, TX; Florence, KY; Franklin, TN; Groveport, OH; Haltom City, TX; Johnson City, TN; Knoxville, TN; Las Vegas, NV; Lebanon, TN; McBee, SC; Milwaukee, WI; Nashville, TN; Phillipsburg, KS; Phoenix, AZ; Plymouth, MI; Pottstown, PA; Rancho Cucamonga, CA; Tucson, AZ; and West Palm Beach, FL providing a convenient means of savings with the assistance of the Company. To be eligible, certain employees must either be employed at a rate expected to work 1,000 hours of service in a plan year or actually complete 1,000 hours of service during their first 12 months of employment or any plan year thereafter. Employees are eligible to participate in the Plan on the first day of the month after the individual qualifies as an eligible employee. Employees elect to participate by designating a portion of their earnings to be contributed to an account maintained on behalf of the participant. Participants direct the investment of their contributions into various investment options offered by the Plan.

The Plan contracted with Matrix Trust Company (Matrix) and Truist Investment Services Inc. (Truist) to act as custodian and OneAmerica Retirement Services LLC (OneAmerica) as recordkeeper under the Plan until December 8, 2024. After which Matrix and OneAmerica were replaced by Fidelity Management Trust Company as custodian and Fidelity Workplace Services LLC (Fidelity) as the recordkeeper under the Plan. Therefore Fidelity, Matrix, Truist, and OneAmerica, are each a party-in-interest to the Plan.

Effective January 1, 2010, the Plan was revised to satisfy the safe harbor requirements of Internal Revenue Code 401(k)(13) as follows:

- a. An automatic enrollment feature was instituted, along with an annual automatic increase in employee pre-tax contributions;
- b. Plan participants have the ability to contribute up to 100% of eligible compensation on a pre-tax basis; the company will make a matching contribution equal to 100% of the first 1% of a participant's compensation and 50% on the next 5% of a participant's compensation contributed to the Plan, for a maximum annual matching contribution of 3.5%; and
- c. All matching contributions vest after two years of vesting service.

The Plan was also revised to permit the Company to make an additional discretionary matching contribution to be allocated as of the last day of the plan year for those participants who are employed on such date or who terminated during the year on or after attainment of age 65 or reaching retirement eligibility under their defined benefit plan, death, total and permanent disability, or termination resulting directly from job abolishment.

Also, effective January 1, 2010, all participants who are not eligible to accrue a benefit under any of the Company's qualified defined benefit pension plans will be eligible for an annual non-elective employer contribution equal to 3% of the participant's total compensation for the plan year, and will be eligible for a discretionary annual non-elective employer contribution in an amount determined by the Company, if any. In order to receive a non-elective employer contribution for a plan year, an eligible participant must be employed in a full-time equivalent position for the plan year or complete 1,000 hours of service during a plan year and be employed on the last day of the plan year or terminate employment during the plan year as a result of death, disability, retirement, or termination resulting from job abolishment. This non-elective contribution will vest after three years of vesting service.

Effective January 1, 2024, the Plan was amended to merge Water Tec Corporation Profit Sharing Plan (the "Water Tec Plan") into the Plan. The related participants of the Water Tec Plan were transferred to the Plan effective January 2024.

1. Description of Plan and Significant Accounting Policies (continued)

Contributions

The Plan is a defined contribution plan to which participants may make contributions of not less than 1% and up to 100% of their earnings in any combination of before-tax and after-tax (Roth) contributions. Before-tax contributions are excluded from the participant's current wages for federal income tax purposes and included for Roth contributions. The Internal Revenue Code has set a maximum of \$23,000 for tax-deferred contributions that may be excluded for any individual participant in 2024 and \$22,500 in 2023.

The Internal Revenue Code also allows additional catch-up contributions for participants age fifty or older. The maximum additional contribution allowed was \$7,500 in 2024 and \$7,500 in 2023. The Plan also provides for Company contributions in the form of matching contributions and non-elective contributions.

No federal income tax is paid on the pre-tax participant deferrals and Company contributions and growth thereon until the participant withdraws them from the Plan.

Contributions from participants are recorded when the Company makes payroll deductions from Plan participants. Contributions from the Company are accrued in the period in which they become obligations of the Company in accordance with terms of the Plan.

For non-union employees, the Company makes a matching contribution equal to 100% on the first 1% of a participant's compensation and 50% on the next 5% of a participant's compensation that is contributed to the Plan, for a maximum annual matching contribution of 3.5%. In addition to the matching contribution, the Company also makes a non-elective contribution of 3% of pay for certain participants. The Company will make a non-elective contribution for a participant for a plan year if the participant was not eligible to accrue a benefit under any defined benefit pension plan or money purchase pension plan sponsored or contributed to by the Company for such plan year, the participant was either employed as a full-time equivalent employee for the plan year or is credited with 1,000 hours of service for the plan year, and the participant was employed by the Company on December 31 of the plan year or terminated during the plan year after having attained age 65 (or retirement eligibility under the company's defined benefit plan) or as a result of death, disability or job elimination.

Union employees receive a Company matching contribution equal to 50% of their contribution up to 4% of payroll period compensation.

Participant Account Provisions

A separate account is maintained for each participant. The separate account balances are adjusted periodically as follows:

- a. Weekly for hourly participant contributions; semimonthly for salaried participant contributions.
- b. Weekly for Company matching contributions for hourly participants; semimonthly for Company matching contributions for salaried participants.
- c. Annually for non-elective company contributions.
- d. Daily for a proportionate share of increases and decreases in the fair value of Plan assets.
- e. At the time of benefit distribution or withdrawal, which consists of the following:
 - i. Upon retirement, death, disability, or termination of employment resulting from a permanent reduction of personnel, an employee may withdraw any amount or the entire account balance for any reason. At age 72 (70 1/2 if you reach 70 1/2 before January 1, 2020), an account distribution election must be made.
 - ii. Upon termination of employment for other reasons, the balance in the separate account (reduced for non-vested Company contributions and growth thereon based on years of service) may be paid in a lump sum.
 - iii. An active participant age 59 1/2 or older may withdraw a lump sum of any amount up to the balance in the separate account, other than the employer's non-elective contributions and earnings thereon.
 - iv. A non-union participant may withdraw all or any portion of the separate account attributable to after-tax contributions and earnings and rollover contributions and earnings. All or any portion of the balance attributable to Company contributions made prior to January 1, 2010, discretionary matching contributions, and earnings on these contributions may also be withdrawn if the participant has been employed by the Company for five full years of employment with the Company.
 - v. A non-union participant may withdraw at any time any amount attributable to participant contributions and earnings, to prevent eviction from or foreclosure on, a principal residence or to pay certain expenses (namely post-

1. Description of Plan and Significant Accounting Policies (continued)

secondary education, unreimbursed medical expenses, funeral costs, and repairs to principal residence). Withdrawals may not include earnings on 401(k) contributions posted to a participant's account after 1988.

- vi. A non-union participant may withdraw in a lump sum all participant contributions made as a result of the participant's initial automatic enrollment in the Plan within the first 90 days of the commencement of the contributions.
 - vii. No lump sum cash distribution in excess of \$5,000 will be made without the consent of the participant.
- f. Daily for investment allocation changes made by participants.

Forfeitures arising from participant accounts are allocated to a Plan forfeiture account, which is reduced periodically to reduce future employer contributions or pay Plan expenses. Participants should refer to the Plan document for a complete description of the Plan's provisions.

Vesting

Participants of the Plan are immediately 100% vested in their own contributions to the Plan. Company matching contributions are 100% vested after two years of vesting service. Non-elective company contributions to the plan are 100% vested after three years of vesting service.

Notes Receivable from Participants

Participants may borrow from their Plan accounts (excluding employer non-elective contributions and earnings thereon) a minimum of \$1,000 up to a maximum of \$50,000 or 50 percent of their account balance, whichever is less. The loans are secured by the balance in the participant's account and bear interest at rates which are commensurate with local prevailing rates as determined by the Plan's Trustee.

Forfeited Accounts

At December 31, 2024 and 2023, forfeited non-vested accounts totaled \$1,220,682 and \$744,811, respectively. These accounts will be used to reduce future employer contributions or future administrative expenses of the Plan. During 2024 forfeitures were used to reduce \$20,500 of administration fees and \$742,750 of employer contributions. During 2023 forfeitures were used to reduce \$19,574 of administration fees and \$873,040 of employer contributions.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America (U.S. GAAP) requires management to make estimates and assumptions that affect the reported amounts in the financial statements. Actual results could differ from those estimates.

Investment Valuation

U.S. GAAP 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 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy under U.S. GAAP are described as follows:

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.

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; 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.

1. Description of Plan and Significant Accounting Policies (continued)

Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

Purchases and sales of investments are recorded on a trade date basis. Dividend income is recorded on the ex-dividend date. Interest income is recorded on an accrual basis. Realized gains and losses and unrealized appreciation and depreciation of plan assets are reported in the statements of changes in net assets available for benefits as net appreciation (depreciation) in the fair value of investments.

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

Mutual funds: Shares held in mutual funds are valued at active market prices that represent the Net Asset Value (“NAV”) of shares held by the Master Trust at year end and are classified as Level 1. The NAV is based on the value of the underlying assets owned by the fund, minus its liabilities, then divided by the number of shares outstanding. Mutual funds held by the Master Trust are open-end mutual funds that are registered with the U.S. Securities and Exchange Commission (“SEC”). These funds are required to publish their daily NAV and to transact at that price. The mutual funds held by the Plan are therefore deemed to be actively traded.

Common/collective trusts: Valued at the NAV of shares of a bank collective trust held by the Master Trust at year-end. The NAV is based on the fair value of the underlying investments held by the fund. Participant transactions (issuances and redemptions) may occur daily. Were the Master Trust to initiate a full redemption of the collective trust, the investment advisor 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.

Equities: Valued at the NAV of shares held at year-end. The NAV is based on the fair value of the underlying investments held by the participants. Participant transactions (issuances and redemptions) may occur daily.

Corporate Bonds: Valued using pricing models maximizing the use of observable inputs for similar securities. This includes basing value on yields currently available on comparable securities of issuers with similar credit ratings. When quoted prices are not available for identical or similar securities, the security 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.

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

Administrative Expenses

Expenses related to the administration of the Plan are paid out of the principal or income of the Plan. These amounts are netted with investment income on the Statements of Changes in Net Assets Available for Benefits. Administrative expenses totaled \$1,097,852 and \$813,290 for the years ended December 31, 2024 and 2023, respectively.

Payment of Benefits

Benefits are recorded when paid. As of December 31, 2024 and December 31, 2023, \$0 and \$226,862, respectively, were requested by participants but had not yet been paid from the Plan.

1. Description of Plan and Significant Accounting Policies (continued)

Reclassifications

Certain items in the prior year have been reclassified to conform to the presentation in the current year financial statements.

Subsequent Events

Management has evaluated subsequent events for possible recognition or disclosure through the date of financial statement issuance June 30, 2025. There were no subsequent events that required recognition or disclosure.

2. A. O. Smith Corporation Master Trust

The Plan has assets held in the A. O. Smith Corporation Master Trust at Matrix as of December 31, 2024. The Plan offers 26 investment vehicles in which participants may invest their account balances. If available, quoted market prices are used to value investments. Shares of mutual funds and common collective trusts are valued at the net asset value of shares held by the plan at year end.

The amount of Master Trust assets, income and change in value which is allocated to the Plan is determined by the ratio of participant account balances in the Plan to the total participant account balances of all participating plans. As of December 31, 2024 and 2023, the Plan's interest in the net assets of the Master Trust was 100.0%. Significant information related to the investments in the Master Trust as of and for the year ended December 31, 2024, is as follows:

	December 31, 2024	December 31, 2024
	Master Trust Balances	Plan's Interest in Master Trust
a. Registered Investment Company Mutual Funds	\$ 208,931,038	\$ 208,931,038
b. Common/Collective Trusts	386,009,713	386,009,713
Total	<u>\$ 594,940,751</u>	<u>\$ 594,940,751</u>

The following are net appreciation in the fair value of investments and investment income for the Master Trust for the year ended December 31, 2024.

Net appreciation in fair value of investments	\$ 47,797,104
Investment Income	8,053,048
Total	<u>\$ 55,850,152</u>

Significant information related to the investments in the Master Trust as of and for the year ended December 31, 2023, is as follows:

	December 31, 2023	December 31, 2023
	Master Trust Balances	Plan's Interest in Master Trust
a. Registered Investment Company Mutual Funds	\$ 169,347,118	\$ 169,347,118
b. Common/Collective Trusts	392,699,037	392,699,037
d. Interest bearing cash	1,073,192	1,073,192
Total	<u>\$ 563,119,347</u>	<u>\$ 563,119,347</u>

The following are net depreciation in the fair value of investments and investment income for the Master Trust for the year ended December 31, 2023.

Net appreciation in fair value of investments	\$ 70,168,677
Investment Income	5,284,537
Total	<u>\$ 75,453,214</u>

[Table of Contents](#)

The following summarizes the classification of investments at fair value by classification and method of valuation in accordance with U.S. GAAP:

Description	Assets at Fair Value as of December 31, 2024			
	Total	Level 1	Level 2	Level 3
Mutual Funds	\$ 208,931,038	\$ 208,931,038	\$ —	\$ —
Total assets in the fair value hierarchy	208,931,038	\$ 208,931,038	\$ —	\$ —
Investment measured at NAV (a)	386,009,713			
Total investments, at fair value	\$ 594,940,751			

Description	Assets at Fair Value as of December 31, 2023			
	Total	Level 1	Level 2	Level 3
Interest bearing cash	\$ 1,073,192	\$ 1,073,192	\$ —	\$ —
Mutual Funds	169,347,118	169,347,118	—	—
Total assets in the fair value hierarchy	170,420,310	\$ 170,420,310	\$ —	\$ —
Investment measured at NAV (a)	392,699,037			
Total investments, at fair value	\$ 563,119,347			

- (a) In accordance with Subtopic 820-10, certain investments that were measured at net asset value 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 statement of net assets available for benefits.

The following table summarizes investments measured at fair value based on NAV 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	\$386,009,713	n/a	Daily	None

December 31, 2023	Fair Value	Unfunded Commitments	Redemption Frequency (if currently eligible)	Redemption Notice Period
Common/Collective trusts	\$392,699,037	n/a	Daily	None

3. Fair value measurements

The following summarizes the classification of investments at fair value by classification and method of valuation in accordance with U.S. GAAP:

Description	Assets at Fair Value as of December 31, 2024			
	Total	Level 1	Level 2	Level 3
Cash	\$ 60,574	\$ 60,574	\$ —	\$ —
Equities	357,653	357,653	—	—
Corporate Bonds	2,208,953	—	2,208,953	—
Total assets in the fair value hierarchy	\$ 2,627,180	\$ 418,227	\$ 2,208,953	\$ —

3. Fair value measurements (continued)

<u>Description</u>	Assets at Fair Value as of December 31, 2023			
	<u>Total</u>	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>
Cash	\$ 115,444	\$ 115,444	\$ —	\$ —
Equities	360,155	360,155	—	—
Corporate Bonds	1,989,495	—	1,989,495	—
Total assets in the fair value hierarchy	<u>\$ 2,465,094</u>	<u>\$ 475,599</u>	<u>\$ 1,989,495</u>	<u>\$ —</u>

4. Income Tax Status

The Plan obtained its latest determination letter on August 24, 2016, in which the Internal Revenue Service stated the Plan as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. The Plan administrator and the Plan's tax counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code. Therefore, no provision for income taxes has been included in the Plan's financial statements.

U.S. GAAP requires 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 not be sustained upon examination by the Department of Labor or Internal Revenue Service. Plan management has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2024, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

5. Plan Termination

While the Company has not expressed any intent to terminate the Plan, it is free to do so at any time. In the event of termination, each participant automatically becomes vested to the extent of the balance in their separate account.

6. Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks of loss 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 participants' account balances and the amounts reported in the statements of net assets available for benefits.

7. Party-in-Interest and Related Party Transactions

The Plan invests in shares of funds managed by an affiliate of the Trustees as defined by the Plan and, therefore, these transactions in such investments qualify as party-in-interest. The Plan invests in the common stock of AO Smith, which is a party-in-interest and a related party to the Plan. As of December 31, 2024 the Master Trust included 288,966 shares of AO Smith common stock with a market value of \$19,710,528. Notes receivable from participants also qualify as party-in-interest transactions.

**A. O. SMITH
RETIREMENT SECURITY PLAN**

**EIN 39-0619790, Plan 018
Schedule H, line 4i - Schedule of Assets Held (at End of Year)**

December 31, 2024

(a)	(b)	(c)			(d)	(e)
Identity of Issuer	Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Date				Cost	Current Value
Equities		Par	Rate of Interest	Maturity Date		
Abbott Laboratories	Common Stock	N/A	N/A	N/A	**	\$10,745
Accenture PLC	Common Stock	N/A	N/A	N/A	**	6,332
Adobe Inc com	Common Stock	N/A	N/A	N/A	**	6,670
Alphabet Inc Cap Stk CL C	Common Stock	N/A	N/A	N/A	**	19,044
Amazon.com Inc	Common Stock	N/A	N/A	N/A	**	14,260
Apple Inc	Common Stock	N/A	N/A	N/A	**	12,521
Ares management Corporation CL A Com STK	Common Stock	N/A	N/A	N/A	**	8,675
Bank America Corp Com	Common Stock	N/A	N/A	N/A	**	9,186
Blackrock Inc Com USD	Common Stock	N/A	N/A	N/A	**	10,251
Cisco Systems Inc	Common Stock	N/A	N/A	N/A	**	4,085
Costco Wholesale Corp Com USD	Common Stock	N/A	N/A	N/A	**	8,246
Danaher Corporation Com	Common Stock	N/A	N/A	N/A	**	4,591
Deere and Co	Common Stock	N/A	N/A	N/A	**	6,356
Eaton corporation PLC	Common Stock	N/A	N/A	N/A	**	8,297
Expedia Group Inc	Common Stock	N/A	N/A	N/A	**	13,229
Eccon Mobil Corp Com	Common Stock	N/A	N/A	N/A	**	7,422
Goldman Sachs group Inc Com USD	Common Stock	N/A	N/A	N/A	**	6,871
Home Depot Inc	Common Stock	N/A	N/A	N/A	**	9,725
Honeywell International Inc Com USD	Common Stock	N/A	N/A	N/A	**	5,647
Jacobs solutions Inc Com	Common Stock	N/A	N/A	N/A	**	4,677
Johnson and Johnson Com USD	Common Stock	N/A	N/A	N/A	**	7,231
Jones Lang Lasalle Inc Com	Common Stock	N/A	N/A	N/A	**	5,063
JPMorgan Chase and Co	Common Stock	N/A	N/A	N/A	**	11,986
Kinder Morgan Inc Com USD	Common Stock	N/A	N/A	N/A	**	4,384
Lam Research Corp Com USD	Common Stock	N/A	N/A	N/A	**	10,835
Leidos Holdings Inc Com	Common Stock	N/A	N/A	N/A	**	5,330
Merck and Co Inc Com	Common Stock	N/A	N/A	N/A	**	4,974
Meta Platforms Inc Class A Common Stock	Common Stock	N/A	N/A	N/A	**	17,565
Microsoft Corp	Common Stock	N/A	N/A	N/A	**	11,802
Northrop Grumman Corp Com USD	Common Stock	N/A	N/A	N/A	**	7,039
Prudential Financial Inc	Common Stock	N/A	N/A	N/A	**	6,638
Qualcomm Inc	Common Stock	N/A	N/A	N/A	**	5,530
Regeneron Pharmaceuticals Inc	Common Stock	N/A	N/A	N/A	**	3,562
Salesforce Inc Com	Common Stock	N/A	N/A	N/A	**	6,687

[Table of Contents](#)

Verizon Communications Inc	Common Stock	N/A	N/A	N/A	**	5,799
Visa Inc	Common Stock	N/A	N/A	N/A	**	7,901
Vontier Corporation Com	Common Stock	N/A	N/A	N/A	**	6,492
Ishares Core S&P 500 ETF	Common Stock	N/A	N/A	N/A	**	18,249
Ishares TR Ishares Semicdtr	Common Stock	N/A	N/A	N/A	**	6,680
Select Sector Spdr Tr Communication	Common Stock	N/A	N/A	N/A	**	15,683
Select Sector Spdr Trust Technology	Common Stock	N/A	N/A	N/A	**	11,393
						\$357,653

Corporate Bonds

Schwab Charles Corp	Corporate Bond	125,000	3.625%	4/1/2025	**	\$124,633
Phillips 66 Not	Corporate Bond	150,000	3.850%	4/09/2025	**	149,576
Citizens Bank	Corporate Bond	100,000	2.250%	4/28/2025	**	99,174
Constellation Energy	Corporate Bond	150,000	3.250%	6/01/2025	**	149,024
Morgan Stanley MTN	Corporate Bond	110,000	5.000%	11/24/2025	**	110,180
Altria Group Inc	Corporate Bond	120,000	4.400%	2/14/2026	**	119,413
Gilead Sciences Inc	Corporate Bond	115,000	3.650%	03/01/2026	**	113,622
Bank of America Corp MTN	Corporate Bond	100,000	4.450%	3/03/2026	**	99,586
The Cigna Group	Corporate Bond	115,000	1.250%	3/15/2026	**	110,291
Oracle Corp	Corporate Bond	125,000	1.650%	3/25/2026	**	120,499
Citigroup Inc	Corporate Bond	115,000	3.400%	5/01/2026	**	113,017
Ebay Inc	Corporate Bond	50,000	1.400%	5/10/2026	**	47,872
Abbive Inc	Corporate Bond	115,000	3.200%	5/14/2026	**	112,954
Capital One Finl Corp Note	Corporate Bond	100,000	3.750%	7/28/2026	**	98,141
General Electric Co MTN	Corporate Bond	50,000	4.650%	8/15/2026	**	49,824
Morgan Stanley MTN	Corporate Bond	75,000	4.350%	9/08/2026	**	74,422
Allstate Corp	Corporate Bond	50,000	3.280%	12/15/2026	**	48,850
Intel Corp	Corporate Bond	100,000	3.150%	5/11/2027	**	95,968
Athene Holding LTD Note	Corporate Bond	100,000	4.125%	01/12/2028	**	97,563
Bank of America Corp Bond	Corporate Bond	100,000	6.875%	1/15/2028	**	105,429
Halliburton Co	Corporate Bond	60,000	2.920%	3/1/2030	**	53,994
Sysco Corp	Corporate Bond	50,000	5.950%	4/1/2030	**	52,079
Cencora Inc	Corporate Bond	70,000	2.800%	5/15/2030	**	62,842
						\$2,208,953

Interest bearing cash

* Truist Bank	Interest-bearing cash				**	\$60,574
* Participant Loans	3.25%-8.50%				\$—	\$10,431,569

Total Assets

\$13,058,749

*Denotes a party-in-interest

**Column (d) cost information not required as accounts are participant directed

See Report of Independent Registered Public Accounting Firm

Pursuant to the requirements of the Securities Exchange Act of 1934, the persons who administer the employee benefit plan have duly caused this annual report to be signed on its behalf by the undersigned hereunto duly authorized.

Dated:

June 30, 2025

A. O. Smith Retirement Security Plan

/s/ Tracey Seymour

Tracey Seymour

Retirement and Payroll Manager

Consent of Independent Registered Public Accounting Firm

We consent to the incorporation by reference in Registration Statement No. 333-05799 on Form S-8 of our report dated June 30, 2025, appearing in this Annual Report on Form 11-K of the A.O. Smith Retirement Security Plan for the year ended December 31, 2024.

/s/ Reilly, Penner & Benton LLP

Reilly, Penner & Benton LLP

Milwaukee, Wisconsin

June 30, 2025

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.

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

1a Name of plan A O SMITH RETIREMENT SECURITY PLAN		1b Three-digit plan number (PN) ▶	018
		1c Effective date of plan	07/31/1956
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) A O SMITH CORPORATION 11270 W. PARK PLACE P.O. BOX 245006 MILWAUKEE WI 53224-9506		2b Employer Identification Number (EIN)	39-0619790
		2c Plan Sponsor's telephone number	414-359-4082
		2d Business code (see instructions)	332900

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	<i>Tracey Seymour</i>	10/8/2025	TRACEY SEYMOUR
	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 <div style="border: 1px solid black; height: 40px; width: 100%;"></div>
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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
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5 Total number of participants at the beginning of the plan year	5	6118
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	6a(1)	4837
a (2) Total number of active participants at the end of the plan year	6a(2)	4854
b Retired or separated participants receiving benefits	6b	77
c Other retired or separated participants entitled to future benefits	6c	1082
d Subtotal. Add lines 6a(2), 6b, and 6c	6d	6013
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e	67
f Total. Add lines 6d and 6e	6f	6080
g (1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	6g(1)	5966
(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g(2)	6051
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h	661
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:
2E 2G 2J 2K 2S 2T

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

9a Plan funding arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

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