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|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|
| <div>Form 5500</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security<br/>Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Annual Return/Report of Employee Benefit Plan</div> <div>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).</div> <div>▶ Complete all entries in accordance with the instructions to the Form 5500.</div> | <div>OMB Nos. 1210-0110<br/>1210-0089</div> <div>2024</div> <div>This Form is Open to Public Inspection</div> |
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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: <div><div><input type="checkbox"/> a multiemployer plan</div><div><input type="checkbox"/> a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)</div><div><input checked="" type="checkbox"/> a single-employer plan</div><div><input type="checkbox"/> a DFE (specify) _____</div><div><input type="checkbox"/> the first return/report</div><div><input type="checkbox"/> the final return/report</div><div><input type="checkbox"/> an amended return/report</div><div><input type="checkbox"/> a short plan year return/report (less than 12 months)</div></div> |
| C                                                                                          | If the plan is a collectively-bargained plan, check here. .... ▶ <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| D                                                                                          | Check box if filing under: <div><div><input checked="" type="checkbox"/> Form 5558</div><div><input type="checkbox"/> automatic extension</div><div><input type="checkbox"/> the DFVC program</div><div><input type="checkbox"/> special extension (enter description)</div></div>                                                                                                                                                                                                                                                                                                                                                                                                       |
| 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<br>MUELLER GROUP, LLC PENSION PLAN FOR SELECTED EMPLOYEES                                                                                                                                                                                                                                                                                                                                   | 1b Three-digit plan number (PN) ▶ 005                                                                                                               |
|         |                                                                                                                                                                                                                                                                                                                                                                                                          | 1c Effective date of plan 12/01/1942                                                                                                                |
| 2a      | Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br>MUELLER GROUP, LLC<br><br>1200 ABERNATHY RD, NE, SUITE 1200<br>ATLANTA, GA 30328<br><br>1200 ABERNATHY ROAD, SUITE 1200<br>ATLANTA, GA 30328-0000 | 2b Employer Identification Number (EIN) 37-1387813<br>2c Plan Sponsor's telephone number 770-206-4200<br>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 | Filed with authorized/valid electronic signature. | 10/13/2025 | LAURA KINDIG                                                 |
|           | 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                      |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                   |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>3b</b> Administrator's EIN<br><br><b>3c</b> Administrator's telephone number<br><br>                                                                                           |
| <b>4</b> 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:<br><b>a</b> Sponsor's name<br><b>c</b> Plan Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>4b</b> EIN<br><br><b>4d</b> PN                                                                                                                                                 |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>5</b> 4347                                                                                                                                                                     |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).<br><b>a(1)</b> Total number of active participants at the beginning of the plan year .....<br><b>a(2)</b> Total number of active participants at the end of the plan year .....<br><b>b</b> Retired or separated participants receiving benefits .....<br><b>c</b> Other retired or separated participants entitled to future benefits .....<br><b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....<br><b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....<br><b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....<br><b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) .....<br><b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....<br><b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested..... | <br><br><b>6a(1)</b> 371<br><b>6a(2)</b> 334<br><b>6b</b> 2285<br><b>6c</b> 668<br><b>6d</b> 3287<br><b>6e</b> 916<br><b>6f</b> 4203<br><b>6g(1)</b><br><b>6g(2)</b><br><b>6h</b> |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>7</b>                                                                                                                                                                          |

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

1B

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

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

**a Pension Schedules**

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

**b General Schedules**

- (1) ☒ **H** (Financial Information)
- (2) ☐ **I** (Financial Information – Small Plan)
- (3) ☐ **A** (Insurance Information) – Number Attached 0
- (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 \_\_\_\_\_

|                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                   |                                                                                                |
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| <div>SCHEDULE SB<br/>(Form 5500)<br/><br/>Department of the Treasury<br/>Internal Revenue Service<br/><br/>Department of Labor<br/>Employee Benefits Security Administration<br/><br/>Pension Benefit Guaranty Corporation</div> | <div>Single-Employer Defined Benefit Plan<br/>Actuarial Information</div> <div>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).</div> <div>► File as an attachment to Form 5500 or 5500-SF.</div> | <div>OMB No. 1210-0110</div> <div>2024</div> <div>This Form is Open to Public Inspection</div> |
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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<br>MUELLER GROUP, LLC PENSION PLAN FOR SELECTED EMPLOYEES                                                           | B Three-digit plan number (PN) ► 005                                                                                                             |
| C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br>MUELLER GROUP, LLC                                            | D Employer Identification Number (EIN)<br>37-1387813                                                                                             |
| 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 01 Day 01 Year 2024                                                                                                                                              |                            |                           |                          |
| 2      | Assets:                                                                                                                                                                                          |                            |                           |                          |
| a      | Market value                                                                                                                                                                                     | 2a                         | 259180240                 |                          |
| b      | Actuarial value                                                                                                                                                                                  | 2b                         | 282337245                 |                          |
| 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                                                                                                                                     | 3275                       | 197650162                 | 197650162                |
| b      | For terminated vested participants                                                                                                                                                               | 728                        | 25788786                  | 25788786                 |
| c      | For active participants                                                                                                                                                                          | 371                        | 27595872                  | 28329190                 |
| d      | Total                                                                                                                                                                                            | 4374                       | 251034820                 | 251768138                |
| 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                          | 5.09 %                    |                          |
| 6      | Target normal cost                                                                                                                                                                               |                            |                           |                          |
| a      | Present value of current plan year accruals                                                                                                                                                      | 6a                         | 747802                    |                          |
| b      | Expected plan-related expenses                                                                                                                                                                   | 6b                         | 880723                    |                          |
| c      | Target normal cost                                                                                                                                                                               | 6c                         | 1628525                   |                          |

**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.

|                          |                                                                                                                                                                                                                                                                                                |                                                                                                                                                                              |
|--------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <div>SIGN<br/>HERE</div> | <div>Signature of actuary</div> <div>ERIC GEISSLER</div> <div>Type or print name of actuary</div> <div>WILLIS TOWERS WATSON US LLC</div> <div>Firm name</div> <div>3340 PLAYERS CLUB PARKWAY<br/>SHADOW CREEK II FLOOR 2, SUITE 200<br/>MEMPHIS, TN 31825</div> <div>Address of the firm</div> | <div>10/10/2025</div> <div>Date</div> <div>23-07911</div> <div>Most recent enrollment number</div> <div>901-930-0000</div> <div>Telephone number (including area code)</div> |
|--------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

**Part II Beginning of Year Carryover and Prefunding Balances**

|                                                                                                                                                               | (a) Carryover balance | (b) Prefunding balance |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|------------------------|
| <b>7</b> Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....                                                      | 0                     | 36320629               |
| <b>8</b> Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....                                                   | 0                     | 3576017                |
| <b>9</b> Amount remaining (line 7 minus line 8) .....                                                                                                         | 0                     | 32744612               |
| <b>10</b> Interest on line 9 using prior year's actual return of 10.50 % .....                                                                                | 0                     | 3438184                |
| <b>11</b> Prior year's excess contributions to be added to prefunding balance:                                                                                |                       |                        |
| <b>a</b> Present value of excess contributions (line 38a from prior year) .....                                                                               |                       | 0                      |
| <b>b(1)</b> 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 5.16 % ..... |                       | 0                      |
| <b>b(2)</b> Interest on line 38b from prior year Schedule SB, using prior year's actual return .....                                                          |                       | 0                      |
| <b>c</b> Total available at beginning of current plan year to add to prefunding balance .....                                                                 |                       | 0                      |
| <b>d</b> Portion of (c) to be added to prefunding balance .....                                                                                               |                       | 0                      |
| <b>12</b> Other reductions in balances due to elections or deemed elections .....                                                                             | 0                     | 0                      |
| <b>13</b> Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) .....                                                                  | 0                     | 36182796               |

**Part III Funding Percentages**

|                                                                                                                                                                            |           |          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------|
| <b>14</b> Funding target attainment percentage .....                                                                                                                       | <b>14</b> | 97.77 %  |
| <b>15</b> Adjusted funding target attainment percentage .....                                                                                                              | <b>15</b> | 112.14 % |
| <b>16</b> Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement ..... | <b>16</b> | 94.07 %  |
| <b>17</b> If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage .....                                        | <b>17</b> | %        |

**Part IV Contributions and Liquidity Shortfalls****18** Contributions made to the plan for the plan year by employer(s) and employees:

| (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees | (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees |
|--------------------------|-----------------------------------|---------------------------------|--------------------------|-----------------------------------|---------------------------------|
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
| <b>Totals ►</b>          |                                   |                                 | <b>18(b)</b>             | 0                                 | <b>18(c)</b> 0                  |

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

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

|               |                                                                            |
|---------------|----------------------------------------------------------------------------|
| <b>Part V</b> | <b>Assumptions Used to Determine Funding Target and Target Normal Cost</b> |
|---------------|----------------------------------------------------------------------------|

|                  |                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                      |                        |                                                     |                        |                        |                                                     |  |  |
|------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|-----------------------------------------------------|------------------------|------------------------|-----------------------------------------------------|--|--|
| <b>21</b>        | Discount rate:                                                                                                                                                                     | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">a Segment rates:</td> <td style="width: 33%;">1st segment:<br/>4.75 %</td> <td style="width: 33%;">2nd segment:<br/>4.96 %</td> <td style="width: 33%;">3rd segment:<br/>5.59 %</td> <td style="width: 33%;"><input type="checkbox"/> N/A, full yield curve used</td> </tr> </table> | a Segment rates:       | 1st segment:<br>4.75 %                              | 2nd segment:<br>4.96 % | 3rd segment:<br>5.59 % | <input type="checkbox"/> N/A, full yield curve used |  |  |
| a Segment rates: | 1st segment:<br>4.75 %                                                                                                                                                             | 2nd segment:<br>4.96 %                                                                                                                                                                                                                                                                                                                                                               | 3rd segment:<br>5.59 % | <input type="checkbox"/> N/A, full yield curve used |                        |                        |                                                     |  |  |
|                  | b Applicable month (enter code) .....                                                                                                                                              | <b>21b</b>                                                                                                                                                                                                                                                                                                                                                                           | 0                      |                                                     |                        |                        |                                                     |  |  |
| <b>22</b>        | Weighted average retirement age .....                                                                                                                                              | <b>22</b>                                                                                                                                                                                                                                                                                                                                                                            | 62                     |                                                     |                        |                        |                                                     |  |  |
| <b>23</b>        | Mortality table(s) (see instructions) <input type="checkbox"/> Prescribed - combined <input type="checkbox"/> Prescribed - separate <input checked="" type="checkbox"/> Substitute |                                                                                                                                                                                                                                                                                                                                                                                      |                        |                                                     |                        |                        |                                                     |  |  |

|                |                            |
|----------------|----------------------------|
| <b>Part VI</b> | <b>Miscellaneous Items</b> |
|----------------|----------------------------|

|           |                                                                                                                                                             |                                         |                                        |
|-----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|----------------------------------------|
| <b>24</b> | 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 |
| <b>25</b> | 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 |
| <b>26</b> | Demographic and benefit information                                                                                                                         |                                         |                                        |
|           | a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ....                         | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No            |
|           | b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ...                   | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No            |
| <b>27</b> | If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....                                   | <b>27</b>                               |                                        |

|                 |                                                                                |
|-----------------|--------------------------------------------------------------------------------|
| <b>Part VII</b> | <b>Reconciliation of Unpaid Minimum Required Contributions For Prior Years</b> |
|-----------------|--------------------------------------------------------------------------------|

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

|                  |                                                       |
|------------------|-------------------------------------------------------|
| <b>Part VIII</b> | <b>Minimum Required Contribution For Current Year</b> |
|------------------|-------------------------------------------------------|

|           |                                                                                                                                                                            |                     |                    |
|-----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|--------------------|
| <b>31</b> | Target normal cost and excess assets (see instructions):                                                                                                                   |                     |                    |
|           | a Target normal cost (line 6c) .....                                                                                                                                       | <b>31a</b>          | 1628525            |
|           | b Excess assets, if applicable, but not greater than line 31a .....                                                                                                        | <b>31b</b>          | 0                  |
| <b>32</b> | Amortization installments:                                                                                                                                                 | Outstanding Balance | Installment        |
|           | a Net shortfall amortization installment .....                                                                                                                             | 5613689             | 579048             |
|           | b Waiver amortization installment .....                                                                                                                                    | 0                   | 0                  |
| <b>33</b> | 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 ..... | <b>33</b>           |                    |
| <b>34</b> | Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....                                                          | <b>34</b>           | 2207573            |
|           |                                                                                                                                                                            | Carryover balance   | Prefunding balance |
| <b>35</b> | Balances elected for use to offset funding requirement .....                                                                                                               | 0                   | 2207573            |
| <b>36</b> | Additional cash requirement (line 34 minus line 35) .....                                                                                                                  | <b>36</b>           | 0                  |
| <b>37</b> | Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) .....                                                  | <b>37</b>           | 0                  |
| <b>38</b> | Present value of excess contributions for current year (see instructions)                                                                                                  |                     |                    |
|           | a Total (excess, if any, of line 37 over line 36) .....                                                                                                                    | <b>38a</b>          | 0                  |
|           | b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....                                                             | <b>38b</b>          | 0                  |
| <b>39</b> | Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....                                                                      | <b>39</b>           | 0                  |
| <b>40</b> | Unpaid minimum required contributions for all years .....                                                                                                                  | <b>40</b>           | 0                  |

|                |                                                                                             |
|----------------|---------------------------------------------------------------------------------------------|
| <b>Part IX</b> | <b>Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)</b> |
|----------------|---------------------------------------------------------------------------------------------|

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

|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                             |                                         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|
| <div>SCHEDULE C</div> <div>(Form 5500)</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Service Provider Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> | OMB No. 1210-0110                       |
|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                             | 2024                                    |
|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                             | This Form is Open to Public Inspection. |

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

|                                                                                                            |                                                                                    |
|------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|
| <div>A</div> <div>Name of plan</div> <div>MUELLER GROUP, LLC PENSION PLAN FOR SELECTED EMPLOYEES</div>     | <div>B</div> <div>Three-digit plan number (PN)</div> <div>▶</div> <div>005</div>   |
| <div>C</div> <div>Plan sponsor's name as shown on line 2a of Form 5500</div> <div>MUELLER GROUP, LLC</div> | <div>D</div> <div>Employer Identification Number (EIN)</div> <div>37-1387813</div> |

|        |                                                 |
|--------|-------------------------------------------------|
| 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

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

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

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

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

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

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

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

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

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

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

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**(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)

PBGC- US TREASURY NYC

37-1387813

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 11                     | PBGC PREMIUM                                                                                      | 797392                                                                 | 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)

TOWERS WATSON

875 THIRD AVENUE  
NEW YORK, NY 10022

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 11 14 16<br>17 70      | ACTUARY                                                                                           | 443161                                                                 | 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)

VANGUARD

23-1945930

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 21 28 59<br>60         | CUSTODIAN                                                                                         | 279090                                                                 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

**Part I Service Provider Information (continued)**

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

| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(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<br>(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<br>(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)

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                   |                                        |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|
| <div>SCHEDULE H</div> <div>(Form 5500)</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Financial Information</div> <div>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).</div> <div>▶ File as an attachment to Form 5500.</div> | OMB No. 1210-0110                      |
|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                   | 2024                                   |
|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                   | This Form is Open to Public Inspection |

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

|                                                                                                            |                                                                                    |
|------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|
| <div>A</div> <div>Name of plan</div> <div>MUELLER GROUP, LLC PENSION PLAN FOR SELECTED EMPLOYEES</div>     | <div>B</div> <div>Three-digit plan number (PN)</div> <div>005</div>                |
| <div>C</div> <div>Plan sponsor's name as shown on line 2a of Form 5500</div> <div>MUELLER GROUP, LLC</div> | <div>D</div> <div>Employer Identification Number (EIN)</div> <div>37-1387813</div> |

| Part I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Asset and Liability Statement |                       |                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|-----------------------|-----------------|
| <b>1</b> 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. <b>Round off amounts to the nearest dollar.</b> 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. |                               |                       |                 |
| Assets                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                               | (a) Beginning of Year | (b) End of Year |
| <b>a</b> Total noninterest-bearing cash .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>1a</b>                     |                       |                 |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                               |                       |                 |
| <b>(1)</b> Employer contributions .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1b(1)</b>                  |                       |                 |
| <b>(2)</b> Participant contributions.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>1b(2)</b>                  |                       |                 |
| <b>(3)</b> Other .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>1b(3)</b>                  |                       |                 |
| <b>c</b> General investments:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                               |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>1c(1)</b>                  | 1828872               | 0               |
| <b>(2)</b> U.S. Government securities .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>1c(2)</b>                  |                       |                 |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                               |                       |                 |
| <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(3)(A)</b>               |                       |                 |
| <b>(B)</b> All other .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(3)(B)</b>               |                       |                 |
| <b>(4)</b> Corporate stocks (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                               |                       |                 |
| <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(4)(A)</b>               |                       |                 |
| <b>(B)</b> Common .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1c(4)(B)</b>               |                       |                 |
| <b>(5)</b> Partnership/joint venture interests .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>1c(5)</b>                  |                       |                 |
| <b>(6)</b> Real estate (other than employer real property) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>1c(6)</b>                  |                       |                 |
| <b>(7)</b> Loans (other than to participants) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>1c(7)</b>                  |                       |                 |
| <b>(8)</b> Participant loans .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>1c(8)</b>                  |                       |                 |
| <b>(9)</b> Value of interest in common/collective trusts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>1c(9)</b>                  |                       |                 |
| <b>(10)</b> Value of interest in pooled separate accounts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>1c(10)</b>                 |                       |                 |
| <b>(11)</b> Value of interest in master trust investment accounts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1c(11)</b>                 |                       |                 |
| <b>(12)</b> Value of interest in 103-12 investment entities .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>1c(12)</b>                 |                       |                 |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>1c(13)</b>                 | 257351368             | 284826969       |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>1c(14)</b>                 |                       |                 |
| <b>(15)</b> Other.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>1c(15)</b>                 |                       |                 |

|                                                                           |              |                       |                 |
|---------------------------------------------------------------------------|--------------|-----------------------|-----------------|
| <b>1d</b> Employer-related investments:                                   |              | (a) Beginning of Year | (b) End of Year |
| (1) Employer securities .....                                             | <b>1d(1)</b> |                       |                 |
| (2) Employer real property .....                                          | <b>1d(2)</b> |                       |                 |
| <b>e</b> Buildings and other property used in plan operation .....        | <b>1e</b>    |                       |                 |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e) .....      | <b>1f</b>    | 259180240             | 284826969       |
| <b>Liabilities</b>                                                        |              |                       |                 |
| <b>g</b> Benefit claims payable .....                                     | <b>1g</b>    |                       |                 |
| <b>h</b> Operating payables .....                                         | <b>1h</b>    | 257475                | 0               |
| <b>i</b> Acquisition indebtedness .....                                   | <b>1i</b>    |                       |                 |
| <b>j</b> Other liabilities .....                                          | <b>1j</b>    |                       |                 |
| <b>k</b> Total liabilities (add all amounts in lines 1g through 1j) ..... | <b>1k</b>    | 257475                | 0               |
| <b>Net Assets</b>                                                         |              |                       |                 |
| <b>l</b> Net assets (subtract line 1k from line 1f) .....                 | <b>1l</b>    | 258922765             | 284826969       |

**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.

|                                                                                               |                 |            |           |
|-----------------------------------------------------------------------------------------------|-----------------|------------|-----------|
| <b>Income</b>                                                                                 |                 | (a) Amount | (b) Total |
| <b>a Contributions:</b>                                                                       |                 |            |           |
| (1) Received or receivable in cash from: (A) Employers .....                                  | <b>2a(1)(A)</b> |            |           |
| (B) Participants .....                                                                        | <b>2a(1)(B)</b> |            |           |
| (C) Others (including rollovers) .....                                                        | <b>2a(1)(C)</b> |            |           |
| (2) Noncash contributions .....                                                               | <b>2a(2)</b>    |            |           |
| (3) Total contributions. Add lines <b>2a(1)(A)</b> , (B), (C), and line <b>2a(2)</b> .....    | <b>2a(3)</b>    |            | 0         |
| <b>b Earnings on investments:</b>                                                             |                 |            |           |
| (1) Interest:                                                                                 |                 |            |           |
| (A) Interest-bearing cash (including money market accounts and certificates of deposit) ..... | <b>2b(1)(A)</b> | 6827131    |           |
| (B) U.S. Government securities .....                                                          | <b>2b(1)(B)</b> |            |           |
| (C) Corporate debt instruments .....                                                          | <b>2b(1)(C)</b> |            |           |
| (D) Loans (other than to participants) .....                                                  | <b>2b(1)(D)</b> |            |           |
| (E) Participant loans .....                                                                   | <b>2b(1)(E)</b> |            |           |
| (F) Other .....                                                                               | <b>2b(1)(F)</b> |            |           |
| (G) Total interest. Add lines <b>2b(1)(A)</b> through (F) .....                               | <b>2b(1)(G)</b> |            | 6827131   |
| (2) Dividends: (A) Preferred stock .....                                                      | <b>2b(2)(A)</b> |            |           |
| (B) Common stock .....                                                                        | <b>2b(2)(B)</b> |            |           |
| (C) Registered investment company shares (e.g. mutual funds) .....                            | <b>2b(2)(C)</b> |            |           |
| (D) Total dividends. Add lines <b>2b(2)(A)</b> , (B), and (C) .....                           | <b>2b(2)(D)</b> |            | 0         |
| (3) Rents .....                                                                               | <b>2b(3)</b>    |            |           |
| (4) Net gain (loss) on sale of assets: (A) Aggregate proceeds .....                           | <b>2b(4)(A)</b> |            |           |
| (B) Aggregate carrying amount (see instructions) .....                                        | <b>2b(4)(B)</b> |            |           |
| (C) Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....            | <b>2b(4)(C)</b> |            |           |
| (5) Unrealized appreciation (depreciation) of assets: (A) Real estate .....                   | <b>2b(5)(A)</b> |            |           |
| (B) Other .....                                                                               | <b>2b(5)(B)</b> |            |           |
| (C) Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and (B) .....          | <b>2b(5)(C)</b> |            |           |

|                                                                                                 |               | (a) Amount | (b) Total |
|-------------------------------------------------------------------------------------------------|---------------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts .....                              | <b>2b(6)</b>  |            |           |
| (7) Net investment gain (loss) from pooled separate accounts .....                              | <b>2b(7)</b>  |            |           |
| (8) Net investment gain (loss) from master trust investment accounts .....                      | <b>2b(8)</b>  |            |           |
| (9) Net investment gain (loss) from 103-12 investment entities .....                            | <b>2b(9)</b>  |            |           |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) ..... | <b>2b(10)</b> |            | 19077073  |
| <b>c</b> Other income .....                                                                     | <b>2c</b>     |            |           |
| <b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....        | <b>2d</b>     |            | 25904204  |

**Expenses**

|                                                                                             |               |  |   |
|---------------------------------------------------------------------------------------------|---------------|--|---|
| <b>e</b> Benefit payment and payments to provide benefits:                                  |               |  |   |
| (1) Directly to participants or beneficiaries, including direct rollovers .....             | <b>2e(1)</b>  |  |   |
| (2) To insurance carriers for the provision of benefits .....                               | <b>2e(2)</b>  |  |   |
| (3) Other .....                                                                             | <b>2e(3)</b>  |  |   |
| (4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....                 | <b>2e(4)</b>  |  | 0 |
| <b>f</b> Corrective distributions (see instructions) .....                                  | <b>2f</b>     |  |   |
| <b>g</b> Certain deemed distributions of participant loans (see instructions) .....         | <b>2g</b>     |  |   |
| <b>h</b> Interest expense .....                                                             | <b>2h</b>     |  |   |
| <b>i</b> Administrative expenses:                                                           |               |  |   |
| (1) Salaries and allowances .....                                                           | <b>2i(1)</b>  |  |   |
| (2) Contract administrator fees .....                                                       | <b>2i(2)</b>  |  |   |
| (3) Recordkeeping fees .....                                                                | <b>2i(3)</b>  |  |   |
| (4) IQPA audit fees .....                                                                   | <b>2i(4)</b>  |  |   |
| (5) Investment advisory and investment management fees .....                                | <b>2i(5)</b>  |  |   |
| (6) Bank or trust company trustee/custodial fees .....                                      | <b>2i(6)</b>  |  |   |
| (7) Actuarial fees .....                                                                    | <b>2i(7)</b>  |  |   |
| (8) Legal fees .....                                                                        | <b>2i(8)</b>  |  |   |
| (9) Valuation/appraisal fees .....                                                          | <b>2i(9)</b>  |  |   |
| (10) Other trustee fees and expenses .....                                                  | <b>2i(10)</b> |  |   |
| (11) Other expenses .....                                                                   | <b>2i(11)</b> |  |   |
| (12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....        | <b>2i(12)</b> |  | 0 |
| <b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total ..... | <b>2j</b>     |  | 0 |

**Net Income and Reconciliation**

|                                                                               |              |  |          |
|-------------------------------------------------------------------------------|--------------|--|----------|
| <b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> ..... | <b>2k</b>    |  | 25904204 |
| <b>l</b> Transfers of assets:                                                 |              |  |          |
| (1) To this plan .....                                                        | <b>2l(1)</b> |  |          |
| (2) From this plan .....                                                      | <b>2l(2)</b> |  |          |

**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: **BENNETT THRASHER, P.C.**

(2) EIN: **58-1673613**

**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  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|---------|
| <b>a</b> 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.) .....                 |                                     | <input checked="" type="checkbox"/> |         |
| <b>b</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.) ..... |                                     | <input checked="" type="checkbox"/> |         |
| <b>c</b> 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.) .....                                                                                                                             |                                     | <input checked="" type="checkbox"/> |         |
| <b>d</b> 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.) .....                                                                                                                  |                                     | <input checked="" type="checkbox"/> |         |
| <b>e</b> Was this plan covered by a fidelity bond? .....                                                                                                                                                                                                                                                         | <input checked="" type="checkbox"/> |                                     | 1000000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....                                                                                                                                                                          |                                     | <input checked="" type="checkbox"/> |         |
| <b>g</b> 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? .....                                                                                                                                       |                                     | <input checked="" type="checkbox"/> |         |
| <b>h</b> 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? .....                                                                                                                             |                                     | <input checked="" type="checkbox"/> |         |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) .....                                                                                                                                                   | <input checked="" type="checkbox"/> |                                     |         |
| <b>j</b> 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.) .....                                                                                     |                                     | <input checked="" type="checkbox"/> |         |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? .....                                                                                                                                              |                                     | <input checked="" type="checkbox"/> |         |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan? .....                                                                                                                                                                                                                               |                                     | <input checked="" type="checkbox"/> |         |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) .....                                                                                                                                                                                     |                                     | <input checked="" type="checkbox"/> |         |
| <b>n</b> 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.)

| <b>5b(1)</b> Name of plan(s) | <b>5b(2)</b> EIN(s) | <b>5b(3)</b> 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 513301.

|                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                  |  |                                                                                                 |     |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------|-----|
| <div>SCHEDULE R<br/>(Form 5500)<br/><div>Department of the Treasury<br/>Internal Revenue Service</div><div>Department of Labor<br/>Employee Benefits Security Administration</div><div>Pension Benefit Guaranty Corporation</div></div>                                                                                                                               |  | <div>Retirement Plan Information</div> <div>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).</div> <div>▶ File as an attachment to Form 5500.</div> |  | <div>OMB No. 1210-0110</div> <div>2024</div> <div>This Form is Open to Public Inspection.</div> |     |
| For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                  |  |                                                                                                 |     |
| A Name of plan<br>MUELLER GROUP, LLC PENSION PLAN FOR SELECTED EMPLOYEES                                                                                                                                                                                                                                                                                              |  |                                                                                                                                                                                                                                                                                                  |  | B Three-digit plan number (PN) ▶                                                                | 005 |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>MUELLER GROUP, LLC                                                                                                                                                                                                                                                                                          |  |                                                                                                                                                                                                                                                                                                  |  | D Employer Identification Number (EIN)<br>37-1387813                                            |     |
| Part I Distributions                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                                                                                                                                                                                                                                  |  |                                                                                                 |     |
| 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   |
| 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):<br>EIN(s): 41-6257133                                                                                                                      |  |                                                                                                                                                                                                                                                                                                  |  |                                                                                                 |     |
| 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                                                                                               | 1   |
| Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)                                                                                                                                                                                        |  |                                                                                                                                                                                                                                                                                                  |  |                                                                                                 |     |
| 4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A<br>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 _____<br>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 checked="" type="checkbox"/> 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..... <input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> Both <input checked="" type="checkbox"/> No          |  |                                                                                                                                                                                                                                                                                                  |  |                                                                                                 |     |
| Part IV ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.                                                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                  |  |                                                                                                 |     |
| 10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... <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                                                                                                                                                                                                      |  |                                                                                                                                                                                                                                                                                                  |  |                                                                                                 |     |
| For Paperwork Reduction Act Notice, see the Instructions for Form 5500.                                                                                                                                                                                                                                                                                               |  |                                                                                                                                                                                                                                                                                                  |  | Schedule R (Form 5500) 2024 v. 240311                                                           |     |

**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: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....

**14a**

**b** The plan year immediately preceding the current plan year. ☐ 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. ☐ 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: 99.3 % Private Equity: \_\_\_\_\_ % Investment-Grade Debt and Interest Rate Hedging Assets: 0.0 %

High-Yield Debt: 0.0 % Real Assets: \_\_\_\_\_ % Cash or Cash Equivalents: 0.7 % 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 06 / 30 / 2020 (MM/DD/YYYY) and the Opinion Letter serial number Q703995A.

# Terms and Conditions

Your access to and use of the information in this e-mail is subject to the following terms and conditions and all applicable laws. By accessing, browsing or copying the information contained herein, you accept, without limitation or qualification, the terms and conditions.

1. The information contained in this e-mail is confidential and intended only for the use of the management of Mueller Group, LLC Pension Plan for Selected Employees (the Plan) and should not be altered. This email was created October 13, 2025 and Bennett Thrasher LLP will maintain a duplicate copy pursuant to our data retention policies. Additional copies may be requested by reference to its unique identification number 9454.
2. With regard to the electronic dissemination of audited financial statements, including financial statements published electronically on your (or any other) Internet website, you understand that electronic sites are a means to distribute information and, therefore, we are not required to read the information contained in those sites or to consider the consistency of other information in the electronic site with the original document.
3. If you intend to publish the information in this e-mail on the Internet, the information should be published in its entirety and we recommend that "distinct boundaries" should be established around the information so that users are warned whenever they enter or leave pages containing information copied from this e-mail using the following language:

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Bennett Thrasher LLP  
Riverwood 200  
3300 Riverwood Parkway  
Suite 700  
Atlanta, Georgia 30339

General: 770-396-2200  
Fax: 770-390-0394

# **Mueller Group, LLC Pension Plan for Selected Employees**

## **Financial Statements**

**December 31, 2024 and 2023**



# Mueller Group, LLC Pension Plan for Selected Employees

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\* Other information required by the Department of Labor’s Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 have been omitted because there is no information to report.



## **Independent Auditor's Report**

To the Participants of Mueller Group, LLC  
Pension Plan for Selected Employees and its  
Employee Benefits Administrative Committee

### ***Scope and Nature of the ERISA Section 103(a)(3)(C) Audit for Financial Statements***

We have performed audits of financial statements of Mueller Group, LLC Pension Plan for Selected Employees (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits at December 31, 2024 and 2023 and the related statements of change in net assets available for benefits for the years then ended, the statement of accumulated plan benefits at January 1, 2024 and the related statement of changes in accumulated plan benefits for the year then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of the financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under ERISA. 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 and for the year ended December 31, 2024, stating that the certified investment information, as described in Note 4 to the financial statements, is complete and accurate.

### ***Opinion on the Financial Statements***

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 financial statements, referred to above, 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 financial statements referred to above 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).

**ATLANTA | DALLAS | DENVER**

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### ***Basis for Opinion on the Financial Statements***

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 audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

### ***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 over the twelve months from the report date.

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 of the Financial Statements section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an 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 substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.



In performing an audit in accordance with GAAS, we:

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

Our 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 audits.



***Supplemental Schedule Required by ERISA***

The supplemental schedule of the Plan, as listed in the accompanying index, are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion,

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

*Bennett Thrasher LLP*

Atlanta, Georgia  
October 13, 2025

## Mueller Group, LLC Pension Plan for Selected Employees

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

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|                                   | <u>December 31,</u>   |                       |
|-----------------------------------|-----------------------|-----------------------|
|                                   | <u>2024</u>           | <u>2023</u>           |
| <b>Assets</b>                     |                       |                       |
| Investments, at fair value        | \$ 241,001,358        | \$ 259,180,240        |
| Cash and cash equivalents         | <u>2,000,000</u>      | <u>-</u>              |
| Total assets                      | <u>243,001,358</u>    | <u>259,180,240</u>    |
| <b>Liabilities</b>                |                       |                       |
| Administrative expenses payable   | <u>-</u>              | <u>257,475</u>        |
| Net assets available for benefits | <u>\$ 243,001,358</u> | <u>\$ 258,922,765</u> |

*See accompanying independent auditor's report and notes to financial statements.*

## Mueller Group, LLC Pension Plan for Selected Employees

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

|                                                      | <u>2024</u>           | <u>2023</u>           |
|------------------------------------------------------|-----------------------|-----------------------|
| <b>Additions to net assets attributed to:</b>        |                       |                       |
| Interest and dividends                               | \$ 7,321,487          | \$ 6,827,131          |
| Net appreciation in fair value of investments        | <u>-</u>              | <u>19,077,073</u>     |
| Total additions                                      | <u>7,321,487</u>      | <u>25,904,204</u>     |
| <b>Deductions from net assets attributed to:</b>     |                       |                       |
| Benefit payments                                     | 21,873,477            | 22,218,438            |
| Administrative expenses                              | 1,112,428             | 1,543,374             |
| Net depreciation in fair value of investments        | <u>256,989</u>        | <u>-</u>              |
| Total deductions                                     | <u>23,242,894</u>     | <u>23,761,812</u>     |
| Net (decrease) increase                              | (15,921,407)          | 2,142,392             |
| Net assets available for benefits, beginning of year | <u>258,922,765</u>    | <u>256,780,373</u>    |
| Net assets available for benefits, end of year       | <u>\$ 243,001,358</u> | <u>\$ 258,922,765</u> |

*See accompanying independent auditor's report and notes to financial statements.*

# Mueller Group, LLC Pension Plan for Selected Employees

## Statement of Accumulated Plan Benefits January 1, 2024

---

|                                                              | <u>January 1, 2024</u> |
|--------------------------------------------------------------|------------------------|
| <b>Actuarial present value of accumulated plan benefits:</b> |                        |
| Vested benefits:                                             |                        |
| Participants currently receiving payments                    | \$ 189,533,435         |
| Other participants                                           | <u>50,370,992</u>      |
|                                                              | 239,904,427            |
| Nonvested benefits                                           | <u>678,662</u>         |
| Total actuarial present value of accumulated plan benefits   | <u>\$ 240,583,089</u>  |

*See accompanying independent auditor's report and notes to financial statements.*

## Mueller Group, LLC Pension Plan for Selected Employees

### Statement of Changes in Accumulated Plan Benefits For the Year Ended January 1, 2024

---

|                                                                         | <b>For the Year Ended<br/>January 1, 2024</b> |
|-------------------------------------------------------------------------|-----------------------------------------------|
| Actuarial present value of accumulated plan benefits at January 1, 2023 | \$ 249,316,307                                |
| Increase (decrease) during the year attributable to:                    |                                               |
| Increase in interest due to increase in discount period                 | 13,741,038                                    |
| Change in actuarial assumptions                                         | (294,249)                                     |
| Benefits accumulated                                                    | 767,478                                       |
| Other                                                                   | (729,047)                                     |
| Benefits paid                                                           | <u>(22,218,438)</u>                           |
| Actuarial present value of accumulated plan benefits at January 1, 2024 | <u>\$ 240,583,089</u>                         |

*See accompanying independent auditor's report and notes to financial statements.*

# **Mueller Group, LLC Pension Plan for Selected Employees**

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

---

### **Note 1: Description of the Plan**

The accompanying financial statements are those of the Mueller Group, LLC Pension Plan for Selected Employees (the Plan). The Plan is a defined benefit plan covering certain full-time employees of Mueller Group, LLC and its affiliates (the Company) who have met certain requirements as to age and length of service. The Plan is administered by the Employee Benefits Administrative Committee of the Company. A detailed description of the Plan, including vesting and benefit provisions, is available to participants in the published Plan Document.

### **Contributions and Funding**

Employee contributions are not required by the Plan. Contributions made by the Company are accrued based upon amounts required to be funded under provisions of the Employee Retirement Income Security Act of 1974 (ERISA) or, if greater, amounts actually contributed for the year. Contributions are based upon actuarial estimates of the amounts necessary to provide the Plan with assets sufficient to provide benefits to participants, assuming continued funding of the Plan in a systematic manner. Contributions are funded quarterly, if required, with the final contribution funded in the year subsequent to accrual.

The Company's funding policy has been generally to make sufficient contributions to maintain at least an 80% funded position. At January 1, 2024, the Plan was 97.8% funded and had a minimum required contribution in the amount of \$2,207,573. The Plan determined no contributions were necessary in order to meet or exceed the minimum requirements of ERISA for the Plan after electing the application of available funding balances towards the minimum required contribution.

### **Administration**

The Company serves as the Plan administrator. The Plan administrator has the responsibility to administer the Plan for the exclusive benefit of the participants and their beneficiaries. These duties include, but are not limited to, establishing procedures, maintaining records, interpreting provisions of the Plan, and making determinations regarding questions which may affect eligibility for benefits.

Vanguard Fiduciary Trust Company (Vanguard or the Trustee) serves as the trustee and custodian of the Plan pursuant to the Plan Document.

The Trustee receives all contributions made under the Plan, holds Plan assets, manages certain investments of the Plan, pays benefits as directed by the Plan administrator, and assists in the administration of the Plan. The Trustee also serves as the intermediary for all asset purchases and redemptions.

The Company utilized the actuarial services of Willis Towers Watson US LLC to assist in calculating the actuarial present value of accumulated plan benefits and the amount of funding that the Plan will require year-to-year.

### **Expenses**

The Plan's expenses are paid either by the Plan or the Company, as provided by the Plan Document. Certain expenses incurred in connection with the general administration of the Plan that are paid by the Plan are presented as administrative expenses and certain investment related expenses are presented as reductions to investment income in the accompanying statements of changes in net assets available for benefits.

## **Note 2: Summary of Significant Accounting Policies**

### **Basis of Accounting**

The accompanying financial statements of the Plan have been prepared in conformity with accounting principles generally accepted in the United States of America (U.S. GAAP).

### **Use of Estimates**

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

### **Benefit Payments**

Benefit payments to participants or beneficiaries are recorded upon distribution.

### **Investment Valuation and Income Recognition**

Investments are presented 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 5 for a description of significant accounting policies employed in determining the fair value of investments held by the Plan.

Purchases and sales of securities are recorded on a trade-date basis. In accordance with the policy of stating investments at fair value, net unrealized appreciation and depreciation are aggregated with realized gains and losses on investments held during the year. Interest income is recorded on an accrual basis. Dividends are recorded on the ex-dividend date.

### **Actuarial Present Value of Accumulated Plan Benefits**

Accumulated plan benefits are those future periodic payments, including lump-sum distributions that are attributable under the Plan 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 deceased employees, and (c) present employees or their beneficiaries. Benefits under the Plan are determined based upon provisions of the Plan Document.

An independent actuary determines the actuarial present value of accumulated plan benefits by applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money and the probability of payment (after considering decrements such as for death, disability, withdrawal, or early retirement) between the valuation date and the expected date of payment.

Significant actuarial methods and assumptions used in the valuation at January 1, 2024 include the following: (a) assumed net rate of return of 5.75%, net of expenses of approximately 0.34%; (b) effective interest rate on Plan liabilities of 5.09%; (c) life expectancy of participants using substitute mortality tables based on actual plan experience study from 2012 to 2016 allowed under IRS Revenue Procedure 2017-55 for annuitants and prescribed Pri-2012 mortality tables for non-annuitants and a mortality projection scale of MP-2021; (d) retirement rates were based on an experience study conducted in 2018, with annual consideration of whether any conditions have changed that would be expected to produce different results in the future; and (e) Market Value method for asset valuations.

The foregoing actuarial assumptions are based upon 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.

Significant actuarial assumptions that changed since the valuation at January 1, 2023, are as follows: the effective interest rate on Plan liabilities decreased from 5.16% to 5.09%, and the assumed plan-related expenses added to target normal cost were adjusted for the expected difference in Pension Benefit Guaranty Corporation (PBGC) premiums between 2024 and 2023.

### **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 adverse changes in the values of investment securities will occur in the near term and such adverse changes could materially affect the amounts reported in the statements of net assets available for benefits.

Plan contributions are made and the actuarial present value of accumulated plan benefits are recorded based on certain assumptions pertaining to interest rates, inflation rates, and employee demographics, each of which is subject to change. Due to uncertainties inherent in the estimation and assumption processes, it is at least reasonably possible that changes in these estimates and assumptions in the near term could materially affect the financial statements.

### **Note 3: Tax Status of the Plan**

The Internal Revenue Service (IRS) determined, and informed the Plan by a letter dated March 29, 2017, that the Plan was designed in accordance with applicable sections of the IRC. The Plan's administrator and the Plan's tax counsel believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC and that the Plan was qualified as tax-exempt at December 31, 2024.

U.S. GAAP requires the Plan administrator to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan administrator has analyzed the tax positions taken by the Plan and has concluded that at December 31, 2024, there are no uncertain positions taken or expected to be taken that would require recognition of a liability or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits in progress for any tax periods.

#### Note 4: Information Certified by the Trustee (Unaudited)

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. Accordingly, as permitted under such election, the Plan administrator instructed the Plan's independent auditors not to perform any audit procedures with respect to the following information certified as complete and accurate by the Trustee, except for comparing such information to information included in the Plan's financial statements and supplemental information.

|                                                                    | December 31,   |                |
|--------------------------------------------------------------------|----------------|----------------|
|                                                                    | 2024           | 2023           |
| <b>Statements of net assets available for benefits:</b>            |                |                |
| Investments at fair value                                          | \$ 241,001,358 | \$ 259,180,240 |
| <b>Statements of changes in net assets available for benefits:</b> |                |                |
| Interest and dividends                                             | \$ 7,321,487   | \$ 6,827,131   |
| Net (depreciation) appreciation in fair value of investments       | (256,989)      | 19,077,073     |

#### Note 5: Fair Value Measurements

Following is a description of the valuation methodologies used to measure the assets of the Plan at fair value pursuant to the Financial Accounting Standards Board Accounting Standards Codification (ASC) 820-10, *Fair Value Measurements and Disclosure*:

- Mutual funds are valued at the net asset value of shares held by the Plan at year end, which are based on quoted market prices as provided by the Trustee.
- Cash and short-term securities are valued as determined by the Trustee based on their net asset values and supported by the value of the underlying securities and by the unit prices of actual purchase and sale transactions occurring at or close to the financial statement date.

The Plan values investments in publicly traded securities at fair value based on the last reported sales price on the national securities exchange on which the security is primarily traded on the last business day of the year or, if no sale price exists, at the closing bid price. Securities traded in the over-the-counter market are valued at the last reported bid price on the last business day of the year. Short-term securities are reported at cost, which approximates fair value. Collective investment trust funds are stated at fair value as quoted by the Trustee.

The preceding methods may produce fair value calculations that may not be indicative of net realizable values or reflective of future fair values. Furthermore, although the Employee Benefits Administrative Committee believes these valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain instruments could result in different fair value measurements at the reporting date.

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value:

|                                 | December 31,   |                |
|---------------------------------|----------------|----------------|
|                                 | 2024           | 2023           |
| Level 1:                        |                |                |
| Mutual funds                    | \$ 241,001,358 | \$ 259,180,240 |
| Total investments at fair value | \$ 241,001,358 | \$ 259,180,240 |

## Note 6: Party-in-Interest Transactions

Certain Plan investments are securities managed by the Trustee; therefore, any transactions with the Trustee qualifies as party-in-interest transactions, which are exempt from the prohibited transaction rules. Net fees paid to the Trustee amounted to approximately \$60,500 and \$210,000 for the years ended December 31, 2024 and 2023, respectively. Approximately \$0 and \$143,000 is included as a liability as of December 31, 2024 and 2023, respectively, on the accompanying statements of net assets available for benefits.

## Note 7: 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 provisions set forth in ERISA. In the event the Plan were to terminate, the net assets of the Plan would be allocated generally, as prescribed by ERISA and its related regulations, to provide the following benefits in the order indicated:

- (1) 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.
- (2) Other vested benefits insured by the PBGC (a U.S. government agency) up to the applicable limitations (discussed below).
- (3) All other vested benefits (that is, vested benefits not insured by the PBGC).
- (4) All nonvested benefits.

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal retirement age benefits, early retirement benefits, and certain disability and survivors' 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; however, there is a statutory ceiling, which is adjusted periodically, on the amount of an individual's monthly benefit that the PBGC guarantees. Whether all participants receive their benefits should the Plan terminate at some future time would depend on the sufficiency, at that time, of the Plan's net assets to provide for accumulated benefit obligations and might also depend on the financial condition of the Company and the level of benefits guaranteed by the PBGC.

## **Note 8: Subsequent Events**

Effective in January 2025, U.S. Bank will serve as the trustee and custodian of the Plan pursuant to the Plan Document.

The Company has evaluated events and transactions occurring subsequent to December 31, 2024, through the report date, the date of the issuance of the financial statements. During this period, all subsequent events requiring recognition or non-recognized subsequent events requiring disclosure have been incorporated into these financial statements.

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## **Supplemental Information**

# Mueller Group, LLC Pension Plan for Selected Employees

## Schedule H, Part IV, Line 4i - Schedule of Assets (Held at End of Year)

December 31, 2024

Plan #005 - Employer Identification Number #37-1387813

| (A)                         | Identity of Issuer, Borrower,<br>Lessor, or Similar Party (B) | Description of<br>Investments (Number<br>of Shares) (C) | Cost (D)              | Current<br>Value (E)  |
|-----------------------------|---------------------------------------------------------------|---------------------------------------------------------|-----------------------|-----------------------|
| Mutual funds:               |                                                               |                                                         |                       |                       |
| *                           | Vanguard Long-Term Inv Grade Trust Class I                    | 2,291,155                                               | \$ 52,643,078         | \$ 41,217,880         |
| *                           | Vanguard Long-Term Inv-Grade Fund Admiral                     | 5,331,025                                               | 60,055,595            | 40,142,620            |
| *                           | Vanguard Long-Term Treasury Index Fund Inst Shrs              | 1,599,275                                               | 39,020,924            | 38,862,384            |
| *                           | Vanguard Total Stock Market Index Fund Inst                   | 1,615,684                                               | 64,080,890            | 38,194,762            |
| *                           | Vanguard Intermediate-Term Treasury Index Inst                | 258,564                                                 | 22,584,467            | 36,470,467            |
| *                           | Vanguard Total International Stock Index Inst                 | 171,210                                                 | 19,891,595            | 21,695,725            |
| *                           | Vanguard Global Minimum Volatility Fund                       | 478,014                                                 | 12,718,399            | 14,708,492            |
| *                           | Vanguard Intermediate-Term Inv Grade Admiral                  | 1,134,232                                               | 9,878,546             | 9,709,028             |
|                             |                                                               |                                                         | <u>280,873,494</u>    | <u>241,001,358</u>    |
| Cash/short-term securities: |                                                               |                                                         |                       |                       |
|                             | Cash and cash equivalents                                     | N/A                                                     | <u>2,000,000</u>      | <u>2,000,000</u>      |
|                             |                                                               |                                                         | <u>\$ 282,873,494</u> | <u>\$ 243,001,358</u> |

\* A party-in-interest as defined by ERISA.

See accompanying independent auditor's report and notes to financial statements.

# SCHEDULE SB ATTACHMENTS

## Schedule SB, Line 26a Schedule of Active Participant Data as of January 1, 2024

| Attained Age | Attained Years of Credited Service <sup>1</sup> |     |     |       |       |       |       |       |       |           | Total |
|--------------|-------------------------------------------------|-----|-----|-------|-------|-------|-------|-------|-------|-----------|-------|
|              | Under 1                                         | 1-4 | 5-9 | 10-14 | 15-19 | 20-24 | 25-29 | 30-34 | 35-39 | 40 & Over |       |
| Under 25     | 0                                               | 0   | 0   | 0     | 0     | 0     | 0     | 0     | 0     | 0         | 0     |
| 25-29        | 0                                               | 0   | 0   | 0     | 0     | 0     | 0     | 0     | 0     | 0         | 0     |
| 30-34        | 0                                               | 0   | 0   | 0     | 1     | 0     | 0     | 0     | 0     | 0         | 1     |
| 35-39        | 0                                               | 0   | 0   | 0     | 14    | 0     | 0     | 0     | 0     | 0         | 14    |
| 40-44        | 0                                               | 0   | 0   | 0     | 15    | 14    | 1     | 0     | 0     | 0         | 30    |
| 45-49        | 0                                               | 0   | 1   | 0     | 11    | 16    | 9     | 3     | 0     | 0         | 40    |
| 50-54        | 0                                               | 0   | 1   | 0     | 9     | 23    | 20    | 27    | 2     | 0         | 82    |
| 55-59        | 0                                               | 0   | 0   | 1     | 8     | 15    | 9     | 23    | 10    | 3         | 69    |
| 60-64        | 0                                               | 0   | 0   | 0     | 13    | 10    | 9     | 26    | 20    | 16        | 94    |
| 65-69        | 0                                               | 0   | 0   | 1     | 3     | 3     | 5     | 4     | 6     | 15        | 37    |
| 70 & over    | 0                                               | 0   | 0   | 0     | 0     | 0     | 0     | 1     | 0     | 3         | 4     |
| Total        | 0                                               | 0   | 2   | 2     | 74    | 81    | 53    | 84    | 38    | 37        | 371   |

<sup>1</sup> Age and service for purposes of determining category are based on exact (not rounded) values.

Plan Name: Mueller Group, LLC Pension Plan for Selected Employees  
 EIN / PN: 37-1387813/005  
 Plan Sponsor: Mueller Group, LLC  
 Valuation Date: January 1, 2024

# SCHEDULE SB ATTACHMENTS

## Mueller Company Henry Pratt Aurora Plant

| (A)                             | (B)             | (C)    | (D)     | (E)     |
|---------------------------------|-----------------|--------|---------|---------|
| Age                             | Retirement Rate | Weight | (B)*(C) | (A)*(D) |
| 55                              | 0.0500          | 1.0000 | 0.0500  | 2.7500  |
| 56                              | 0.0200          | 0.9500 | 0.0190  | 1.0640  |
| 57                              | 0.0200          | 0.9310 | 0.0186  | 1.0613  |
| 58                              | 0.0200          | 0.9124 | 0.0182  | 1.0584  |
| 59                              | 0.0200          | 0.8941 | 0.0179  | 1.0551  |
| 60                              | 0.0500          | 0.8762 | 0.0438  | 2.6287  |
| 61                              | 0.0500          | 0.8324 | 0.0416  | 2.5389  |
| 62                              | 0.1500          | 0.7908 | 0.1186  | 7.3546  |
| 63                              | 0.1000          | 0.6722 | 0.0672  | 4.2348  |
| 64                              | 0.1000          | 0.6050 | 0.0605  | 3.8718  |
| 65                              | 1.0000          | 0.5445 | 0.5445  | 35.3910 |
| 66                              | 1.0000          | 0.0000 | 0.0000  | 0.0000  |
| 67                              | 1.0000          | 0.0000 | 0.0000  | 0.0000  |
| Average Age                     |                 |        |         | 63.0087 |
| Rounded for Schedule SB Item 22 |                 |        |         | 63      |

## Mueller Company Henry Pratt Dixon Plant

| (A)                             | (B)             | (C)    | (D)     | (E)     |
|---------------------------------|-----------------|--------|---------|---------|
| Age                             | Retirement Rate | Weight | (B)*(C) | (A)*(D) |
| 55                              | 0.0500          | 1.0000 | 0.0500  | 2.7500  |
| 56                              | 0.0200          | 0.9500 | 0.0190  | 1.0640  |
| 57                              | 0.0200          | 0.9310 | 0.0186  | 1.0613  |
| 58                              | 0.0200          | 0.9124 | 0.0182  | 1.0584  |
| 59                              | 0.0200          | 0.8941 | 0.0179  | 1.0551  |
| 60                              | 0.0500          | 0.8762 | 0.0438  | 2.6287  |
| 61                              | 0.0500          | 0.8324 | 0.0416  | 2.5389  |
| 62                              | 0.1500          | 0.7908 | 0.1186  | 7.3546  |
| 63                              | 0.1000          | 0.6722 | 0.0672  | 4.2348  |
| 64                              | 0.1000          | 0.6050 | 0.0605  | 3.8718  |
| 65                              | 1.0000          | 0.5445 | 0.5445  | 35.3910 |
| 66                              | 1.0000          | 0.0000 | 0.0000  | 0.0000  |
| 67                              | 1.0000          | 0.0000 | 0.0000  | 0.0000  |
| Average Age                     |                 |        |         | 63.0087 |
| Rounded for Schedule SB Item 22 |                 |        |         | 63      |

Plan Name: Mueller Group, LLC Pension Plan for Selected Employees  
 EIN / PN: 37-1387813/005  
 Plan Sponsor: Mueller Group, LLC  
 Valuation Date: January 1, 2024

## SCHEDULE SB ATTACHMENTS

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### All Groups

The weighted average retirement age for all the groups is shown as below:

| Group                           | Number of Active Participants | Retirement Age |
|---------------------------------|-------------------------------|----------------|
| Mueller Co. Albertville         | 199                           | 62.8           |
| Mueller Co. Chattanooga         | 111                           | 60.8           |
| Mueller Co. Decatur             | 92                            | 62.8           |
| Mueller Co. Aurora              | 2                             | 63.0           |
| Mueller Co. Dixon               | 1                             | 63.0           |
| Average Age                     |                               | 62.2           |
| Rounded for Schedule SB Item 22 |                               | 62             |

Plan Name: Mueller Group, LLC Pension Plan for Selected Employees  
EIN / PN: 37-1387813/005  
Plan Sponsor: Mueller Group, LLC  
Valuation Date: January 1, 2024

# SCHEDULE SB ATTACHMENTS

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

### Economic Assumptions

#### Interest rate basis

- Applicable month                      January
- Interest rate basis                      3-Segment Rates

| Interest rates            | Reflecting Corridors | Not Reflecting Corridors |
|---------------------------|----------------------|--------------------------|
| • First segment rate      | 4.75%                | 4.37%                    |
| • Second segment rate     | 4.96%                | 4.96%                    |
| • Third segment rate      | 5.59%                | 4.95%                    |
| • Effective interest rate | 5.09%                | 4.90%                    |

Plan Name:                      Mueller Group, LLC Pension Plan for Selected Employees  
EIN / PN:                        37-1387813/005  
Plan Sponsor:                   Mueller Group, LLC  
Valuation Date:                January 1, 2024

# SCHEDULE SB ATTACHMENTS

## Demographic Assumptions

**Inclusion date** The valuation date coincident with or next following the date on which the employee becomes a participant.

**New or rehired employees** It was assumed there will be no new or rehired employees.

### Mortality

- Funding

Non-annuitants:

Rates based on Pri-2012 "Employees" table without collar or amount adjustments and then projected forward with generational projection as specified in the regulations under §1.430(h)(3)-1 using the IRS adjusted Scale MP-2021 (i.e., MP-2021 with no mortality improvement for 2020-2023 and future mortality improvement capped at 0.78% for years after 2024).

Annuitants:

Substitute mortality tables based on actual plan experience study from 2012 to 2016 allowed under Revenue Procedure 2017-55, projected forward from 2014 with generational projection as specified in the regulations under §1.430(h)(3)-1 using the IRS adjusted Scale MP-2021 (i.e., MP-2021 with no mortality improvement for 2020-2023 and future mortality improvement capped at 0.78% for years after 2024).

| Percentage dying during the year |           |           |
|----------------------------------|-----------|-----------|
| Attained Age                     | Males     | Females   |
| 50                               | 0.5203%   | 0.3432%   |
| 55                               | 0.7286%   | 0.4656%   |
| 60                               | 0.9898%   | 0.6866%   |
| 65                               | 1.4226%   | 1.0533%   |
| 70                               | 2.1741%   | 1.6729%   |
| 75                               | 3.5149%   | 2.7362%   |
| 80                               | 5.9250%   | 4.6323%   |
| 85                               | 10.3265%  | 8.2072%   |
| 90                               | 18.0459%  | 14.5607%  |
| 95                               | 28.1247%  | 23.7634%  |
| 100                              | 37.4517%  | 33.0713%  |
| 105                              | 45.4482%  | 41.6243%  |
| 110                              | 49.9911%  | 47.1832%  |
| 115-119                          | 50.0000%  | 50.0000%  |
| 120                              | 100.0000% | 100.0000% |

Plan Name: Mueller Group, LLC Pension Plan for Selected Employees  
EIN / PN: 37-1387813/005  
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Valuation Date: January 1, 2024

# SCHEDULE SB ATTACHMENTS

## Termination

Rates varying by employee group, age, service and gender

### Representative Termination Rates

| Percentage leaving during the year |                 |                 |                 |                                   |         |
|------------------------------------|-----------------|-----------------|-----------------|-----------------------------------|---------|
| Age                                | Albertville*    | Chattanooga*    | Decatur*        | Henry Pratt Aurora & Dixon Plants |         |
|                                    | Males & Females | Males & Females | Males & Females | Males                             | Females |
| 25                                 | 10.40%          | 6.90%           | 5.50%           | 7.40%                             | 11.60%  |
| 30                                 | 8.30%           | 5.10%           | 3.80%           | 4.30%                             | 6.70%   |
| 35                                 | 6.70%           | 3.40%           | 2.50%           | 3.10%                             | 5.20%   |
| 40                                 | 5.60%           | 2.10%           | 1.50%           | 2.10%                             | 4.00%   |
| 45                                 | 4.60%           | 1.10%           | 1.00%           | 1.50%                             | 3.00%   |
| 50                                 | 3.70%           | 0.60%           | 0.60%           | 1.00%                             | 2.00%   |
| 55                                 | 2.40%           | 0.10%           | 0.10%           | 0.50%                             | 1.00%   |
| 56                                 | 2.10%           | 0.10%           | 0.10%           | 0.40%                             | 0.80%   |
| 57                                 | 1.70%           | 0.10%           | 0.10%           | 0.30%                             | 0.60%   |
| 58                                 | 1.40%           | 0.10%           | 0.10%           | 0.20%                             | 0.40%   |
| 59                                 | 1.00%           | 0.10%           | 0.10%           | 0.10%                             | 0.20%   |

\* Higher rates of withdrawal are assumed for participants with less than five years of service.

## Disability

The rates at which participants are assumed to become disabled by employee group, age and gender are shown below:

| Percentage becoming disabled during the year |                   |
|----------------------------------------------|-------------------|
| Albertville, Chattanooga & Decatur           |                   |
| Age                                          | Males and Females |
| 25                                           | 0.06%             |
| 30                                           | 0.06%             |
| 35                                           | 0.07%             |
| 40                                           | 0.10%             |
| 45                                           | 0.20%             |
| 50                                           | 0.41%             |
| 55                                           | 0.69%             |
| 56                                           | 0.79%             |
| 57                                           | 0.89%             |
| 58                                           | 0.98%             |
| 59                                           | 1.08%             |
| 60                                           | 1.18%             |
| 61                                           | 1.29%             |
| 62                                           | 1.40%             |
| 63                                           | 1.51%             |
| 64                                           | 1.62%             |

*Mueller Company Henry Pratt Aurora and Dixon Plants*

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- None are assumed.

### Retirement

For purposes of determining the Funding Target and Target Normal Cost (both disregarding at-risk assumptions), the rates at which participants are assumed to retire by age for both males and females are shown below.

*Mueller Company Employees (by location)*

| Percentage retiring during the year |             |             |         |                             |                            |
|-------------------------------------|-------------|-------------|---------|-----------------------------|----------------------------|
| Age                                 | Albertville | Chattanooga | Decatur | Henry Pratt<br>Aurora Plant | Henry Pratt<br>Dixon Plant |
| 55                                  | 1.00%       | 8.00%       | 1.00%   | 5.00%                       | 5.00%                      |
| 56                                  | 1.00%       | 8.00%       | 1.00%   | 2.00%                       | 2.00%                      |
| 57                                  | 1.00%       | 8.00%       | 1.00%   | 2.00%                       | 2.00%                      |
| 58                                  | 1.00%       | 5.00%       | 1.00%   | 2.00%                       | 2.00%                      |
| 59                                  | 1.00%       | 5.00%       | 1.00%   | 2.00%                       | 2.00%                      |
| 60                                  | 5.00%       | 5.00%       | 5.00%   | 5.00%                       | 5.00%                      |
| 61                                  | 5.00%       | 15.00%      | 5.00%   | 5.00%                       | 5.00%                      |
| 62                                  | 30.00%      | 50.00%      | 30.00%  | 15.00%                      | 15.00%                     |
| 63                                  | 40.00%      | 50.00%      | 40.00%  | 10.00%                      | 10.00%                     |
| 64                                  | 60.00%      | 50.00%      | 60.00%  | 10.00%                      | 10.00%                     |
| 65                                  | 60.00%      | 60.00%      | 60.00%  | 100.00%                     | 100.00%                    |
| 66                                  | 80.00%      | 75.00%      | 80.00%  | 100.00%                     | 100.00%                    |
| 67                                  | 100.00%     | 100.00%     | 100.00% | 100.00%                     | 100.00%                    |

### Benefit commencement date:

- Preretirement death benefit If the participant would have been eligible for retirement, then immediately following death. Otherwise, the later of the death of the active participant or the date the participant would have attained age 65 (62 if a participant at Anvil Columbia or 63 if a US Pipe hourly participant).
- Deferred vested benefit The later of termination of employment or age 65 (62 if a participant at Anvil Columbia or 63 if a US Pipe hourly participant).
- Disability benefit Upon disablement
- Retirement benefit Upon termination of employment

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# SCHEDULE SB ATTACHMENTS

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|                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Form of payment</b>                                                        | <p><i>U.S. Pipe Salaried and Hourly Employees</i></p> <p>Participants are assumed to elect a Life Annuity.</p> <p><i>Mueller Company Employees</i></p> <p>Chattanooga, Part II: Participants are assumed to elect the Temporary Annuity.</p> <p>Other locations: 50% of active participants are assumed to elect a Single Life Annuity and 50% are assumed to elect a 50% Joint and Survivor benefit.</p>                                                         |
| <b>Percent married</b>                                                        | <p><i>U.S. Pipe Salaried, U.S. Pipe Hourly, Anvil Longview and Anvil Henderson Employees</i></p> <p>For purposes of valuing the pre-retirement surviving spouse's benefit, 85% of eligible participants are assumed to be married.</p> <p><i>Mueller Company, Anvil Selected Locations and Anvil Columbia Employees</i></p> <p>For purposes of valuing the pre-retirement surviving spouse's benefit, 80% of eligible participants are assumed to be married.</p> |
| <b>Spouse age</b>                                                             | <p>Wife three years younger than husband</p>                                                                                                                                                                                                                                                                                                                                                                                                                      |
| <b>Covered pay</b>                                                            | <p>Assumed plan compensation for the year beginning on the valuation date was determined as actual gross earnings during the prior year provided by the employer, adjusted at the assumed compensation increase rate.</p>                                                                                                                                                                                                                                         |
| <b>Future Increases in Maximum Benefits and Plan Compensation Limitations</b> | <p>Accrued benefits projected to be paid in future years are limited to the maximum presently allowed under IRC §415. Plan compensation is limited to the maximum presently allowed under IRC §401(a)(17). No provision is made for future increases in the maximum annual benefit or compensation limit.</p>                                                                                                                                                     |
| <b>Administrative expenses</b>                                                | <p>The amount included this year for plan-related expenses is \$880,723. This amount is equal to the 2023 actual expenses, adjusted for the expected difference in PBGC premiums between 2023 and 2024.</p>                                                                                                                                                                                                                                                       |

|                 |                                                        |
|-----------------|--------------------------------------------------------|
| Plan Name:      | Mueller Group, LLC Pension Plan for Selected Employees |
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**At-risk assumptions** For at-risk calculations, all participants eligible to elect benefits during the current and subsequent ten plan years are assumed to commence benefits at the earliest possible date under the plan, but not before the end of the current plan year, except in accordance with the regular valuation assumptions. In addition, all participants (not just those eligible to begin benefits within the next 11 years) are assumed to elect the most valuable form of benefit under the plan, which is usually the 50% Joint and Survivor form of payment.

**Timing of benefit payments** Annuity payments are payable monthly at the beginning of the month.

## Methods

**Valuation date** First day of plan year

**Funding target** Present value of accrued benefits

**Target normal cost** Present value of benefits expected to accrue during the plan year plus plan-related expenses expected to be paid from plan assets during the plan year.

**Decrement Timing** The approach used is called rounded middle of year (rounded MOY) decrement timing. Most events are assumed to occur at the middle of year during which the eligibility condition will be met or the start/end date will occur. For death and disability decrements, the rate applied is based on the participant's rounded age (nearest integer age) at the beginning of the year, to align with the methodology generally used to create those rate tables. For retirement and withdrawal decrements: the age is generally the participant's rounded age at the middle of the year.

**Actuarial value of assets for determining minimum required contributions** Average of the fair market value of assets on the valuation date and the two immediately preceding valuation dates, adjusted for contributions, benefits, administrative expenses and expected earnings (with such expected earnings limited as described in IRS Notice 2009-22). The average asset value must be within 10% of market value, including discounted contributions receivable (discounted using the effective interest rate for the prior plan year.).

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## Benefits not valued

All benefits described in the Plan Provisions section of this report were valued. WTW has reviewed the plan provisions with the plan sponsor and, based on that review, is not aware of any significant benefits required to be valued that were not.

The plan pays small benefits (with a present value up to \$1,000) in a single lump sum payment and provides the option to elect a single lump sum payment when the present value does not exceed \$5,000. Such lump sums are not explicitly valued as such; rather such participants' benefits are valued using the benefit choice assumptions above.

## Sources of Data and Other Information

The plan sponsor furnished participant data as of January 1, 2024 via the WTW eePoint administration system. Information on assets, contributions and plan provisions was supplied by the plan sponsor. Data and other information were reviewed for reasonableness and consistency, but no audit was performed.

We are not aware of any errors or omissions in the data that would have a significant effect on the results of our calculations.

## Assumptions Rationale - Significant Economic Assumptions

### Discount rate

The basis chosen was selected by the plan sponsor from among choices prescribed by law, all of which are based on observed market data over certain periods of time.

### Plan-related expenses

As required by regulations, plan-related expenses are calculated by estimating the expenses to be paid from the trust during the coming year (including, for example, expected PBGC premiums and actuarial, accounting, legal, administration and trustee fees to be paid from the trust).

## Assumptions Rationale - Significant Demographic Assumptions

### Healthy and Disabled Mortality

Assumptions used for funding purposes are as prescribed by IRC §430(h). Based on discussions with the plan sponsor, we have reflected "substitute mortality tables" for annuitants based on actual plan experience study from 2012 to 2016 allowed under IRS Revenue Procedure 2017-55.

|                 |                                                        |
|-----------------|--------------------------------------------------------|
| Plan Name:      | Mueller Group, LLC Pension Plan for Selected Employees |
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| Valuation Date: | January 1, 2024                                        |

## SCHEDULE SB ATTACHMENTS

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|                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|---------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Termination</b>                                            | Termination rates are based on historical experience and input from the plan sponsor concerning its future expectations of turnover. This assumption will be monitored periodically to determine if the current assumption produces significant gains or losses, which could warrant a change to the assumption in the future.                                                                                                                         |
| <b>Disability</b>                                             | Disability rates are based on historical experience and input from the plan sponsor concerning its future expectations of incidence. This assumption will be monitored periodically to determine if the current assumption produces significant gains or losses, which could warrant a change to the assumption in the future. In some cases, assumed disability rates differ by gender because of expected differences in disability rates by gender. |
| <b>Retirement</b>                                             | Retirement rates were based on an experience study conducted in 2012, with annual consideration of whether any conditions have changed that would be expected to produce different results in the future.                                                                                                                                                                                                                                              |
| <b>Benefit commencement date for deferred vested benefits</b> | Deferred vested participants' assumed commencement age is a single age intended to capture the average age at commencement. This age was determined based on review of past experience, and varies by location. In general, deferred vested early commencement factors are not heavily subsidized so that the difference between this approach and using assumed commencement rates at multiple ages is not expected to be significant.                |
| <b>Form of payment</b>                                        | The percentage of retiring participants assumed to take joint and survivor annuities, and the assumed survivor percentages, are based on observed experience over the period 2010 to 2012.                                                                                                                                                                                                                                                             |

### Source of Prescribed Methods

|                        |                                                                                                                                                                                                                                                                                                                                                |
|------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Funding methods</b> | The methods used for funding purposes as described in Appendix A, including the method of determining plan assets, are "prescribed methods set by law", as defined in the actuarial standards of practice (ASOPs). These methods are required by IRC §430, or were selected by the plan sponsor from a range of methods permitted by IRC §430. |
|------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                 |                                                        |
|-----------------|--------------------------------------------------------|
| Plan Name:      | Mueller Group, LLC Pension Plan for Selected Employees |
| EIN / PN:       | 37-1387813/005                                         |
| Plan Sponsor:   | Mueller Group, LLC                                     |
| Valuation Date: | January 1, 2024                                        |

# SCHEDULE SB ATTACHMENTS

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## Changes in Assumptions and Methods

### Change in assumptions and methods since prior valuation

- The segment interest rates used to calculate the funding target and target normal cost were updated to the current valuation date as required by IRC §430.
- The mortality projection scale used to calculate the funding target and target normal cost was changed from Scale MP-2021 to the IRS-adjusted MP-2021 mortality improvement scale (i.e., MP-2021 with no mortality improvement for 2022-2023 and future mortality improvement capped at 0.78% for years after 2024) as required by guidance issued by IRS under IRC §430.
- For non-annuitants, the mortality table used to calculate the funding target and target normal cost was changed from the RP-2014 "Employees" table to the Pri-2012 "Employees" table as required by guidance issued by IRS under IRC §430.
- The assumed plan-related expenses added to target normal cost were changed from \$1,341,744 for the prior valuation to \$880,723 for current valuation.

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Valuation Date: January 1, 2024

|                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                               |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|
| <div>Form 5500</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security<br/>Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Annual Return/Report of Employee Benefit Plan</div> <div>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).</div> <div>Complete all entries in accordance with the instructions to the Form 5500.</div> | <div>OMB Nos. 1210-0110<br/>1210-0089</div> <div>2024</div> <div>This Form is Open to Public Inspection</div> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|

|                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                          |
|--------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 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:<br><div><input type="checkbox"/> a multiemployer plan</div> <div><input type="checkbox"/> a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)</div> <div><input checked="" type="checkbox"/> a single-employer plan</div> <div><input type="checkbox"/> a DFE (specify) _____</div> |
| B                                                                                          | This return/report is:<br><div><input type="checkbox"/> the first return/report</div> <div><input type="checkbox"/> the final return/report</div> <div><input type="checkbox"/> an amended return/report</div> <div><input type="checkbox"/> a short plan year return/report (less than 12 months)</div>                                                                                                 |
| C                                                                                          | If the plan is a collectively-bargained plan, check here. <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                       |
| D                                                                                          | Check box if filing under:<br><div><input checked="" type="checkbox"/> Form 5558</div> <div><input type="checkbox"/> automatic extension</div> <div><input type="checkbox"/> the DFVC program</div> <div><input type="checkbox"/> special extension (enter description)</div>                                                                                                                            |
| 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<br>MUELLER GROUP, LLC PENSION PLAN FOR SELECTED EMPLOYEES                                                                                                                                                                                                                                                                                                                       |
| 1b      | Three-digit plan number (PN) ▶ 005                                                                                                                                                                                                                                                                                                                                                           |
| 1c      | Effective date of plan<br>12/01/1942                                                                                                                                                                                                                                                                                                                                                         |
| 2a      | Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br>Mueller Group, LLC<br><br>1200 Abernathy Rd, Ne, Suite 1200 1200 ABERNATHY ROAD, SUITE 1200<br>Atlanta GA 30328 ATLANTA GA 30328-0000 |
| 2b      | Employer Identification Number (EIN)<br>37-1387813                                                                                                                                                                                                                                                                                                                                           |
| 2c      | Plan Sponsor's telephone number<br>770-206-4200                                                                                                                                                                                                                                                                                                                                              |
| 2d      | Business code (see instructions)<br>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 | <div>Laura Kindig</div>            | 10/13/25 | Laura Kindig                                                 |
|           | 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                      |

# SCHEDULE SB ATTACHMENTS

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## Schedule SB – Statement by Enrolled Actuary

|                          |                                                        |
|--------------------------|--------------------------------------------------------|
| <b>Plan Sponsor</b>      | Mueller Group, LLC                                     |
| <b>EIN/PN</b>            | 37-1387813/005                                         |
| <b>Plan Name</b>         | Mueller Group, LLC Pension Plan for Selected Employees |
| <b>Valuation Date</b>    | January 1, 2024                                        |
| <b>Enrolled Actuary</b>  | Eric Geissler                                          |
| <b>Enrollment Number</b> | 23-07911                                               |

The actuarial assumptions that are not mandated by IRC § 430 and regulations, represent the enrolled actuary's best estimate of anticipated experience under the plan, subject to the following conditions:

The actuarial valuation, on which the information in this Schedule SB is based, has been prepared in reliance upon the employee and financial data furnished by the plan administrator and the trustee. The enrolled actuary has not made a rigorous check of the accuracy of this information but has accepted it after reviewing it and concluding it is reasonable in relation to similar information furnished in previous years. The amounts of contributions and dates paid shown in Item 18 of Schedule SB were listed in reliance on information provided by the plan administrator and/or trustee.

|                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                   |                                                                                                |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| <div>SCHEDULE SB<br/>(Form 5500)<br/><br/>Department of the Treasury<br/>Internal Revenue Service<br/><br/>Department of Labor<br/>Employee Benefits Security Administration<br/><br/>Pension Benefit Guaranty Corporation</div> | <div>Single-Employer Defined Benefit Plan<br/>Actuarial Information</div> <div>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).</div> <div>► File as an attachment to Form 5500 or 5500-SF.</div> | <div>OMB No. 1210-0110</div> <div>2024</div> <div>This Form is Open to Public Inspection</div> |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|

|                                                                                                                                    |                                                                                                                                                  |
|------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|
| 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<br>MUELLER GROUP, LLC PENSION PLAN FOR SELECTED EMPLOYEES                                                           | B Three-digit plan number (PN) ► 005                                                                                                             |
| C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br>Mueller Group, LLC                                            | D Employer Identification Number (EIN)<br>37-1387813                                                                                             |
| 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 01 Day 01 Year 2024                                                                                                                                              |                            |                           |                          |
| 2 Assets:                                                                                                                                                                                          |                            |                           |                          |
| a Market value                                                                                                                                                                                     | 2a                         | 259,180,240               |                          |
| b Actuarial value                                                                                                                                                                                  | 2b                         | 282,337,245               |                          |
| 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                                                                                                                                     | 3,275                      | 197,650,162               | 197,650,162              |
| b For terminated vested participants                                                                                                                                                               | 728                        | 25,788,786                | 25,788,786               |
| c For active participants                                                                                                                                                                          | 371                        | 27,595,872                | 28,329,190               |
| d Total                                                                                                                                                                                            | 4,374                      | 251,034,820               | 251,768,138              |
| 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                          | 5.09%                     |                          |
| 6 Target normal cost                                                                                                                                                                               |                            |                           |                          |
| a Present value of current plan year accruals                                                                                                                                                      | 6a                         | 747,802                   |                          |
| b Expected plan-related expenses                                                                                                                                                                   | 6b                         | 880,723                   |                          |
| c Target normal cost                                                                                                                                                                               | 6c                         | 1,628,525                 |                          |

**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.

|                                                                                                                                                                                                                                                               |                                                                                                                                                                             |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <div>SIGN HERE</div> <div>Eric Geissler</div> <div></div> <div>Signature of actuary</div>                                                                                  | <div>10/10/2025</div> <div>Date</div> <div>2307911</div> <div>Most recent enrollment number</div> <div>901-930-0000</div> <div>Telephone number (including area code)</div> |
| <div>Eric Geissler</div> <div>Type or print name of actuary</div> <div>Willis Towers Watson US LLC</div> <div>Firm name</div> <div>3340 Players Club Parkway<br/>Shadow Creek II Floor 2, Suite 200<br/>Memphis TN 31825</div> <div>Address of the firm</div> |                                                                                                                                                                             |

## SCHEDULE SB ATTACHMENTS

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**Schedule SB, Line 22**  
**Description of Weighted Average Retirement Age**  
**as of January 1, 2024**

See Schedule SB, Part V - Statement of Actuarial Assumptions/Methods for retirement rates. The average retirement age for Line 22 was calculated by determining the average age at retirement for those current active participants expected to reach retirement, based on all current decrements assumed.

**Mueller Company Albertville Location**

| (A)                             | (B)             | (C)    | (D)     | (E)     |
|---------------------------------|-----------------|--------|---------|---------|
| Age                             | Retirement Rate | Weight | (B)*(C) | (A)*(D) |
| 55                              | 0.0100          | 1.0000 | 0.0100  | 0.5500  |
| 56                              | 0.0100          | 0.9900 | 0.0099  | 0.5544  |
| 57                              | 0.0100          | 0.9801 | 0.0098  | 0.5587  |
| 58                              | 0.0100          | 0.9703 | 0.0097  | 0.5628  |
| 59                              | 0.0100          | 0.9606 | 0.0096  | 0.5668  |
| 60                              | 0.0500          | 0.9510 | 0.0475  | 2.8530  |
| 61                              | 0.0500          | 0.9034 | 0.0452  | 2.7555  |
| 62                              | 0.3000          | 0.8583 | 0.2575  | 15.9638 |
| 63                              | 0.4000          | 0.6008 | 0.2403  | 15.1399 |
| 64                              | 0.6000          | 0.3605 | 0.2163  | 13.8422 |
| 65                              | 0.6000          | 0.1442 | 0.0865  | 5.6234  |
| 66                              | 0.8000          | 0.0577 | 0.0461  | 3.0453  |
| 67                              | 1.0000          | 0.0115 | 0.0115  | 0.7729  |
| Average Age                     |                 |        |         | 62.7884 |
| Rounded for Schedule SB Item 22 |                 |        |         | 63      |

Plan Name: Mueller Group, LLC Pension Plan for Selected Employees  
EIN / PN: 37-1387813/005  
Plan Sponsor: Mueller Group, LLC  
Valuation Date: January 1, 2024

# SCHEDULE SB ATTACHMENTS

## Mueller Company Chattanooga Location

| (A)                             | (B)             | (C)    | (D)     | (E)     |
|---------------------------------|-----------------|--------|---------|---------|
| Age                             | Retirement Rate | Weight | (B)*(C) | (A)*(D) |
| 55                              | 0.0800          | 1.0000 | 0.0800  | 4.4000  |
| 56                              | 0.0800          | 0.9200 | 0.0736  | 4.1216  |
| 57                              | 0.0800          | 0.8464 | 0.0677  | 3.8596  |
| 58                              | 0.0500          | 0.7787 | 0.0389  | 2.2582  |
| 59                              | 0.0500          | 0.7398 | 0.0370  | 2.1823  |
| 60                              | 0.0500          | 0.7028 | 0.0351  | 2.1083  |
| 61                              | 0.1500          | 0.6676 | 0.1001  | 6.1088  |
| 62                              | 0.5000          | 0.5675 | 0.2837  | 17.5920 |
| 63                              | 0.5000          | 0.2837 | 0.1419  | 8.9379  |
| 64                              | 0.5000          | 0.1419 | 0.0709  | 4.5399  |
| 65                              | 0.6000          | 0.0709 | 0.0426  | 2.7665  |
| 66                              | 0.7500          | 0.0284 | 0.0213  | 1.4045  |
| 67                              | 1.0000          | 0.0071 | 0.0071  | 0.4753  |
| Average Age                     |                 |        |         | 60.7547 |
| Rounded for Schedule SB Item 22 |                 |        |         | 61      |

## Mueller Company Decatur Location

| (A)                             | (B)             | (C)    | (D)     | (E)     |
|---------------------------------|-----------------|--------|---------|---------|
| Age                             | Retirement Rate | Weight | (B)*(C) | (A)*(D) |
| 55                              | 0.0100          | 1.0000 | 0.0100  | 0.5500  |
| 56                              | 0.0100          | 0.9900 | 0.0099  | 0.5544  |
| 57                              | 0.0100          | 0.9801 | 0.0098  | 0.5587  |
| 58                              | 0.0100          | 0.9703 | 0.0097  | 0.5628  |
| 59                              | 0.0100          | 0.9606 | 0.0096  | 0.5668  |
| 60                              | 0.0500          | 0.9510 | 0.0475  | 2.8530  |
| 61                              | 0.0500          | 0.9034 | 0.0452  | 2.7555  |
| 62                              | 0.3000          | 0.8583 | 0.2575  | 15.9638 |
| 63                              | 0.4000          | 0.6008 | 0.2403  | 15.1399 |
| 64                              | 0.6000          | 0.3605 | 0.2163  | 13.8422 |
| 65                              | 0.6000          | 0.1442 | 0.0865  | 5.6234  |
| 66                              | 0.8000          | 0.0577 | 0.0461  | 3.0453  |
| 67                              | 1.0000          | 0.0115 | 0.0115  | 0.7729  |
| Average Age                     |                 |        |         | 62.7884 |
| Rounded for Schedule SB Item 22 |                 |        |         | 63      |

Plan Name: Mueller Group, LLC Pension Plan for Selected Employees  
 EIN / PN: 37-1387813/005  
 Plan Sponsor: Mueller Group, LLC  
 Valuation Date: January 1, 2024

# SCHEDULE SB ATTACHMENTS

## Schedule SB, Line 26b Schedule of Projection of Expected Benefit Payments

| Plan Year | Active Participants | Terminated Vested Participants | Retired Participants and Beneficiaries Receiving Payments | Total      |
|-----------|---------------------|--------------------------------|-----------------------------------------------------------|------------|
| 2024      | 625,270             | 571,920                        | 21,470,343                                                | 22,667,533 |
| 2025      | 1,014,633           | 813,798                        | 20,691,260                                                | 22,519,691 |
| 2026      | 1,288,722           | 1,054,547                      | 19,836,187                                                | 22,179,456 |
| 2027      | 1,473,111           | 1,265,415                      | 18,977,983                                                | 21,716,509 |
| 2028      | 1,610,123           | 1,431,634                      | 18,101,153                                                | 21,142,910 |
| 2029      | 1,706,869           | 1,598,722                      | 17,211,516                                                | 20,517,107 |
| 2030      | 1,780,877           | 1,753,389                      | 16,317,854                                                | 19,852,120 |
| 2031      | 1,855,351           | 1,845,655                      | 15,419,168                                                | 19,120,174 |
| 2032      | 1,927,209           | 1,889,755                      | 14,523,145                                                | 18,340,109 |
| 2033      | 1,992,222           | 1,932,466                      | 13,637,230                                                | 17,561,918 |
| 2034      | 2,050,957           | 1,969,239                      | 12,761,023                                                | 16,781,219 |
| 2035      | 2,096,054           | 1,997,209                      | 11,890,580                                                | 15,983,843 |
| 2036      | 2,128,864           | 2,043,006                      | 11,037,537                                                | 15,209,407 |
| 2037      | 2,148,746           | 2,080,713                      | 10,198,726                                                | 14,428,185 |
| 2038      | 2,159,730           | 2,081,856                      | 9,376,919                                                 | 13,618,505 |
| 2039      | 2,157,749           | 2,073,724                      | 8,575,252                                                 | 12,806,725 |
| 2040      | 2,148,116           | 2,058,061                      | 7,797,053                                                 | 12,003,230 |
| 2041      | 2,128,624           | 2,030,624                      | 7,045,808                                                 | 11,205,056 |
| 2042      | 2,096,330           | 1,990,717                      | 6,325,024                                                 | 10,412,071 |
| 2043      | 2,055,740           | 1,948,224                      | 5,637,960                                                 | 9,641,924  |
| 2044      | 2,007,532           | 1,887,946                      | 4,987,925                                                 | 8,883,403  |
| 2045      | 1,952,605           | 1,807,605                      | 4,377,920                                                 | 8,138,130  |
| 2046      | 1,898,674           | 1,721,138                      | 3,810,294                                                 | 7,430,106  |
| 2047      | 1,843,020           | 1,628,937                      | 3,287,037                                                 | 6,758,994  |
| 2048      | 1,780,048           | 1,536,966                      | 2,809,565                                                 | 6,126,579  |
| 2049      | 1,710,349           | 1,449,091                      | 2,378,712                                                 | 5,538,152  |
| 2050      | 1,633,996           | 1,355,624                      | 1,994,570                                                 | 4,984,190  |
| 2051      | 1,547,186           | 1,260,929                      | 1,656,389                                                 | 4,464,504  |

Plan Name: Mueller Group, LLC Pension Plan for Selected Employees  
EIN / PN: 37-1387813/005  
Plan Sponsor: Mueller Group, LLC  
Valuation Date: January 1, 2024

## SCHEDULE SB ATTACHMENTS

| Plan Year | Active Participants | Terminated Vested Participants | Retired Participants and Beneficiaries Receiving Payments | Total     |
|-----------|---------------------|--------------------------------|-----------------------------------------------------------|-----------|
| 2052      | 1,452,821           | 1,163,112                      | 1,362,606                                                 | 3,978,539 |
| 2053      | 1,356,220           | 1,062,973                      | 1,110,851                                                 | 3,530,044 |
| 2054      | 1,261,768           | 965,234                        | 898,059                                                   | 3,125,061 |
| 2055      | 1,168,927           | 870,888                        | 720,613                                                   | 2,760,428 |
| 2056      | 1,077,127           | 780,835                        | 574,487                                                   | 2,432,449 |
| 2057      | 988,517             | 695,816                        | 455,525                                                   | 2,139,858 |
| 2058      | 903,640             | 616,381                        | 359,676                                                   | 1,879,697 |
| 2059      | 822,874             | 542,871                        | 283,137                                                   | 1,648,882 |
| 2060      | 746,466             | 475,424                        | 222,460                                                   | 1,444,350 |
| 2061      | 674,539             | 414,006                        | 174,614                                                   | 1,263,159 |
| 2062      | 607,127             | 358,465                        | 137,021                                                   | 1,102,613 |
| 2063      | 544,225             | 308,561                        | 107,536                                                   | 960,322   |
| 2064      | 485,783             | 263,998                        | 84,425                                                    | 834,206   |
| 2065      | 431,732             | 224,449                        | 66,306                                                    | 722,487   |
| 2066      | 381,979             | 189,565                        | 52,092                                                    | 623,636   |
| 2067      | 336,401             | 158,998                        | 40,937                                                    | 536,336   |
| 2068      | 294,850             | 132,413                        | 32,194                                                    | 459,457   |
| 2069      | 257,155             | 109,475                        | 25,346                                                    | 391,976   |
| 2070      | 223,124             | 89,843                         | 19,986                                                    | 332,953   |
| 2071      | 192,519             | 73,182                         | 15,799                                                    | 281,500   |
| 2072      | 165,105             | 59,158                         | 12,535                                                    | 236,798   |
| 2073      | 140,652             | 47,450                         | 9,952                                                     | 198,094   |

Plan Name: Mueller Group, LLC Pension Plan for Selected Employees  
 EIN / PN: 37-1387813/005  
 Plan Sponsor: Mueller Group, LLC  
 Valuation Date: January 1, 2024

# SCHEDULE SB ATTACHMENTS

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## Schedule SB, Part V Summary of Plan Provisions

### Summary of principal plan provisions

**Prior Pension Plan for Salaried Employees of United States Pipe and Foundry Company – Plan 101**

**Prior Pension Plan for Hourly Employees of United States Pipe and Foundry Company – Plan 050**

**Prior Mueller Company Retirement Plan for Hourly Employees at Selected Locations**

**Prior Anvil International, Inc. Pension Plan for Employees at Selected Locations**

**Prior Anvil International, Inc. Pension Plan for Employees at Longview**

**Prior Anvil International, Inc. Pension Plan for Employees at Henderson**

**Prior Anvil International, Inc. Pension Plan for Hourly Employees at the Columbia Plant**

|                 |                                                        |
|-----------------|--------------------------------------------------------|
| Plan Name:      | Mueller Group, LLC Pension Plan for Selected Employees |
| EIN / PN:       | 37-1387813/005                                         |
| Plan Sponsor:   | Mueller Group, LLC                                     |
| Valuation Date: | January 1, 2024                                        |

## **SCHEDULE SB ATTACHMENTS**

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# **Prior Pension Plan for Salaried Employees of United States Pipe and Foundry Company – Plan 101**

|                 |                                                        |
|-----------------|--------------------------------------------------------|
| Plan Name:      | Mueller Group, LLC Pension Plan for Selected Employees |
| EIN / PN:       | 37-1387813/005                                         |
| Plan Sponsor:   | Mueller Group, LLC                                     |
| Valuation Date: | January 1, 2024                                        |

# SCHEDULE SB ATTACHMENTS

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## Schedule SB, Part V Summary of Plan Provisions Salaried Employees of U.S. Pipe and Foundry Company

### Prior Plan

The plan was originally effective September 1, 1971. Effective December 31, 2009, the Plan was merged with six other pension plans in the plan sponsor's controlled group. Effective January 1, 2015, the Plan was amended and restated.

**Covered employees** United States Pipe and Foundry Company and any affiliate or division adopting the plan

**Participation date** All salesmen employed on a salaried or commission basis or salaried employees of participating employers as of January 1 or July 1 next following the attainment of age 21 and the completion of six months of service. No new participants or rehires are allowed after January 1, 2008.

### Definitions

**Vesting service** Service consists of all periods of continuous employment. Periods of temporary illness, layoff, and leaves of absence will be counted as service to the extent provided by the provisions of the plan.

Service prior to the participation date for the employee's employer shall be credited pursuant to various predecessor Plan guarantees, generally in accordance with the predecessor Plans then in effect.

**Pension service** Credited service for any participant who had not attained age 55 as of December 31, 2007 was frozen as of December 31, 2007. Credited service for participants at least age 55 on that date will continue to accrue until December 31, 2017.

Plan Name: Mueller Group, LLC Pension Plan for Selected Employees  
EIN / PN: 37-1387813/005  
Plan Sponsor: Mueller Group, LLC  
Valuation Date: January 1, 2024

## SCHEDULE SB ATTACHMENTS

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**Average earnings**

Average Monthly Compensation is the total annual compensation during the highest consecutive 5 of the last 10 completed calendar years of service prior to retirement, divided by 60. Compensation in the year of retirement will be substituted for the proportionate compensation in the equivalent part of the first year of such 5-year period if the last 5 years are the highest 5 years and such substitution produces a higher average.

Final Average Monthly Compensation for any participant who had not attained age 45 as of December 31, 2007 was frozen as of that date. Final Average Monthly Compensation for participants who were at least age 45 on that date will continue to accrue until December 31, 2017.

**Normal retirement date (NRD)**

Normal Retirement Date is the first day of the month coincident with or next following the attainment of age 65 and five years of Service.

**Monthly pension benefit**

The sum of (1), (2), and (3) below:

- 1) The Base Percentage multiplied by the lesser of Average Monthly Compensation multiplied by years of Benefit Service less than or equal to 35, plus
- 2) 1.475% of Average Monthly Compensation in excess of Covered Compensation multiplied by years of Benefit Service less than or equal to 35, plus
- 3) 1.475% of Average Monthly Compensation multiplied by years of Benefit Service in excess of 35.

The Base Percentage is 0.975% for employees born before 1938, 1.000% for employees born from 1938 through 1954, and 1.025% for employees born after 1954. Other minimum benefits exist but are no longer valued because the formula above generates the greatest benefit.

The monthly benefit is determined considering Compensation and Covered Compensation at the date of separation, but using the amount of Credited Service the employee would have had if he had continued to work until Normal Retirement Date, and the result of this calculation is then multiplied by a fraction, the numerator of which is the employee's length of Credited Service at separation date and the denominator of which is the employee's projected service to Normal Retirement Date.

|                 |                                                        |
|-----------------|--------------------------------------------------------|
| Plan Name:      | Mueller Group, LLC Pension Plan for Selected Employees |
| EIN / PN:       | 37-1387813/005                                         |
| Plan Sponsor:   | Mueller Group, LLC                                     |
| Valuation Date: | January 1, 2024                                        |

# SCHEDULE SB ATTACHMENTS

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## Eligibility for Benefits

|                                    |                                                                                                                                                                        |
|------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Normal retirement</b>           | Age 65 with five years of Service                                                                                                                                      |
| <b>Early retirement</b>            | An employee may retire when he is 50 years old with 10 years of service and commences his benefit immediately.                                                         |
| <b>Postponed retirement</b>        | Retirement after Normal Retirement Date                                                                                                                                |
| <b>Vested termination</b>          | Upon termination of employment after 5 years of vesting service, an employee shall be eligible for a pension commencing at age 65.                                     |
| <b>Preretirement death benefit</b> | Participants who have previously elected eligible spouse coverage, die while eligible for an early, normal, late and vested benefits and are married at time of death. |

## Benefits Paid Upon the Following Events

|                             |                                                                                                                                                     |
|-----------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Normal retirement</b>    | Accrued benefit payable at Normal Retirement Date                                                                                                   |
| <b>Early retirement</b>     | The benefit is determined as for Normal Retirement benefit. It is then actuarially reduced from age 65 to commencement age.                         |
| <b>Postponed retirement</b> | Pension determined as for Normal Retirement considering service to Late Retirement Date, with actuarial increases for postponed payment of benefits |

|                 |                                                        |
|-----------------|--------------------------------------------------------|
| Plan Name:      | Mueller Group, LLC Pension Plan for Selected Employees |
| EIN / PN:       | 37-1387813/005                                         |
| Plan Sponsor:   | Mueller Group, LLC                                     |
| Valuation Date: | January 1, 2024                                        |

## SCHEDULE SB ATTACHMENTS

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### **Rule of 80 retirement**

An employee may retire when his age plus service totals 80 years or more. The benefit is determined as for Normal Retirement considering Compensation and Covered Compensation at separation date but the amount in Formula (a) (Accrued Benefit) is computed using the amount of service the employee would have had if he had continued to work until Normal Retirement Date, and the result of this calculation is multiplied by a fraction, the numerator of which is the employee's length of Benefit Service at Early Retirement Date and the denominator of which is the employee's projected service at Normal Retirement Date. In addition, there are two further modifications to the Formulas: First, the factor of 1.475% which appears twice in Formula (a) (Accrued Benefit) is replaced by the appropriate percentage from the following table:

| Age at Retirement | Percentage |
|-------------------|------------|
| 60 and older      | 1.475%     |
| 59                | 1.450%     |
| 58                | 1.425%     |
| 57                | 1.400%     |
| 56                | 1.369%     |
| 55                | 1.341%     |
| 54                | 1.312%     |
| 53                | 1.285%     |
| 52                | 1.258%     |
| 51                | 1.234%     |
| 50                | 1.212%     |

### **Vested termination**

The monthly benefit is determined as for Normal Retirement considering compensation and Covered Compensation at the date of separation, but the amount in Formula (Accrued Benefit) is computed using the amount of service the employee would have had if he had continued to work until Normal Retirement Date, and the result of this calculation is then multiplied by a fraction, the numerator of which is the employee's length of Benefit Service at separation date and the denominator of which is the employee's projected service to Normal Retirement Date. Employees with 10 years of service may commence benefits as early as age 50 with their benefit actuarially reduced from Normal Retirement Date.

### **Disablement**

Vested accrued benefit is payable at normal retirement age

Plan Name: Mueller Group, LLC Pension Plan for Selected Employees  
EIN / PN: 37-1387813/005  
Plan Sponsor: Mueller Group, LLC  
Valuation Date: January 1, 2024

# SCHEDULE SB ATTACHMENTS

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**Preretirement death** The surviving spouse of deceased participant will receive the survivor's portion of a 50% joint and survivor annuity, which is also reduced for the cost of the eligible spouse coverage. Coverage is optional.

## Other Plan Provisions

- Forms of payment**
- Life Annuity
  - 50% Joint & Survivor Annuity
  - 75% Joint & Survivor Annuity
  - 100% Joint & Survivor Annuity
  - 120 month Certain and Life Option
  - Social Security Level Income Option

Actuarial equivalence is based on the 1971 Group Annuity Mortality Table (with a 1-year age setback for participants and a 5-year age setback for beneficiaries) and 7.5% interest rate.

**Plan participants contributions** None

## Future Plan Changes

No future plan changes were recognized in determining pension cost or in determining minimum and maximum contributions.

## Changes in Benefits Valued Since Prior Year

None

Plan Name: Mueller Group, LLC Pension Plan for Selected Employees  
EIN / PN: 37-1387813/005  
Plan Sponsor: Mueller Group, LLC  
Valuation Date: January 1, 2024

## **SCHEDULE SB ATTACHMENTS**

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# **Prior Pension Plan for Hourly Employees of United States Pipe and Foundry Company – Plan 050**

|                 |                                                        |
|-----------------|--------------------------------------------------------|
| Plan Name:      | Mueller Group, LLC Pension Plan for Selected Employees |
| EIN / PN:       | 37-1387813/005                                         |
| Plan Sponsor:   | Mueller Group, LLC                                     |
| Valuation Date: | January 1, 2024                                        |

# SCHEDULE SB ATTACHMENTS

## Schedule SB, Part V Summary of Plan Provisions Hourly Employees of U.S. Pipe and Foundry Company

### Plan Provisions

The plan was originally effective March 1, 1950. Effective December 31, 2009, the Plan was merged with six other pension plans in the plan sponsor's controlled group. Effective January 1, 2015, the Plan was amended and restated.

**Covered employees** Hourly or piece-work Employees of U.S. Pipe and Foundry Company

**Participation date** Upon attainment of age 20 1/2 and completion of 6 months of service.  
For purposes of the plan provisions noted below, members are divided into the following groups:

| Group Name                          | Appendix |
|-------------------------------------|----------|
| Local 39 (California)               | 048      |
| Local 155 (Chattanooga Soil Pipe)   | 049      |
| Local 3508 (Chattanooga)            | 050      |
| Non Union Hourly                    | 248      |
| Local 324 (Anniston)                | 038      |
| Lodge 291 (Anniston)                | 039      |
| Local 136 (Bessemer)                | 040      |
| Lodge 583 (now 584) (Bessemer)      | 042      |
| Lodge 359 (Bessemer)                | 044      |
| Local 2140 (Bessemer)               | 045      |
| Local 2026 (Burlington)             | 046      |
| Local 256B (North Birmingham)       | 047      |
| Local 175 (Chattanooga)             | 051      |
| Lodge 56 (Chattanooga)              | 052      |
| Pattern Makers League (Chattanooga) | 053      |
| Local 179 (Chattanooga)             | 113      |

Entry into Appendix 040, 042, and 044 was closed as of February 1, 2008.  
Entry into Appendix 047 was closed January 26, 2009.

### Definitions

**Vesting service** One year of service for 1,000 hours in a calendar year, prorated for less than 1,000 hours.  
  
In the event of a plant closing, affected individuals (current employees and employees who were laid off and not recalled less than 2 years prior to the plant closing) will automatically receive an additional two years of service that can be applied towards meeting the 5 year vesting requirement.

Plan Name: Mueller Group, LLC Pension Plan for Selected Employees  
EIN / PN: 37-1387813/005  
Plan Sponsor: Mueller Group, LLC  
Valuation Date: January 1, 2024

## SCHEDULE SB ATTACHMENTS

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|                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|-------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Pension service</b>              | <p>One year of service for 2,080 hours in a calendar year, prorated for less than 2,080 hours.</p> <p>In the event of a plant closing, affected individuals (current employees and employees who were laid off and not recalled less than 2 years prior to the plant closing) will automatically receive an additional two years of credited service.</p> <p>Effective February 1, 2011, Credited Service for Appendix 044 and 045 is frozen.</p> <p>Effective March 1, 2011, Credited Service for Appendix 040, 042 and 048 is frozen.</p> <p>Effective July 15, 2011, Credited Service for Appendix 046 is frozen.</p> |
| <b>Average earnings</b>             | <p><i>Appendices 040, 042, 044, 045, 046, 048, 050, 113</i></p> <p>Average of earnings during last 120 calendar months of employment</p> <p><i>Appendices 051, 052, 053</i></p> <p>The result obtained by dividing the total earnings of an employee during a considered period by the number of months, including fractional months, for which earnings were received. The considered period shall be the 5 calendar years which produce the highest such average during the last 10 calendar years of an employee's period of employment.</p>                                                                          |
| <b>Normal retirement date (NRD)</b> | <p>First day of the month coincident with or next following the attainment of age 65 and five years of vesting service</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |

|                 |                                                        |
|-----------------|--------------------------------------------------------|
| Plan Name:      | Mueller Group, LLC Pension Plan for Selected Employees |
| EIN / PN:       | 37-1387813/005                                         |
| Plan Sponsor:   | Mueller Group, LLC                                     |
| Valuation Date: | January 1, 2024                                        |

# SCHEDULE SB ATTACHMENTS

## Monthly pension benefit

### *Appendices 038, 039*

Monthly pension shall be equal to \$19.50 for each year of service.

### *Appendix 040*

Monthly pension shall be equal to the greater of (a) 1% of Average Earnings for each year of service, or (b) the scheduled multiplier from the chart below multiplied by years of service.

| Effective Date   | Scheduled Multiplier |
|------------------|----------------------|
| November 1, 2003 | \$24.00              |
| November 1, 2004 | \$28.00              |

### *Appendix 042*

Monthly pension shall be equal to the greater of (a) 1% of Average Earnings for each year of service, or (b) the scheduled multiplier from the chart below multiplied by years of service.

| Effective Date   | Scheduled Multiplier |
|------------------|----------------------|
| November 1, 2003 | \$24.00              |
| November 1, 2004 | \$28.00              |
| November 1, 2007 | \$34.00              |

### *Appendix 044*

Monthly pension shall be equal to the greater of (a) 1% of Average Earnings for each year of service or (b) the scheduled multiplier from the chart below multiplied by years of service.

| Effective Date   | Scheduled Multiplier |
|------------------|----------------------|
| November 1, 2003 | \$24.00              |
| November 1, 2004 | \$28.00              |
| November 1, 2007 | \$30.00              |

### *Appendix 045*

Monthly pension shall be equal to the greater of (a) 1% of Average Earnings for each year of service or (b) the scheduled multiplier from the chart below multiplied by years of service.

| Effective Date   | Scheduled Multiplier |
|------------------|----------------------|
| November 1, 2003 | \$24.00              |
| November 1, 2004 | \$25.00              |
| November 1, 2005 | \$27.00              |
| November 1, 2006 | \$28.00              |
| November 1, 2007 | \$30.00              |
| November 1, 2008 | \$31.00              |

Plan Name: Mueller Group, LLC Pension Plan for Selected Employees  
EIN / PN: 37-1387813/005  
Plan Sponsor: Mueller Group, LLC  
Valuation Date: January 1, 2024

## SCHEDULE SB ATTACHMENTS

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### *Appendix 046*

Monthly pension shall be equal to greater of (a) 1% of Average Earnings for each year of service or (b) the scheduled multiplier from the chart below multiplied by years of service.

| Effective Date | Scheduled Multiplier |
|----------------|----------------------|
| March 16, 2003 | \$23.50              |
| March 14, 2004 | \$24.00              |
| March 20, 2005 | \$26.00              |
| March 19, 2006 | \$27.00              |
| March 18, 2007 | \$28.00              |

### *Appendix 047*

Monthly pension shall be equal to the scheduled multiplier from the chart below multiplied by years of service.

| Effective Date   | Scheduled Multiplier |
|------------------|----------------------|
| January 27, 2003 | \$26.00              |
| January 26, 2004 | \$27.00              |
| January 31, 2005 | \$28.00              |
| January 30, 2006 | \$29.00              |
| January 29, 2007 | \$30.00              |
| January 28, 2008 | \$31.00              |

### *Appendix 048*

Monthly pension shall be equal to the greater of (a) 1% of Average Earnings for each year of service, the result reduced by \$80 or (b) the scheduled multiplier from the chart below multiplied by years of service.

| Effective Date  | Scheduled Multiplier |
|-----------------|----------------------|
| January 2, 2003 | \$22.00              |
| January 2, 2004 | \$22.50              |
| January 1, 2005 | \$25.00              |
| January 1, 2006 | \$27.00              |
| January 1, 2007 | \$28.00              |
| January 1, 2009 | \$30.00              |

### *Appendix 049*

Monthly pension shall be equal to \$15.00 for each year of service.

|                 |                                                        |
|-----------------|--------------------------------------------------------|
| Plan Name:      | Mueller Group, LLC Pension Plan for Selected Employees |
| EIN / PN:       | 37-1387813/005                                         |
| Plan Sponsor:   | Mueller Group, LLC                                     |
| Valuation Date: | January 1, 2024                                        |

## SCHEDULE SB ATTACHMENTS

### *Appendix 050*

Monthly pension shall be equal to the greater of (a) 1% of Average Earnings for each year of service or (b) the scheduled multiplier from the chart below multiplied by years of service.

| Effective Date | Scheduled Multiplier |
|----------------|----------------------|
| May 1, 2003    | \$23.00              |
| May 1, 2004    | \$23.50              |
| May 1, 2005    | \$24.00              |

### *Appendix 051*

Monthly pension shall be equal to the greater of (a) 1% of Average Earnings for each year of service or (b) \$13.50 for each year of service.

### *Appendices 052, 053, 113*

Monthly pension shall be equal to the greater of (a) 1% of Average Earnings for each year of service, or (b) \$19.50 for each year of service.

### *Appendix 248*

Monthly pension shall be equal to \$19.50 for each year of service.

A participant's benefit cannot be smaller than his/her 12/31/2000 Frozen Accrued Benefit, if applicable.

## Eligibility for Benefits

**Normal retirement**      Attainment of age 65 with five years of vesting service

**Early retirement**      *Appendix 248* – age 55 and 15 years of service

*Appendices 049, 050, 051, 052, 053 and 113* – age 60 and 10 years of service

*All other appendices* – age 60 and 15 years of service

Plan Name:            Mueller Group, LLC Pension Plan for Selected Employees  
EIN / PN:            37-1387813/005  
Plan Sponsor:        Mueller Group, LLC  
Valuation Date:      January 1, 2024

## SCHEDULE SB ATTACHMENTS

|                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|-----------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Special early retirement benefit</b> | All appendices with the exception of Appendix 248 offer a Special Early Retirement Benefit, which provides an unreduced early retirement benefit to individuals who were terminated prior to Normal Retirement after attainment of age 53 and 18 years of service at termination because of one the following reasons: <ul style="list-style-type: none"><li>• Laid off and not recalled within 2 years</li><li>• Terminated due to a permanent plant shut down</li><li>• Terminated due to sickness lasting for more than 2 years</li></ul> |
| <b>Postponed retirement</b>             | Payable after normal date (age 65 with five years of vesting service)                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| <b>Vested termination</b>               | Five years of vesting service                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| <b>Disability</b>                       | <i>Appendix 248</i> –15 years of service<br><i>All other appendices</i> – 10 years of service                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| <b>Preretirement death benefit</b>      | Five years of service and death before pension commencement                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |

### Benefits Paid Upon the Following Events

|                          |                                                                                                                                                                                                                                                                                                                                                                                    |
|--------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Normal retirement</b> | Accrued benefit at normal retirement date.                                                                                                                                                                                                                                                                                                                                         |
| <b>Early retirement</b>  | <i>Appendix 248</i><br><br>Pension is determined as for Normal Retirement and is actuarially reduced if payments commence prior to age 65.<br><br><i>All other Appendices</i><br><br>Pension is determined as for Normal Retirement and is reduced according to the percentage schedule below if payment commences prior to age 65. Special layoff or shutdown benefits may apply. |

| Attained Age | Early Retirement Factor |
|--------------|-------------------------|
| 64           | 91.84%                  |
| 63           | 84.60%                  |
| 62           | 78.14%                  |
| 61           | 72.36%                  |
| 60           | 67.18%                  |

|                 |                                                        |
|-----------------|--------------------------------------------------------|
| Plan Name:      | Mueller Group, LLC Pension Plan for Selected Employees |
| EIN / PN:       | 37-1387813/005                                         |
| Plan Sponsor:   | Mueller Group, LLC                                     |
| Valuation Date: | January 1, 2024                                        |

## SCHEDULE SB ATTACHMENTS

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|                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|---------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Special early retirement</b> | The unreduced early retirement benefit is payable 2 years after the participant's termination.                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| <b>Postponed retirement</b>     | Pension determined as for Normal Retirement considering service to Late Retirement Date, with actuarial increases for postponed payment of benefits.                                                                                                                                                                                                                                                                                                                                                                                                                  |
| <b>Vested termination</b>       | Benefit: Pension at age 65 is determined as for Normal Retirement. Earlier payment reduced as for Early Retirement.                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| <b>Disablement</b>              | <p><i>Appendix 038, 039, 040, 042, 044, 045, 047, 049, 050, 051, 052, 053, 113, 248</i></p> <p>Unreduced accrued benefit, payable following 6 months of disability</p> <p><i>Appendix 046</i></p> <p>Unreduced accrued benefit, not less than \$100 per month, payable following 6 months of disability</p> <p><i>Appendix 048</i></p> <p>Maximum of unreduced accrued benefit or \$100.00 minus the amount you are entitled to receive as a disability insurance benefit under the Social Security Act. The benefit is payable following 6 months of disability.</p> |
| <b>Preretirement death</b>      | The surviving spouse of deceased participant will receive the survivor's portion of a 50% joint and survivor annuity, which is also reduced for the cost of eligible spouse coverage (except for Appendix 040, 044, 045, and 047). Coverage is optional.                                                                                                                                                                                                                                                                                                              |

|                 |                                                        |
|-----------------|--------------------------------------------------------|
| Plan Name:      | Mueller Group, LLC Pension Plan for Selected Employees |
| EIN / PN:       | 37-1387813/005                                         |
| Plan Sponsor:   | Mueller Group, LLC                                     |
| Valuation Date: | January 1, 2024                                        |

# SCHEDULE SB ATTACHMENTS

## Other Plan Provisions

**Forms of payment**      *Appendices 038, 039, 040, 042, 044, 045, 047, 049, 050, 051, 052, 053, 113*

- Life Annuity
- 50% Joint & Survivor Annuity
- 75% Joint & Survivor Annuity
- 100% Joint & Survivor Annuity
- 60 month Certain and Life Option
- 120 month Certain and Life Option
- 180 month Certain and Life Option

*Appendices 046 and 048*

- Life Annuity
- 50% Joint & Survivor Annuity
- 75% Joint & Survivor Annuity
- 100% Joint & Survivor Annuity
- 120 month Certain and Life Option
- Social Security Level Income Option

*Appendix 248*

- Life Annuity
- 50% Joint & Survivor Annuity
- 75% Joint & Survivor Annuity

Actuarial equivalence is based on an 7.5% interest rate and the following tables:

- Healthy participants: the 1971 Group Annuity Mortality Table for males
- Disabled participants: the 1965 Unisex Railroad Retirement Board Disabled Mortality Table
- Beneficiaries: the 1971 Group Annuity Mortality table for males with a 6-year setback

**Plan participants' contributions**      None

Plan Name:            Mueller Group, LLC Pension Plan for Selected Employees  
EIN / PN:            37-1387813/005  
Plan Sponsor:        Mueller Group, LLC  
Valuation Date:      January 1, 2024

## SCHEDULE SB ATTACHMENTS

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### Future Plan Changes

No future plan changes were recognized in determining pension cost or in determining minimum and maximum contributions.

### Changes in Benefits Valued Since Prior Year

None

Plan Name: Mueller Group, LLC Pension Plan for Selected Employees  
EIN / PN: 37-1387813/005  
Plan Sponsor: Mueller Group, LLC  
Valuation Date: January 1, 2024

## **SCHEDULE SB ATTACHMENTS**

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# **Prior Mueller Company Retirement Plan for Hourly Employees at Selected Locations**

|                 |                                                        |
|-----------------|--------------------------------------------------------|
| Plan Name:      | Mueller Group, LLC Pension Plan for Selected Employees |
| EIN / PN:       | 37-1387813/005                                         |
| Plan Sponsor:   | Mueller Group, LLC                                     |
| Valuation Date: | January 1, 2024                                        |

## SCHEDULE SB ATTACHMENTS

### Summary of plan provisions Albertville Location ("Part C")

#### Plan Provisions

The plan was originally effective December 1, 1975. Effective December 31, 2009, the Plan was merged with six other pension plans in the plan sponsor's controlled group. Effective January 1, 2015, the Plan was amended and restated.

**Covered employees and Participation date**      The later of age 21 or the completion of 1 year of service. Entry was frozen in the plan effective September 22, 2008.

#### Definitions

**Vesting service**      Vesting service is equal to service from date of hire.

**Pension service**      Credited service is equal to service from date of hire

**Normal retirement date (NRD)**      Last day of the month coincident with or next following age 65

**Monthly pension benefit**      Accrued benefit payable at normal retirement date.  
Based on years of service as follows:

| Date of Termination                           | Benefit Rate |
|-----------------------------------------------|--------------|
| Prior to September 22, 1997                   | \$19.50      |
| September 22, 1997 through September 20, 1998 | \$20.00      |
| September 21, 1998 through September 19, 1999 | \$20.50      |
| September 20, 1999 through September 24, 2000 | \$21.00      |
| September 25, 2000 through September 23, 2001 | \$22.00      |
| September 24, 2001 through September 22, 2002 | \$23.00      |
| September 23, 2002 through September 21, 2003 | \$24.00      |
| September 22, 2003 through September 19, 2004 | \$25.00      |
| September 20, 2004 through September 17, 2006 | \$25.50      |
| September 18, 2006 through September 21, 2008 | \$26.00      |
| September 22, 2008 through September 20, 2009 | \$26.25      |

Plan Name:      Mueller Group, LLC Pension Plan for Selected Employees  
EIN / PN:      37-1387813/005  
Plan Sponsor:      Mueller Group, LLC  
Valuation Date:      January 1, 2024

## SCHEDULE SB ATTACHMENTS

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September 21, 2009 through September 16, 2010 \$26.50

After September 17, 2010 \$26.75

### Eligibility for Benefits

|                                    |                                                                                                                                                      |
|------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Normal retirement</b>           | Age 65                                                                                                                                               |
| <b>Early retirement</b>            | Age 55 with age plus years of vesting service greater than or equal to 80                                                                            |
| <b>Postponed retirement</b>        | After age 65                                                                                                                                         |
| <b>Vested termination</b>          | 5 years of vesting service                                                                                                                           |
| <b>Disability</b>                  | Total and permanent disability after the completion of 10 years of service                                                                           |
| <b>Preretirement death benefit</b> | Death in active service with entitlement to any retirement benefit, or after termination of employment with entitlement to a deferred vested pension |

### Benefits Paid Upon the Following Events

|                             |                                                                                                                                                                                                                                                                                   |
|-----------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Normal retirement</b>    | Accrued benefit payable at normal retirement date.                                                                                                                                                                                                                                |
| <b>Early retirement</b>     | Accrued benefit deferred to age 65, or immediate pension equal to accrued benefit reduced by 6-2/3% for each of the first five years by which the participant's retirement age precedes age 65 and 3-1/3% for each year by which the participant's retirement age precedes age 60 |
| <b>Postponed retirement</b> | Pension determined as for Normal Retirement considering service to Late Retirement Date, with actuarial increases for postponed payment of benefits                                                                                                                               |
| <b>Vested termination</b>   | Pension at age 65 is determined as for Normal Retirement<br>Earlier payment reduced as for Early Retirement                                                                                                                                                                       |
| <b>Disablement</b>          | Unreduced accrued benefit payable after 6 months of disability                                                                                                                                                                                                                    |
| <b>Preretirement death</b>  | The surviving spouse of deceased participant will receive the survivor's portion of a 50% joint and survivor annuity                                                                                                                                                              |

Plan Name: Mueller Group, LLC Pension Plan for Selected Employees  
EIN / PN: 37-1387813/005  
Plan Sponsor: Mueller Group, LLC  
Valuation Date: January 1, 2024

# SCHEDULE SB ATTACHMENTS

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## Other Plan Provisions

- Forms of payment**
- Life annuity
  - 50% Joint and Survivor annuity
  - 75% Joint and Survivor annuity

Actuarial equivalence is based on an 80% male and 20% female blend of the 1975 Group Annuity Mortality Table (the 1971 Group Annuity Mortality Table projected 4 years using scale D) and 8% interest rate.

**Plan participants' contributions**      None

## Future Plan Changes

No future plan changes were recognized in determining pension cost or in determining minimum and maximum contributions.

## Changes in Benefits Valued Since Prior Year

None

Plan Name:            Mueller Group, LLC Pension Plan for Selected Employees  
EIN / PN:            37-1387813/005  
Plan Sponsor:        Mueller Group, LLC  
Valuation Date:      January 1, 2024

## SCHEDULE SB ATTACHMENTS

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### Summary of plan provisions Chattanooga Location (“Parts A & B”)

#### Part I Plan Provisions

The plan was originally effective December 1, 1979. Effective December 31, 2009, the Plan was merged with six other pension plans in the plan sponsor’s controlled group. Effective January 1, 2015, the Plan was amended and restated.

|                                                 |                                                                                                                                                                          |
|-------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Covered employees and Participation date</b> | Age 21 and completion of the number of working days in the seniority probationary period set forth in the applicable collective bargaining agreement                     |
|                                                 | All employees hired after the following dates are precluded from participating:                                                                                          |
|                                                 | <ul style="list-style-type: none"><li>• Office Employees: October 26, 2007</li><li>• Steelworkers: September 11, 2006</li><li>• Plant Clerks: October 15, 2006</li></ul> |

#### Definitions

|                                     |                                                                |
|-------------------------------------|----------------------------------------------------------------|
| <b>Vesting service</b>              | Vesting service is equal to service from date of hire.         |
| <b>Pension service</b>              | Credited service is equal to service from date of hire         |
| <b>Normal retirement date (NRD)</b> | Last day of the month coincident with or next following age 65 |

|                 |                                                        |
|-----------------|--------------------------------------------------------|
| Plan Name:      | Mueller Group, LLC Pension Plan for Selected Employees |
| EIN / PN:       | 37-1387813/005                                         |
| Plan Sponsor:   | Mueller Group, LLC                                     |
| Valuation Date: | January 1, 2024                                        |

## SCHEDULE SB ATTACHMENTS

### Monthly pension benefit

Monthly benefit equal to the multiplier times years of service, where the multiplier is as follows:

| Participant Group                        | Benefit Rate |
|------------------------------------------|--------------|
| <b>For Office Employees:</b>             | \$19.00      |
| Effective August 1, 1999                 | \$20.00      |
| Effective August 1, 2000                 | \$21.00      |
| Effective August 1, 2001                 | \$22.00      |
| Effective August 1, 2002                 | \$23.00      |
| <b>For Steel Workers:</b>                | \$19.00      |
| Effective August 30, 1998                | \$20.00      |
| Effective September 13, 1999             | \$21.00      |
| Effective September 11, 2000             | \$22.00      |
| Effective September 10, 2001             | \$23.00      |
| Effective September 13, 2004             | \$24.00      |
| Effective September 12, 2005             | \$24.50      |
| <b>For Plant Clerks &amp; Draftsmen:</b> | \$19.00      |
| Effective October 12, 1998               | \$20.00      |
| Effective October 11, 1999               | \$21.00      |
| Effective October 9, 2000                | \$22.00      |
| Effective October 8, 2001                | \$23.00      |

Participants who retire under Appendix 1 (hired prior to 1970) may receive different benefits at their discretion.

### Eligibility for Benefits

**Normal retirement** Age 65

**Early retirement** Age plus years of service greater than or equal to 80

**Postponed retirement** After age 65

**Vested termination** 5 years of vesting service

**Disability** Total and permanent disability after the completion of 10 years of service

Plan Name: Mueller Group, LLC Pension Plan for Selected Employees  
EIN / PN: 37-1387813/005  
Plan Sponsor: Mueller Group, LLC  
Valuation Date: January 1, 2024

# SCHEDULE SB ATTACHMENTS

**Preretirement death benefit** Death in active service with entitlement to any retirement benefit, or after termination of employment with entitlement to a deferred vested pension

## Benefits Paid Upon the Following Events

|                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|-----------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Normal retirement</b>    | Accrued benefit at normal retirement date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| <b>Early retirement</b>     | <p>Accrued benefit deferred to age 65, or immediate pension equal to accrued benefit with reduction for early commencement as follows:</p> <ul style="list-style-type: none"><li>For participants with 30 or more years of service and who have attained age 55, the benefit will be reduced by 6-2/3% for each of the first five full years that payments commence prior to age 65, and by 3-1/3% for each full year that payments commence prior to age 60. The benefit will not be less than \$7.00 per month for each year of service, unreduced for early payment.</li><li>For any other participant the benefit will be reduced by 6-2/3% for each of the first five full years that payments commence prior to age 65 and 3-1/3% for each full year that payments commence prior to age 60.</li></ul> |
| <b>Postponed retirement</b> | Pension determined as for Normal Retirement considering service to Late Retirement Date, with actuarial increases for postponed payment of benefits                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| <b>Vested termination</b>   | Pension at age 65 is determined as for Normal Retirement. Earlier payment reduced as for Early Retirement                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| <b>Disablement</b>          | <p>Unreduced accrued benefit payable after six months of disability based on service and benefit rates in effect at the date of disability</p> <p>If death occurs during Disability Retirement, a death benefit will continue if the participant has an Eligible Spouse.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| <b>Preretirement death</b>  | The surviving spouse of deceased participant will receive the survivor's portion of a 50% joint and survivor annuity.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |

Plan Name: Mueller Group, LLC Pension Plan for Selected Employees  
EIN / PN: 37-1387813/005  
Plan Sponsor: Mueller Group, LLC  
Valuation Date: January 1, 2024

# SCHEDULE SB ATTACHMENTS

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## Other Plan Provisions

- Forms of payment**
- Life annuity
  - 50% Joint and Survivor annuity
  - 75% Joint and Survivor annuity

Actuarial equivalence is based on an 80% male and 20% female blend of the 1975 Group Annuity Mortality Table (the 1971 Group Annuity Mortality Table projected 4 years using scale D) and 8% interest rate.

**Plan participants' contributions**      None

## Future Plan Changes

No future plan changes were recognized in determining pension cost or in determining minimum and maximum contributions.

## Changes in Benefits Valued Since Prior Year

None

Plan Name:            Mueller Group, LLC Pension Plan for Selected Employees  
EIN / PN:            37-1387813/005  
Plan Sponsor:        Mueller Group, LLC  
Valuation Date:      January 1, 2024

# SCHEDULE SB ATTACHMENTS

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## Part II Plan Provisions

**Covered employees** Hourly employees participating in either of the following collective bargaining units:

- Machinists; or
- Pattern Makers

**Participation date** Hourly employees participating in either of the following collective bargaining units:

- Machinists; or
- Pattern Makers

All employees hired after September 10, 2006 are precluded from participating.

## Definitions

**Vesting service** Vesting service is equal to service from date of hire.

**Pension service** Credited service is equal to service from date of hire.

**Normal retirement date (NRD)** Last day of the month coincident with or next following age 65

Plan Name: Mueller Group, LLC Pension Plan for Selected Employees  
EIN / PN: 37-1387813/005  
Plan Sponsor: Mueller Group, LLC  
Valuation Date: January 1, 2024

## SCHEDULE SB ATTACHMENTS

### Monthly pension benefit

\$60 per month for a participant whose average monthly earnings (five calendar years of highest earnings) equal \$250, increasing by \$5 per month for each \$12.50 increase in average earnings, subject to a maximum monthly benefit as described in the following schedule.

#### Maximum Benefit

##### Machinists:

|                              |                 |
|------------------------------|-----------------|
|                              | \$750 per month |
| Effective September 16, 2002 | \$765 per month |
| Effective September 15, 2003 | \$780 per month |
| Effective September 13, 2004 | \$795 per month |
| Effective September 12, 2005 | \$810 per month |

##### Pattern Makers:

|                              |                 |
|------------------------------|-----------------|
|                              | \$720 per month |
| Effective September 16, 2002 | \$735 per month |
| Effective September 15, 2003 | \$750 per month |
| Effective September 13, 2004 | \$765 per month |
| Effective September 12, 2005 | \$780 per month |

The accrued benefit is payable as a temporary life annuity, with a temporary period equal to 5/12ths of the number of months of a participant's period of vesting service.

### Eligibility for Benefits

#### Normal retirement

Last day of the month coincident with or next following age 65.

#### Early retirement

Age plus years of service greater than or equal to 80

#### Postponed retirement

After age 65

#### Vested termination

5 years of vesting service

#### Disability

Total and permanent disability after the completion of 10 years of service

#### Preretirement death benefit

Death in active service with entitlement to any retirement benefit, or after termination of employment with entitlement to a deferred vested pension

Plan Name: Mueller Group, LLC Pension Plan for Selected Employees  
EIN / PN: 37-1387813/005  
Plan Sponsor: Mueller Group, LLC  
Valuation Date: January 1, 2024

# SCHEDULE SB ATTACHMENTS

## Benefits Paid Upon the Following Events

|                             |                                                                                                                                                     |
|-----------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Normal retirement</b>    | Accrued benefit at normal retirement date                                                                                                           |
| <b>Early retirement</b>     | Accrued benefit payable immediately                                                                                                                 |
| <b>Postponed retirement</b> | Pension determined as for normal retirement considering service to late retirement date, with actuarial increases for postponed payment of benefits |
| <b>Vested termination</b>   | Accrued benefit payable immediately                                                                                                                 |
| <b>Disablement</b>          | Accrued benefit payable after six months                                                                                                            |
| <b>Preretirement death</b>  | The surviving spouse of deceased participant will receive the survivor's portion of a 50% joint and survivor annuity.                               |

## Other Plan Provisions

|                                         |                                                                                                                                                                                                                                                                                                                                                                                                                      |
|-----------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Forms of payment</b>                 | <ul style="list-style-type: none"><li>• Life annuity</li><li>• Temporary annuity (as described above)</li><li>• 50% Joint and Survivor annuity</li><li>• 75% Joint and Survivor annuity</li></ul> <p>Actuarial equivalence is based on an 80% male and 20% female blend of the 1975 Group Annuity Mortality Table (the 1971 Group Annuity Mortality Table projected 4 years using scale D) and 8% interest rate.</p> |
| <b>Plan participants' contributions</b> | None                                                                                                                                                                                                                                                                                                                                                                                                                 |

## Future Plan Changes

No future plan changes were recognized in determining pension cost or in determining minimum and maximum contributions.

## Changes in Benefits Valued Since Prior Year

None

|                 |                                                        |
|-----------------|--------------------------------------------------------|
| Plan Name:      | Mueller Group, LLC Pension Plan for Selected Employees |
| EIN / PN:       | 37-1387813/005                                         |
| Plan Sponsor:   | Mueller Group, LLC                                     |
| Valuation Date: | January 1, 2024                                        |

## SCHEDULE SB ATTACHMENTS

### Summary of plan provisions Decatur Location ("Part D")

#### Plan Provisions

**Covered employees and Participation date** Age 21 and completion within a six-month period the number of working days applicable to the seniority probationary period set forth in the collective bargaining agreement. Participation was frozen effective June 12, 2002.

#### Definitions

**Vesting service** Vesting service is equal to service from date of hire

**Pension service** Crediting service is equal to service from date of hire

**Normal retirement date (NRD)** Last day of the month coincident with or next following age 65

**Monthly pension benefit** Benefit amount based on dollar rate times years of credited service, as follows:

| Date of Termination                 | Benefit Rate |
|-------------------------------------|--------------|
| Prior to June 12, 1999              | \$29.00      |
| June 12, 1999 through June 11, 2001 | \$30.00      |
| June 12, 2001 through June 11, 2007 | \$31.00      |
| June 12, 2007 through June 11, 2008 | \$32.00      |
| June 12, 2008 through June 11, 2009 | \$32.50      |
| June 12, 2009 through June 11, 2010 | \$33.00      |
| June 12, 2010 through June 11, 2011 | \$33.50      |
| On or after June 12, 2011           | \$34.00      |

Participants who retire under Appendix 1 (hired prior to June 12, 1971) may receive different benefits at their discretion.

#### Eligibility for Benefits

**Normal retirement** Age 65

**Early retirement** Age plus years of service greater than or equal to 80

Plan Name: Mueller Group, LLC Pension Plan for Selected Employees  
EIN / PN: 37-1387813/005  
Plan Sponsor: Mueller Group, LLC  
Valuation Date: January 1, 2024

## SCHEDULE SB ATTACHMENTS

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|                                    |                                                                                                                                                      |
|------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Early retirement supplement</b> | Age 58 or more with 25 years of service or more<br>Retirements must occur before December 31, 2013.                                                  |
| <b>Postponed retirement</b>        | After age 65                                                                                                                                         |
| <b>Vested termination</b>          | 5 years of vesting service                                                                                                                           |
| <b>Disability</b>                  | Total and permanent disability after the completion of 10 years of service                                                                           |
| <b>Preretirement death benefit</b> | Death in active service with entitlement to any retirement benefit, or after termination of employment with entitlement to a deferred vested pension |

### Benefits Paid Upon the Following Events

|                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Normal retirement</b>           | Accrued benefit payable at normal retirement date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| <b>Early retirement</b>            | Accrued benefit deferred to age 65, or immediate pension equal to accrued benefit with reduction for early commencement as follows: <ul style="list-style-type: none"><li>• For participants with 30 or more years of service, the benefit will be unreduced from age 65 to age 62, then reduced by 6-2/3% for each of the first five full years that payments commence prior to age 62, and by 3-1/3% for each full year that payments commence prior to age 57.</li><li>• For any other participant, the benefit will be reduced by 6-2/3% for each of the first five full years that payments commence prior to age 65 and 3-1/3% for each full year that payments commence prior to age 60.</li></ul> |
| <b>Early retirement supplement</b> | \$550 per month, paid through the end of the month in which the participant turns 65                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| <b>Postponed retirement</b>        | Pension determined as for normal retirement considering service to late retirement date, with actuarial increases for postponed payment of benefits                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| <b>Vested termination</b>          | Pension at age 65 is determined as for normal retirement. Earlier payment reduced as for early retirement                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |

|                 |                                                        |
|-----------------|--------------------------------------------------------|
| Plan Name:      | Mueller Group, LLC Pension Plan for Selected Employees |
| EIN / PN:       | 37-1387813/005                                         |
| Plan Sponsor:   | Mueller Group, LLC                                     |
| Valuation Date: | January 1, 2024                                        |

## SCHEDULE SB ATTACHMENTS

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**Disablement**                      Unreduced accrued benefit payable after 6 months of disability based on service and benefit rates in effect at the date of disability

                                                 If death occurs during Disability Retirement, a death benefit will continue if the participant has an Eligible Spouse.

**Preretirement death**        The surviving spouse of deceased participant will receive the survivor's portion of a 50% joint and survivor annuity.

### Other Plan Provisions

**Forms of payment**            •    Life annuity

                                                 •    50% Joint and Survivor annuity

                                                 •    75% Joint and Survivor annuity

                                                 •    Temporary annuity (for certain individuals)

Actuarial equivalence is based on an 80% male and 20% female blend of the 1975 Group Annuity Mortality Table (the 1971 Group Annuity Mortality Table projected 4 years using scale D) and 8% interest rate.

**Plan participants' contributions**            None

### Future Plan Changes

No future plan changes were recognized in determining pension cost or in determining minimum and maximum contributions.

### Changes in Benefits Valued Since Prior Year

None

Plan Name:                      Mueller Group, LLC Pension Plan for Selected Employees  
EIN / PN:                        37-1387813/005  
Plan Sponsor:                 Mueller Group, LLC  
Valuation Date:               January 1, 2024

## SCHEDULE SB ATTACHMENTS

# Summary of plan provisions Henry Pratt Aurora Plan Location ("Part F")

### Plan Provisions

**Covered employees** Each employee covered by a bargaining unit of District No. 108, I.A.M. & A.W. at the Aurora, Illinois plant of the Henry Pratt Company who is scheduled to work 1,000 hours or more in a calendar year is eligible to participate immediately on date of hire. Employees scheduled for less than 1,000 hours are eligible to participate on the first day of the plan year nearest the end of the first 12-month period in which he/she works 1,000 hours.

**Participation date** Participation was frozen effective August 28, 2003.

### Definitions

**Vesting service** A year of vesting service is earned for each calendar year in which a participant completes at least 1,000 hours of service. Fractional years of vesting service may be earned and are determined on a pro rata basis for fewer than 1,000 hours of service.

**Pension service** A year of credited service is earned for each calendar year in which a participant completes at least 1,800 hours of service. Fractional years of credited service may be earned and are determined at the rate of one-tenth of a year for each full 180 hours of service.

Benefit accruals under the plan ceased as of August 28, 2003.

**Normal retirement date (NRD)** Age 65 and 5 years of vesting service, but not later than the fifth anniversary of plan participation

**Monthly pension benefit** Monthly benefit amount based on date of retirement multiplied by credited service, up to a maximum monthly benefit as follows:

| Date of Termination                     | Benefit Rate | Maximum Monthly Benefit |
|-----------------------------------------|--------------|-------------------------|
| August 28, 1999 through August 27, 2000 | \$25.00      | \$875.00                |
| August 28, 2000 through August 27, 2001 | \$26.00      | \$910.00                |
| August 28, 2001 through August 27, 2002 | \$27.00      | \$1,080.00              |
| August 28, 2002 and after               | \$29.00      | \$1,160.00              |

Plan Name: Mueller Group, LLC Pension Plan for Selected Employees  
EIN / PN: 37-1387813/005  
Plan Sponsor: Mueller Group, LLC  
Valuation Date: January 1, 2024

# SCHEDULE SB ATTACHMENTS

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## Eligibility for Benefits

|                                    |                                                                                                                                                      |
|------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Normal retirement</b>           | Age 65 and 5 years of vesting service, but not later than the fifth anniversary of plan participation                                                |
| <b>Early retirement</b>            | Age 55 and 10 years of vesting service                                                                                                               |
| <b>Postponed retirement</b>        | After age 65                                                                                                                                         |
| <b>Vested termination</b>          | 5 years of vesting service                                                                                                                           |
| <b>Preretirement death benefit</b> | Death in active service with entitlement to any retirement benefit, or after termination of employment with entitlement to a deferred vested pension |

## Benefits Paid Upon the Following Events

|                             |                                                                                                                                                                                                                                                                                                                               |
|-----------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Normal retirement</b>    | Accrued benefit at normal retirement date                                                                                                                                                                                                                                                                                     |
| <b>Early retirement</b>     | Accrued benefit deferred to age 65, or immediate pension equal to accrued benefit with reduction for early commencement of $\frac{1}{2}$ of 1% for each of the first 60 months and $\frac{1}{4}$ of 1% for each of the next 60 months by which the commencement of benefits precedes the participant's normal retirement date |
| <b>Postponed retirement</b> | Pension determined as for normal retirement considering service to late retirement date, with actuarial increases for postponed payment of benefits                                                                                                                                                                           |
| <b>Vested termination</b>   | Accrued benefit deferred to age 65 or, if eligible for early retirement, a reduced benefit.<br><br>Reduction same as for early retirement                                                                                                                                                                                     |
| <b>Preretirement death</b>  | The surviving spouse of deceased participant will receive the survivor's portion of a 50% joint and survivor annuity.                                                                                                                                                                                                         |

|                 |                                                        |
|-----------------|--------------------------------------------------------|
| Plan Name:      | Mueller Group, LLC Pension Plan for Selected Employees |
| EIN / PN:       | 37-1387813/005                                         |
| Plan Sponsor:   | Mueller Group, LLC                                     |
| Valuation Date: | January 1, 2024                                        |

# SCHEDULE SB ATTACHMENTS

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## Other Plan Provisions

### Forms of payment

- Life annuity
- 50% Joint and Survivor annuity
- 75% Joint and Survivor annuity

Actuarial equivalence is based on an 80% male and 20% female blend of the 1986 Projected Experience Table and 6% interest rate.

### Plan participants' contributions

None

## Future Plan Changes

No future plan changes were recognized in determining pension cost or in determining minimum and maximum contributions.

## Changes in Benefits Valued Since Prior Year

None

Plan Name: Mueller Group, LLC Pension Plan for Selected Employees  
EIN / PN: 37-1387813/005  
Plan Sponsor: Mueller Group, LLC  
Valuation Date: January 1, 2024

## SCHEDULE SB ATTACHMENTS

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### Summary of plan provisions Henry Pratt Dixon Plan Location (“Part G”)

#### Plan Provisions

|                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|---------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Covered employees</b>  | Each employee covered by a bargaining unit of District NO. 101, I.A.M. & A.W. at The Dixon, Illinois Plant of the Henry Pratt Company                                                                                                                                                                                                                                                                                                                                                                                         |
| <b>Participation date</b> | <p>Each employee covered by a bargaining unit of District NO. 101, I.A.M. &amp; A.W. at The Dixon, Illinois Plant of the Henry Pratt Company who is scheduled to work 1,000 hours or more in a calendar year is eligible to participate immediately on date of hire. Employees scheduled for less than 1,000 hours are eligible to participate on the first day of the plan year nearest the end of the first 12-month period in which he/she works 1,000 hours.</p> <p>Participation was frozen effective April 1, 2002.</p> |

#### Definitions

|                                     |                                                                                                                                                                                                                                                                                                                                            |
|-------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Vesting service</b>              | A year of vesting service is earned for each calendar year in which a participant completes at least 1,000 hours of service. Fractional years of vesting service may be earned and are determined at the rate of one month for each full 83.33 hours of service                                                                            |
| <b>Pension service</b>              | <p>A year of credited service is earned for each calendar year in which a participant completes at least 1,800 hours of service. Fractional years of credited service may be earned and are determined on a pro rata basis for fewer than 1,800 hours of service.</p> <p>Benefit accruals under the plan ceased as of August 28, 2003.</p> |
| <b>Normal retirement date (NRD)</b> | Age 65 and 5 years of vesting service, but not later than the fifth anniversary of plan participation                                                                                                                                                                                                                                      |

|                 |                                                        |
|-----------------|--------------------------------------------------------|
| Plan Name:      | Mueller Group, LLC Pension Plan for Selected Employees |
| EIN / PN:       | 37-1387813/005                                         |
| Plan Sponsor:   | Mueller Group, LLC                                     |
| Valuation Date: | January 1, 2024                                        |

## SCHEDULE SB ATTACHMENTS

### Monthly pension benefit

Monthly benefit amount based on date of retirement multiplied by credited service prior to April 1, 2002, up to a maximum monthly benefit as follows:

| Date of Termination             | Benefit Rate | Maximum Monthly Benefit |
|---------------------------------|--------------|-------------------------|
| Before April 1, 1998            | \$23.50      | \$1,057.50              |
| April 1, 1998 to March 31, 1999 | \$24.50      | \$1,102.50              |
| April 1, 1999 to March 31, 2000 | \$25.50      | \$1,147.50              |
| April 1, 2000 and after         | \$26.50      | \$1,192.50              |

### Eligibility for Benefits

#### Normal retirement

Age 65 and 5 years of vesting service, but not later than the fifth anniversary of plan participation

#### Early retirement

Age 55 and 10 years of vesting service

#### Postponed retirement

After age 65

#### Vested termination

5 years of vesting service

#### Preretirement death benefit

Death in active service with entitlement to any retirement benefit, or after termination of employment with entitlement to a deferred vested pension

### Benefits Paid Upon the Following Events

#### Normal retirement

Accrued benefit at normal retirement date

#### Early retirement

Accrued benefit deferred to age 65, or immediate pension equal to accrued benefit with reduction for early commencement of  $\frac{1}{2}$  of 1% for each of the first 60 months and  $\frac{1}{4}$  of 1% for each of the next 60 months by which the commencement of benefits precedes the participant's normal retirement date

#### Postponed retirement

Pension determined as for Normal Retirement considering service to Late Retirement Date, with actuarial increases for postponed payment of benefits.

Plan Name: Mueller Group, LLC Pension Plan for Selected Employees  
EIN / PN: 37-1387813/005  
Plan Sponsor: Mueller Group, LLC  
Valuation Date: January 1, 2024

## SCHEDULE SB ATTACHMENTS

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**Vested termination**      Accrued benefit deferred to age 65 or, if eligible for early retirement, a reduced benefit

Reduction same as for early retirement

**Preretirement death**      The surviving spouse of deceased participant will receive the survivor's portion of a 50% joint and survivor annuity.

### Other Plan Provisions

- Forms of payment**
- Life annuity
  - 50% Joint and Survivor annuity
  - 75% Joint and Survivor annuity
  - 5 years Certain and Continuous

Actuarial equivalence is based on an 80% male and 20% female blend of the 1986 Projected Experience Table and 6% interest rate.

**Plan participants' contributions**      None

### Future Plan Changes

No future plan changes were recognized in determining pension cost or in determining minimum and maximum contributions.

### Changes in Benefits Valued Since Prior Year

None

Plan Name:            Mueller Group, LLC Pension Plan for Selected Employees  
EIN / PN:            37-1387813/005  
Plan Sponsor:        Mueller Group, LLC  
Valuation Date:      January 1, 2024

## **SCHEDULE SB ATTACHMENTS**

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# **Prior Anvil International, Inc. Pension Plan for Employees at Selected Locations**

|                 |                                                        |
|-----------------|--------------------------------------------------------|
| Plan Name:      | Mueller Group, LLC Pension Plan for Selected Employees |
| EIN / PN:       | 37-1387813/005                                         |
| Plan Sponsor:   | Mueller Group, LLC                                     |
| Valuation Date: | January 1, 2024                                        |

## SCHEDULE SB ATTACHMENTS

# Summary of plan provisions University Park

### Plan Provisions

Plan provisions for Statesboro, Norcross, and Cincinnati locations are not summarized because there are no active participants for these locations in the valuation.

|                           |                                                                                                                                                                                                                                                                                                          |
|---------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Covered employees</b>  | Members of the Prior Plan on January 1, 2000 shall continue to be Participants of the Plan.                                                                                                                                                                                                              |
| <b>Participation date</b> | For those who were not participants at January 1, 2000, an employee may become a participant of the Plan on the later of the date as of which he/she completes one year of Continuous Service or attains his/her 21 <sup>st</sup> birthday.<br><br>Participation was frozen effective September 1, 2010. |

### Definitions

|                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|-------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Vesting service</b>              | One year of Vesting Service for each calendar year in which the employee completes 1,000 hours of service.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| <b>Pension service</b>              | <p>For employment prior to January 1, 1974, an employee shall earn one year of Credited Service for each year of employment, computed to include complete calendar months. For employment on or after April 15, 1996, an employee shall earn one year of Credited Service for each year in which the employee completes 1,250 hours of service, plus a prorated amount for each 50 hours of service in years in which the employee completes less than 1,250 hours of service but at least 1,000 hours of service.</p> <p>For periods between April 14, 1990 and April 14, 1996, the minimum number of hours for full credit was 1,500; for periods between January 1, 1974 and April 14, 1990, the minimum number of hours for full credit was 1,900. In each case, partial credit was given on a sliding scale for hours of 1,000 or more.</p> <p>Credited Service was frozen effective September 1, 2010.</p> |
| <b>Normal retirement date (NRD)</b> | For participants who complete an hour of service on or after January 1, 2000, end of the month in which the Participant attains age 65.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |

|                 |                                                        |
|-----------------|--------------------------------------------------------|
| Plan Name:      | Mueller Group, LLC Pension Plan for Selected Employees |
| EIN / PN:       | 37-1387813/005                                         |
| Plan Sponsor:   | Mueller Group, LLC                                     |
| Valuation Date: | January 1, 2024                                        |

## SCHEDULE SB ATTACHMENTS

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|                                |                                                                                                                                                                                                                            |
|--------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Monthly pension benefit</b> | Monthly accrued benefit equal to \$28.00 for each year of Credited Service, offset by the benefit accrued in the prior plan as of December 31, 1999<br><br>Benefit accruals under the plan ceased as of September 1, 2010. |
|--------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

### Eligibility for Benefits

|                                    |                                                                                                                                                      |
|------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Normal retirement</b>           | For participants who complete an hour of service on or after January 1, 2000, end of the month in which the participant attains age 65               |
| <b>Early retirement</b>            | Age 55 and 15 years of vesting service                                                                                                               |
| <b>Postponed retirement</b>        | After age 65                                                                                                                                         |
| <b>Vested termination</b>          | Termination for reasons other than death or retirement after completing 5 years of continuous service                                                |
| <b>Preretirement death benefit</b> | Death in active service with entitlement to any retirement benefit, or after termination of employment with entitlement to a deferred vested pension |

### Benefits Paid Upon the Following Events

|                          |                                           |
|--------------------------|-------------------------------------------|
| <b>Normal retirement</b> | Accrued benefit at normal retirement date |
|--------------------------|-------------------------------------------|

|                 |                                                        |
|-----------------|--------------------------------------------------------|
| Plan Name:      | Mueller Group, LLC Pension Plan for Selected Employees |
| EIN / PN:       | 37-1387813/005                                         |
| Plan Sponsor:   | Mueller Group, LLC                                     |
| Valuation Date: | January 1, 2024                                        |

## SCHEDULE SB ATTACHMENTS

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|                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|-----------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Early retirement</b>     | <p>Determined as for Normal Retirement based on Credited Service to Early Retirement Date, reduced for each additional year that commencement precedes Normal Retirement Date so that the resulting pension benefit is the actuarial equivalent value of the Normal Retirement Benefit, using the UP-1984 Mortality Table and an interest rate of 7-1/2%.</p> <p>The early retirement benefit shall be unreduced for early commencement if:</p> <ul style="list-style-type: none"><li>• A participant has completed at least one hour of service on or after April 11, 1990, has attained age 60 and has completed 30 years of continuous service.</li><li>• A participant has completed at least one hour of service on or after April 11, 1993, has attained age 58 and has completed 30 years of continuous service.</li><li>• A participant has completed at least one hour of service on or after April 15, 2001, has attained age 55 and has completed 30 years of continuous service.</li></ul> |
| <b>Postponed retirement</b> | <p>Pension determined as for Normal Retirement considering service to Late Retirement Date, with actuarial increases for postponed payment of benefits</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| <b>Vested termination</b>   | <p>Determined as for Normal Retirement, but based on Credited Service to date of termination</p> <p>This benefit is payable at Normal Retirement Date, or upon an Early Retirement Date no earlier than age 55 with a reduction equal to the actuarial equivalent of the Normal Retirement Benefit for the time period that commencement precedes Normal Retirement.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| <b>Preretirement death</b>  | <p>The surviving spouse of deceased participant will receive the survivor's portion of a 50% joint and survivor annuity.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |

|                 |                                                        |
|-----------------|--------------------------------------------------------|
| Plan Name:      | Mueller Group, LLC Pension Plan for Selected Employees |
| EIN / PN:       | 37-1387813/005                                         |
| Plan Sponsor:   | Mueller Group, LLC                                     |
| Valuation Date: | January 1, 2024                                        |

# SCHEDULE SB ATTACHMENTS

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## Other Plan Provisions

- Forms of payment**
- Life Annuity
  - 50% Joint & Survivor Annuity
  - 66-2/3% Joint & Survivor Annuity
  - 75% Joint & Survivor Annuity
  - 100% Joint & Survivor Annuity
  - 60 month Certain and Life Option
  - 120 month Certain and Life Option

Actuarial equivalence is based on an 80% male and 20% female blend of the 1986 Projected Experience Table and 6% interest rate.

**Plan participants' contributions**      None

## Future Plan Changes

No future plan changes were recognized in determining pension cost or in determining minimum and maximum contributions.

## Changes in Benefits Valued Since Prior Year

None

Plan Name:            Mueller Group, LLC Pension Plan for Selected Employees  
EIN / PN:            37-1387813/005  
Plan Sponsor:        Mueller Group, LLC  
Valuation Date:      January 1, 2024

## **SCHEDULE SB ATTACHMENTS**

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# **Prior Anvil International, Inc. Pension Plan for Employees at Longview**

|                 |                                                        |
|-----------------|--------------------------------------------------------|
| Plan Name:      | Mueller Group, LLC Pension Plan for Selected Employees |
| EIN / PN:       | 37-1387813/005                                         |
| Plan Sponsor:   | Mueller Group, LLC                                     |
| Valuation Date: | January 1, 2024                                        |

## SCHEDULE SB ATTACHMENTS

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# Summary of plan provisions Longview

### Plan Provisions

**Covered employees and Participation date** All hourly employees hired before March 31, 1992.

### Definitions

**Vesting service** A participant is credited with a year of vesting service for each year they completed at least 1,000 hours of service prior to March 31, 1992.

**Pension service** A participant is credited with a year of credited service for each year they completed at least 1,000 hours of service prior to March 31, 1992.

**Normal retirement date (NRD)** The later of age 65 or the 5<sup>th</sup> anniversary of hire date

**Monthly pension benefit** \$4.00 per month for each year of Credited Service prior to January 1, 1977, plus \$9.00 per month for each year of Credited Service after January 1, 1977  
Credited Service is frozen as of March 31, 1992.

### Eligibility for Benefits

**Normal retirement** The later of age 65 or the 5<sup>th</sup> anniversary of hire date

**Early retirement** Age 55 and 10 years of service

**Postponed retirement** After age 65

**Vested termination** 5 years of vesting service

**Disability** Immediately

Plan Name: Mueller Group, LLC Pension Plan for Selected Employees  
EIN / PN: 37-1387813/005  
Plan Sponsor: Mueller Group, LLC  
Valuation Date: January 1, 2024

## SCHEDULE SB ATTACHMENTS

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|                                    |                                                                                                                                                      |
|------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Preretirement death benefit</b> | Death in active service with entitlement to any retirement benefit, or after termination of employment with entitlement to a deferred vested pension |
|------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|

### Benefits Paid Upon the Following Events

|                             |                                                                                                                                                                                                                                                                       |
|-----------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Normal retirement</b>    | Accrued benefit payable at normal retirement date                                                                                                                                                                                                                     |
| <b>Early retirement</b>     | Accrued benefit deferred to Normal Retirement Date, or immediate pension equal to accrued benefit actuarially reduced for early commencement                                                                                                                          |
| <b>Postponed retirement</b> | Pension determined as for Normal Retirement considering service to Late Retirement Date, with actuarial increases for postponed payment of benefits                                                                                                                   |
| <b>Vested termination</b>   | Accrued benefit deferred to Normal Retirement Date, or reduced pension after age 55 if participant terminated with 10 years of service<br><br>Reduction is the same as for early retirement.                                                                          |
| <b>Disablement</b>          | Accrued benefit deferred to Normal Retirement Date<br><br>If participant is eligible for disability benefits under any employer funded non-governmental program, participant will continue to accrue Credited Service while so disabled until Normal Retirement Date. |
| <b>Preretirement death</b>  | The surviving spouse of deceased participant will receive the survivor's portion of a 50% joint and survivor annuity.                                                                                                                                                 |

|                 |                                                        |
|-----------------|--------------------------------------------------------|
| Plan Name:      | Mueller Group, LLC Pension Plan for Selected Employees |
| EIN / PN:       | 37-1387813/005                                         |
| Plan Sponsor:   | Mueller Group, LLC                                     |
| Valuation Date: | January 1, 2024                                        |

# SCHEDULE SB ATTACHMENTS

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## Other Plan Provisions

- Forms of payment**
- Life Annuity
  - 50% Joint & Survivor Annuity
  - 66-2/3% Joint & Survivor Annuity
  - 75% Joint & Survivor Annuity
  - 100% Joint & Survivor Annuity
  - 5 year Certain and Life Option
  - 10 year Certain and Life Option
  - 15 year Certain and Life Option
  - 20 year Certain and Life Option

Actuarial equivalence is based on the 1983 Group Annuity Mortality Table for males (with a 2-year age setback for participants and a 4-year age setback for beneficiaries) and 7.5% interest rate.

**Plan participants' contributions**      None

## Future Plan Changes

No future plan changes were recognized in determining pension cost or in determining minimum and maximum contributions.

## Changes in Benefits Valued Since Prior Year

None

Plan Name:            Mueller Group, LLC Pension Plan for Selected Employees  
EIN / PN:            37-1387813/005  
Plan Sponsor:        Mueller Group, LLC  
Valuation Date:      January 1, 2024

## **SCHEDULE SB ATTACHMENTS**

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# **Prior Anvil International, Inc. Pension Plan for Employees at Henderson**

|                 |                                                        |
|-----------------|--------------------------------------------------------|
| Plan Name:      | Mueller Group, LLC Pension Plan for Selected Employees |
| EIN / PN:       | 37-1387813/005                                         |
| Plan Sponsor:   | Mueller Group, LLC                                     |
| Valuation Date: | January 1, 2024                                        |

## SCHEDULE SB ATTACHMENTS

# Summary of plan provisions Henderson

### Plan Provisions

**Covered employees and Participation date** The later of age 21 or one year of service. Entry into the plan was frozen June 1, 1998

### Definitions

**Vesting service** A participant shall be credited with one year of service for each calendar year in which the participant completes at least 1,000 hours.

**Pension service** A participant is credited with one year of service for each year of uninterrupted employment with the company, computed to include complete calendar months.

Credited Service is frozen as of June 1, 1998. Maximum credited service is 40 years.

**Normal retirement date (NRD)** Attainment of age 65

**Monthly pension benefit** Based on Years of service as follows:

| Period of Service             | Per Year of Service |
|-------------------------------|---------------------|
| Hire through 12/31/1993       | \$10.00             |
| 01/01/1994 through 12/31/1994 | \$11.00             |
| 01/01/1995 through 12/31/1995 | \$12.00             |
| 01/01/1996 through 12/31/1996 | \$13.00             |
| 01/01/1997 and later          | \$14.00             |

### Eligibility for Benefits

**Normal retirement** Attainment of age 65

**Early retirement** Age 60 and 10 years of service

**Postponed retirement** After age 65

Plan Name: Mueller Group, LLC Pension Plan for Selected Employees  
EIN / PN: 37-1387813/005  
Plan Sponsor: Mueller Group, LLC  
Valuation Date: January 1, 2024

## SCHEDULE SB ATTACHMENTS

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**Vested termination** 5 years of vesting service

**Preretirement death benefit** Death in active service with entitlement to any retirement benefit, or after termination of employment with entitlement to a deferred vested pension

### Benefits Paid Upon the Following Events

**Normal retirement** Accrued benefit payable at normal retirement date

**Early retirement** Accrued benefit deferred to age 65, or immediate pension equal to accrued benefit reduced by 1/15<sup>th</sup> for each year by which commencement precedes Normal Retirement Date

**Postponed retirement** Pension determined as for Normal Retirement considering service to Late Retirement Date, with actuarial increases for postponed payment of benefits

**Vested termination** Accrued benefit deferred to age 65, or reduced pension after age 60 if participant terminated with 10 years of service

Reduction is the same as for early retirement.

**Preretirement death** The surviving spouse of deceased participant will receive the survivor's portion of a 50% joint and survivor annuity.

### Other Plan Provisions

**Forms of payment**

- Life Annuity
- 50% Joint & Survivor Annuity
- 75% Joint & Survivor Annuity

Actuarial equivalence is based on an 80% male and 20% female blend of the 1975 Group Annuity Mortality Table (the 1971 Group Annuity Mortality Table projected 4 years using scale D) and 8% interest rate.

**Plan participants' contributions** None

Plan Name: Mueller Group, LLC Pension Plan for Selected Employees  
EIN / PN: 37-1387813/005  
Plan Sponsor: Mueller Group, LLC  
Valuation Date: January 1, 2024

# SCHEDULE SB ATTACHMENTS

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## Future Plan Changes

No future plan changes were recognized in determining pension cost or in determining minimum and maximum contributions.

## Changes in Benefits Valued Since Prior Year

None

Plan Name: Mueller Group, LLC Pension Plan for Selected Employees  
EIN / PN: 37-1387813/005  
Plan Sponsor: Mueller Group, LLC  
Valuation Date: January 1, 2024

## **SCHEDULE SB ATTACHMENTS**

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# **Prior Anvil International, Inc. Pension Plan for Hourly Employees at the Columbia Plant**

|                 |                                                        |
|-----------------|--------------------------------------------------------|
| Plan Name:      | Mueller Group, LLC Pension Plan for Selected Employees |
| EIN / PN:       | 37-1387813/005                                         |
| Plan Sponsor:   | Mueller Group, LLC                                     |
| Valuation Date: | January 1, 2024                                        |

## SCHEDULE SB ATTACHMENTS

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# Summary of plan provisions Columbia

### Plan Provisions

**Covered employees and Participation date** Participation is frozen as of July 1, 1992.

### Definitions

**Vesting service** The number of calendar years in which a participant worked at least 1,600 hours of service with Anvil International, Inc. as an eligible employee after October 7, 1966

Prior to October 8, 1966 vesting service was years and months of uninterrupted service. Service is capped at 40 years.

**Pension service** The number of calendar years in which a participant worked at least 1,600 hours of service with Anvil International, Inc. as an eligible employee after October 7, 1966

Prior to October 8, 1966 credited service was years and months of uninterrupted service. Service is capped at 40 years

**Normal retirement date (NRD)** Age 65

Plan Name: Mueller Group, LLC Pension Plan for Selected Employees  
EIN / PN: 37-1387813/005  
Plan Sponsor: Mueller Group, LLC  
Valuation Date: January 1, 2024

## SCHEDULE SB ATTACHMENTS

### Monthly pension benefit

(1) Based on years of credited service, as follows:

| Period of Service             | Per Year of Service |
|-------------------------------|---------------------|
| Hire through 12/31/1978       | \$8.00              |
| 01/01/1979 through 12/31/1983 | \$10.00             |
| 01/01/1984 through 12/31/1986 | \$12.00             |
| 01/01/1987 and later          | \$13.00             |

### LESS

(2) The value of the following notional Company contributions the participant could have received in the 401(k) Plan, accumulated at the rate of return in the GIC Fund and valued as a life annuity, regardless of actual participation in the 401(k) Plan:

| Period of Service             | Annual National Company Contribution |
|-------------------------------|--------------------------------------|
| 07/01/1992 through 06/30/1995 | \$300                                |
| 07/01/1995 through 03/31/1996 | \$325                                |
| 04/01/1996 through 03/31/1997 | \$350                                |
| 04/01/1997 through 03/31/1998 | \$375                                |
| 04/01/1998 through 06/30/1999 | \$450                                |
| 07/01/1999 through 06/30/2000 | \$600                                |
| 07/01/2000 through 06/30/2001 | \$650                                |
| 07/01/2001 through 06/30/2002 | \$700                                |
| 07/01/2002 through 03/31/2008 | \$800                                |
| 04/01/2008 and later          | \$925                                |

The notional employer contribution for the IAM group (division 914) was increased from \$800 to \$825 as of May 1, 2005, and to \$850 as of April 29, 2006, and to \$950 as of April 27, 2008.

With respect to a Participant who is in service on or after July 1, 1992, such monthly Pension Benefit shall not be less than the Participant's Monthly Pension Benefit as of July 1, 1992 based on the provisions of the Plan as of such date.

Benefits were frozen in the plan effective July 31, 2008 (Part 1) and September 14, 2008 (Part 2).

Plan Name: Mueller Group, LLC Pension Plan for Selected Employees  
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Plan Sponsor: Mueller Group, LLC  
Valuation Date: January 1, 2024

# SCHEDULE SB ATTACHMENTS

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## Eligibility for Benefits

|                                    |                                                                                                                                      |
|------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|
| <b>Normal retirement</b>           | Age 65                                                                                                                               |
| <b>Early retirement</b>            | Age 55 and 5 years of service                                                                                                        |
| <b>Postponed retirement</b>        | After age 65                                                                                                                         |
| <b>Vested termination</b>          | Termination for reasons other than death or retirement after completing 5 years of vesting service                                   |
| <b>Disability</b>                  | Total and permanent disability after attaining any combination of age and service equaling 60 years                                  |
| <b>Preretirement death benefit</b> | Death in active service after becoming vested or death after termination of employment with entitlement to a deferred vested pension |

## Benefits Paid Upon the Following Events

|                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|-----------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Normal retirement</b>    | Accrued benefit payable at normal retirement date                                                                                                                                                                                                                                                                                                                                                                                                                  |
| <b>Early retirement</b>     | <p>Accrued benefit deferred to Normal Retirement Date, or immediate pension equal to accrued benefit reduced by 1/15<sup>th</sup> for each of first 5 years and 1/30<sup>th</sup> for each of next 5 years by which commencement precedes Normal Retirement Date.</p> <p>Offset is projected from date of retirement to age 65 based on lesser of IRS 417(e) rate and current GIC rate, converted to an annuity at that age and deducted from accrued pension.</p> |
| <b>Postponed retirement</b> | Pension determined as for Normal Retirement considering service to Late Retirement Date, with actuarial increases for postponed payment of benefits.                                                                                                                                                                                                                                                                                                               |
| <b>Vested termination</b>   | <p>Accrued benefit deferred to normal retirement date, or reduced pension after age 55.</p> <p>Reduction is the same as for early retirement.</p>                                                                                                                                                                                                                                                                                                                  |
| <b>Disablement</b>          | Accrued benefit payable after six months                                                                                                                                                                                                                                                                                                                                                                                                                           |

|                 |                                                        |
|-----------------|--------------------------------------------------------|
| Plan Name:      | Mueller Group, LLC Pension Plan for Selected Employees |
| EIN / PN:       | 37-1387813/005                                         |
| Plan Sponsor:   | Mueller Group, LLC                                     |
| Valuation Date: | January 1, 2024                                        |

## SCHEDULE SB ATTACHMENTS

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Offset is based on current account balance converted to an annuity at current age.

**Preretirement death** The surviving spouse of deceased participant will receive the survivor's portion of a 50% joint and survivor annuity.

### Other Plan Provisions

- Forms of payment**
- Life annuity
  - 50% Joint and Survivor annuity
  - 75% Joint and Survivor annuity
  - 100% Joint and Survivor annuity

Actuarial equivalence is based on an 80% male and 20% female blend of the 1975 Group Annuity Mortality Table (the 1971 Group Annuity Mortality Table projected 4 years using scale D) and 8% interest rate.

**Plan participants' contributions** None

### Future Plan Changes

No future plan changes were recognized in determining pension cost or in determining minimum and maximum contributions.

### Changes in Benefits Valued Since Prior Year

None

Plan Name: Mueller Group, LLC Pension Plan for Selected Employees  
EIN / PN: 37-1387813/005  
Plan Sponsor: Mueller Group, LLC  
Valuation Date: January 1, 2024

## Mueller Group, LLC Pension Plan for Selected Employees

### Schedule H, Part IV, Line 4i - Schedule of Assets (Held at End of Year)

December 31, 2024

Plan #005 - Employer Identification Number #37-1387813

| (A)                         | Identity of Issuer, Borrower,<br>Lessor, or Similar Party (B) | Description of<br>Investments (Number<br>of Shares) (C) | Cost (D)              | Current<br>Value (E)  |
|-----------------------------|---------------------------------------------------------------|---------------------------------------------------------|-----------------------|-----------------------|
| Mutual funds:               |                                                               |                                                         |                       |                       |
| *                           | Vanguard Long-Term Inv Grade Trust Class I                    | 2,291,155                                               | \$ 52,643,078         | \$ 41,217,880         |
| *                           | Vanguard Long-Term Inv-Grade Fund Admiral                     | 5,331,025                                               | 60,055,595            | 40,142,620            |
| *                           | Vanguard Long-Term Treasury Index Fund Inst Shrs              | 1,599,275                                               | 39,020,924            | 38,862,384            |
| *                           | Vanguard Total Stock Market Index Fund Inst                   | 1,615,684                                               | 64,080,890            | 38,194,762            |
| *                           | Vanguard Intermediate-Term Treasury Index Inst                | 258,564                                                 | 22,584,467            | 36,470,467            |
| *                           | Vanguard Total International Stock Index Inst                 | 171,210                                                 | 19,891,595            | 21,695,725            |
| *                           | Vanguard Global Minimum Volatility Fund                       | 478,014                                                 | 12,718,399            | 14,708,492            |
| *                           | Vanguard Intermediate-Term Inv Grade Admiral                  | 1,134,232                                               | 9,878,546             | 9,709,028             |
|                             |                                                               |                                                         | <u>280,873,494</u>    | <u>241,001,358</u>    |
| Cash/short-term securities: |                                                               |                                                         |                       |                       |
|                             | Cash and cash equivalents                                     | N/A                                                     | <u>2,000,000</u>      | <u>2,000,000</u>      |
|                             |                                                               |                                                         | <u>\$ 282,873,494</u> | <u>\$ 243,001,358</u> |

\* A party-in-interest as defined by ERISA.

See accompanying independent auditor's report and notes to financial statements.

## SCHEDULE SB ATTACHMENTS

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**Schedule SB, Line 32**  
**Schedule of Amortization Bases**  
**as of January 1, 2024**

| Type of Base | Date Established | Initial Amount | Remaining Amortization Period (Years) | Outstanding Balance | Amortization Payment |
|--------------|------------------|----------------|---------------------------------------|---------------------|----------------------|
| 1. Shortfall | 01/01/2024       | (9,219,991)    | 15.00000                              | (9,219,991)         | (842,670)            |
| 2. Shortfall | 01/01/2023       | 15,524,211     | 14.00000                              | 14,833,680          | 1,421,718            |
| Total        |                  |                |                                       | 5,613,689           | 579,048              |

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Plan Name: Mueller Group, LLC Pension Plan for Selected Employees  
EIN / PN: 37-1387813/005  
Plan Sponsor: Mueller Group, LLC  
Valuation Date: January 1, 2024

## SCHEDULE SB ATTACHMENTS

### Schedule SB, Line 23 Information on Use of Multiple Mortality Tables

Different mortality tables were used for different populations. Item 23 reflects the largest population.

| Population description                                                    | Population size | Mortality table                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|---------------------------------------------------------------------------|-----------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Non-annuitants (Active employees and participants with deferred benefits) | 1,099           | Pre-retirement: IRS prescribed fully generational table based on Pri-2012 "Employees" table without collar or amount adjustments and then projected forward with generational projection as specified in the regulations under §1.430(h)(3)-1 using the IRS adjusted Scale MP-2021 (i.e., MP-2021 with no mortality improvement for 2020-2023 and future mortality improvement capped at 0.78% for years after 2024).<br><br>Post-retirement: Plan specific mortality approved by the IRS. |
| Male and Female annuitant only                                            | 3,275           | Plan specific mortality approved by the IRS.                                                                                                                                                                                                                                                                                                                                                                                                                                               |

Plan Name: Mueller Group, LLC Pension Plan for Selected Employees  
EIN / PN: 37-1387813/005  
Plan Sponsor: Mueller Group, LLC  
Valuation Date: January 1, 2024

# SCHEDULE SB ATTACHMENTS

## Schedule SB, Line 23 Information on Use of Substitute Mortality Tables

Substitute mortality tables are used for the following plan populations:

Mortality is assumed to occur according to a plan-specific substitute mortality table with separate male and female rates, as approved by the IRS in 2019 for valuations for the 2021 through 2028 plan years. The mortality rates are applied to all annuitants (including disabled annuitants). The prescribed tables apply for non-annuitants (including disabled non-annuitants) before retirement. The tables were developed based on the mortality experience of the annuitant populations for qualified defined benefit pension plans sponsored by Mueller Group, LLC. for the period January 1, 2012 through December 31, 2016. The tables are generational, based on the IRS-prescribed adjusted Scale MP-2021 (i.e., MP-2021 with no mortality improvement for 2020-2023 and future mortality improvement capped at 0.78% for years after 2024), with a base year of 2014. The table below presents illustrative rates for the base year.

| Percentage of Participants<br>Expected to Die Within One Year |          |          |
|---------------------------------------------------------------|----------|----------|
| Age                                                           | Males    | Females  |
| 25                                                            | 0.0601%  | 0.0225%  |
| 30                                                            | 0.0582%  | 0.0271%  |
| 35                                                            | 0.0677%  | 0.0374%  |
| 40                                                            | 0.0809%  | 0.0531%  |
| 45                                                            | 0.1895%  | 0.1244%  |
| 50                                                            | 0.5203%  | 0.3432%  |
| 55                                                            | 0.7286%  | 0.4656%  |
| 60                                                            | 0.9898%  | 0.6866%  |
| 65                                                            | 1.4266%  | 1.0533%  |
| 70                                                            | 2.1741%  | 1.6729%  |
| 75                                                            | 3.5149%  | 2.7362%  |
| 80                                                            | 5.9250%  | 4.6323%  |
| 85                                                            | 10.3265% | 8.2072%  |
| 90                                                            | 18.0459% | 14.5607% |

The single mortality ratio for both genders of the aggregated pension plans is equal to 1.37513. The partial credibility weighting factor for the population determined pursuant to § 1.430(h)(3)-2(e)(2) is 0.61406. The single mortality ratio for both genders of the aggregated pension plans after reflecting the partial credibility weighting factor is 1.23035.

**Prescribed tables are used for the following plan populations:**

The prescribed tables apply for non-annuitants (including disabled non-annuitants) before retirement.

**The last plan year for which the IRS approval for the substitute mortality tables applies is: 2028**

Plan Name: Mueller Group, LLC Pension Plan for Selected Employees  
EIN / PN: 37-1387813/005  
Plan Sponsor: Mueller Group, LLC  
Valuation Date: January 1, 2024