

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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

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

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 02/01/2024 and ending 12/31/2024

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

Part II Basic Plan Information—enter all requested information

1a Name of plan: RCM INDUSTRIES, INC. DEFINED BENEFIT PENSION PLAN
1b Three-digit plan number (PN): 001
1c Effective date of plan: 02/01/1963
2a Plan sponsor's name (employer, if for a single-employer plan): RCM INDUSTRIES, INC.
2b Employer Identification Number (EIN): 36-3710664
2c Plan Sponsor's telephone number: 847-455-1950
2d Business code (see instructions): 332900

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

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

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

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

Form 5500 (2024) v. 240311

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN	
	<b>3c</b> Administrator's telephone number	
<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: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN	
	<b>4d</b> PN	
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	209
<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> ). <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. .... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> ..... <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) ..... <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) ..... <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<b>6a(1)</b>	58
	<b>6a(2)</b>	0
	<b>6b</b>	0
	<b>6c</b>	0
	<b>6d</b>	0
	<b>6e</b>	0
	<b>6f</b>	0
	<b>6g(1)</b>	
<b>6g(2)</b>		
<b>6h</b>		0
<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:  
1A 1I

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

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

**a Pension Schedules**

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

**b General Schedules**

- (1)  **H** (Financial Information)
- (2)  **I** (Financial Information – Small Plan)
- (3)  **A** (Insurance Information) – Number Attached 0
- (4)  **C** (Service Provider Information)
- (5)  **D** (DFE/Participating Plan Information)
- (6)  **G** (Financial Transaction Schedules)

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

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**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.

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**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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<b>SCHEDULE SB</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Single-Employer Defined Benefit Plan</b> <b>Actuarial Information</b>  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).  <b>▶ File as an attachment to Form 5500 or 5500-SF.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning 02/01/2024 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.

<b>A</b> Name of plan <u>RCM INDUSTRIES, INC. DEFINED BENEFIT PENSION PLAN</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>001</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>RCM INDUSTRIES, INC.</u>	<b>D</b> Employer Identification Number (EIN) <u>36-3710664</u>	
<b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	<b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input checked="" type="checkbox"/> 101-500 <input type="checkbox"/> More than 500	

**Part I Basic Information**

<b>1</b>	Enter the valuation date: Month <u>02</u> Day <u>01</u> Year <u>2024</u>		
<b>2</b>	Assets:		
	<b>a</b> Market value .....	<b>2a</b>	<u>9279311</u>
	<b>b</b> Actuarial value .....	<b>2b</b>	<u>9558580</u>
<b>3</b>	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	<b>a</b> For retired participants and beneficiaries receiving payment .....	<u>42</u>	<u>3866643</u>
	<b>b</b> For terminated vested participants .....	<u>109</u>	<u>2632951</u>
	<b>c</b> For active participants .....	<u>58</u>	<u>2493689</u>
	<b>d</b> Total .....	<u>209</u>	<u>8993283</u>
<b>4</b>	If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>		
	<b>a</b> Funding target disregarding prescribed at-risk assumptions .....	<b>4a</b>	
	<b>b</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 .....	<b>4b</b>	
<b>5</b>	Effective interest rate .....	<b>5</b>	<u>5.16 %</u>
<b>6</b>	Target normal cost		
	<b>a</b> Present value of current plan year accruals .....	<b>6a</b>	<u>0</u>
	<b>b</b> Expected plan-related expenses .....	<b>6b</b>	<u>111730</u>
	<b>c</b> Target normal cost .....	<b>6c</b>	<u>111730</u>

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

<b>SIGN HERE</b>		
	Signature of actuary	<u>04/23/2025</u>
	<u>NICHOLE ALEXANDER, FSA, EA, MAAA</u>	Date
	Type or print name of actuary	<u>23-07799</u>
	<u>ALLIANCE PENSION CONSULTANTS, LLC</u>	Most recent enrollment number
	Firm name	<u>224-330-6138</u>
	<u>1751 LAKE COOK ROAD, SUITE 400</u>	Telephone number (including area code)
	<u>DEERFIELD, IL 60015</u>	
	Address of the firm	

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

<b>Part II Beginning of Year Carryover and Prefunding Balances</b>		(a) Carryover balance	(b) Prefunding balance
<b>7</b>	Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....	0	19068
<b>8</b>	Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....	0	0
<b>9</b>	Amount remaining (line 7 minus line 8) .....	0	19068
<b>10</b>	Interest on line 9 using prior year's actual return of <u>6.69</u> % .....	0	1276
<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) .....		392984
<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 <u>5.25</u> % .....		20632
<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 .....		413616
<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	20344

<b>Part III Funding Percentages</b>			
<b>14</b>	Funding target attainment percentage .....	<b>14</b>	106.05 %
<b>15</b>	Adjusted funding target attainment percentage .....	<b>15</b>	106.28 %
<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>	105.22 %
<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>	%

<b>Part IV Contributions and Liquidity Shortfalls</b>		<b>18 Contributions made to the plan for the plan year by employer(s) and employees:</b>					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees		
08/07/2024	65000	0					
08/09/2024	263000	0					
09/12/2024	1470	0					
			<b>Totals ▶</b>	<b>18(b)</b>	329470	<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>	320963

**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

<b>Part V Assumptions Used to Determine Funding Target and Target Normal Cost</b>			
<b>21</b> Discount rate:			
<b>a</b> Segment rates:	1st segment: 4.75 %	2nd segment: 4.96 %	<input type="checkbox"/> N/A, full yield curve used
<b>b</b> Applicable month (enter code) .....			<b>21b</b> 0
<b>22</b> Weighted average retirement age .....			<b>22</b> 65
<b>23</b> Mortality table(s) (see instructions)	<input checked="" type="checkbox"/> Prescribed - combined	<input type="checkbox"/> Prescribed - separate	<input type="checkbox"/> Substitute

<b>Part VI 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 checked="" type="checkbox"/> Yes <input 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			
<b>a</b> 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>b</b> Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<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 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 Minimum Required Contribution For Current Year</b>			
<b>31</b> Target normal cost and excess assets (see instructions):			
<b>a</b> Target normal cost (line 6c) .....	<b>31a</b>	111730	
<b>b</b> Excess assets, if applicable, but not greater than line 31a .....	<b>31b</b>	111730	
<b>32</b> Amortization installments:	Outstanding Balance	Installment	
<b>a</b> Net shortfall amortization installment .....	0	0	
<b>b</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>	0	
	Carryover balance	Prefunding balance	Total balance
<b>35</b> Balances elected for use to offset funding requirement .....	0	0	0
<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>	320963	
<b>38</b> Present value of excess contributions for current year (see instructions)			
<b>a</b> Total (excess, if any, of line 37 over line 36)	<b>38a</b>	320963	
<b>b</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 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 type="checkbox"/> 2021			

<b>SCHEDULE C</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Service Provider Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning **02/01/2024** and ending **12/31/2024**

<b>A</b> Name of plan <b>RCM INDUSTRIES, INC. DEFINED BENEFIT PENSION PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>RCM INDUSTRIES, INC.</b>	<b>D</b> Employer Identification Number (EIN) <b>36-3710664</b>	

**Part I Service Provider Information (see instructions)**

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

**1 Information on Persons Receiving Only Eligible Indirect Compensation**

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

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

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

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**(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)

ALLIANCE PENSION CONSULTANTS LLC

36-4389114

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11	ACTUARY	36830	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)

UBS FINANCIAL SERVICES, INC.

13-2638166

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	INVESTMENT ADVISOR	10399	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)

MATRIX TRUST COMPANY

75-3182674

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 21	INVESTMENT ADVISOR	4997	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input checked="" 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.

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

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

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

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

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

<b>(a)</b> Enter name and EIN or address of service provider (see instructions)	<b>(b)</b> Nature of Service Code(s)	<b>(c)</b> 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:

<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  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).  ▶ <b>File as an attachment to Form 5500.</b>	OMB No. 1210-0110  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning <b>02/01/2024</b> and ending <b>12/31/2024</b>	
<b>A</b> Name of plan <b>RCM INDUSTRIES, INC. DEFINED BENEFIT PENSION PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>RCM INDUSTRIES, INC.</b>	<b>D</b> Employer Identification Number (EIN) <b>36-3710664</b>

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

		(a) Beginning of Year	(b) End of Year
<b>Assets</b>			
<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>	0	0
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>	0	0
<b>(3)</b> Other .....	<b>1b(3)</b>	0	0
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	200647	0
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>	1254118	0
<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>	741106	0
<b>(4)</b> Corporate stocks (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>	15226	0
<b>(B)</b> Common .....	<b>1c(4)(B)</b>	1463188	0
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>	7359	0
<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>	5581108	0
<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>	16559	0

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	9279311	0
<b>Liabilities</b>			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	0	0
<b>Net Assets</b>			
l Net assets (subtract line 1k from line 1f).....	1l	9279311	0

**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.....	2a(1)(A)	329470	
(B) Participants.....	2a(1)(B)	0	
(C) Others (including rollovers).....	2a(1)(C)	0	
(2) Noncash contributions.....	2a(2)	0	
(3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2).....	2a(3)		329470
<b>b Earnings on investments:</b>			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	0	
(B) U.S. Government securities.....	2b(1)(B)	34046	
(C) Corporate debt instruments.....	2b(1)(C)	18987	
(D) Loans (other than to participants).....	2b(1)(D)	0	
(E) Participant loans.....	2b(1)(E)	0	
(F) Other.....	2b(1)(F)	-15659	
(G) Total interest. Add lines 2b(1)(A) through (F).....	2b(1)(G)		37374
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)	0	
(B) Common stock.....	2b(2)(B)	1290	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	144005	
(D) Total dividends. Add lines 2b(2)(A), (B), and (C).....	2b(2)(D)		145295
(3) Rents.....	2b(3)		0
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	-45966	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	0	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)	0	
(B) Other.....	2b(5)(B)	0	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B).....	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts .....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts .....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities .....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	2b(10)		
<b>c</b> Other income .....	2c		0
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total.....	2d		466173

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	3814084	
(2) To insurance carriers for the provision of benefits .....	2e(2)	5855531	
(3) Other.....	2e(3)	0	
(4) Total benefit payments. Add lines 2e(1) through (3) .....	2e(4)		9669615
<b>f</b> Corrective distributions (see instructions) .....	2f		0
<b>g</b> Certain deemed distributions of participant loans (see instructions).....	2g		0
<b>h</b> Interest expense.....	2h		0
<b>i</b> Administrative expenses:			
(1) Salaries and allowances .....	2i(1)	0	
(2) Contract administrator fees .....	2i(2)	7398	
(3) Recordkeeping fees .....	2i(3)	0	
(4) IQPA audit fees .....	2i(4)	0	
(5) Investment advisory and investment management fees .....	2i(5)	10399	
(6) Bank or trust company trustee/custodial fees .....	2i(6)	0	
(7) Actuarial fees .....	2i(7)	36830	
(8) Legal fees .....	2i(8)	0	
(9) Valuation/appraisal fees .....	2i(9)	0	
(10) Other trustee fees and expenses .....	2i(10)	133	
(11) Other expenses.....	2i(11)	21109	
(12) Total administrative expenses. Add lines 2i(1) through (11) .....	2i(12)		75869
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total.....	2j		9745484

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line 2j from line 2d.....	2k		-9279311
<b>l</b> Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan .....	2l(2)		

**Part III Accountant's Opinion**

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

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

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

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

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

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

(1) Name: SELDEN FOX, LTD.

(2) EIN: 36-2985770

**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.)		X	
<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.)		X	
<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.)		X	
<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.)		X	
<b>e</b> Was this plan covered by a fidelity bond?	X		500000
<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?		X	
<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?		X	
<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?		X	
<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.)		X	
<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.)	X		
<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?	X		
<b>l</b> Has the plan failed to provide any benefit when due under the plan?		X	
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
<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 0.

**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 535004.

<b>SCHEDULE R</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Retirement Plan Information</b>  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).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning 02/01/2024 and ending 12/31/2024

<b>A</b> Name of plan <u>RCM INDUSTRIES, INC. DEFINED BENEFIT PENSION PLAN</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>001</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <u>RCM INDUSTRIES, INC.</u>	<b>D</b> Employer Identification Number (EIN) <u>36-3710664</u>	

<b>Part I</b>	<b>Distributions</b>
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**All references to distributions relate only to payments of benefits during the plan year.**

<b>1</b> 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):  
 EIN(s): 75-3182674

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

<b>3</b> Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year .....	3	96
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<b>Part II</b>	<b>Funding Information</b> (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)? .....  Yes  No  N/A  
**If the plan is a defined benefit plan, go to line 8.**

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

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

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

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

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

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

<b>Part IV</b>	<b>ESOPs</b> (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? .....  Yes  No

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

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

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

**Part V Additional Information for Multiemployer Defined Benefit Pension Plans**

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

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

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

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

**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:

<b>a</b> The corresponding number for the plan year immediately preceding the current plan year .....	<b>15a</b>	
<b>b</b> The corresponding number for the second preceding plan year .....	<b>15b</b>	

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

<b>a</b> Enter the number of employers who withdrew during the preceding plan year .....	<b>16a</b>	
<b>b</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.....	<b>16b</b>	

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

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

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

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

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

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

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

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

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

**Part VII IRS Compliance Questions**

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

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

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

RCM INDUSTRIES, INC.  
DEFINED BENEFIT PENSION PLAN

AUDIT REPORT  
FOR THE PERIOD ENDED DECEMBER 31, 2024

**RCM Industries, Inc.**  
**Defined Benefit Pension Plan**  
**Audit Report**  
**For the Period Ended December 31, 2024**

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# Selden Fox

Accounting for your future

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## INDEPENDENT AUDITOR'S REPORT

Plan Administrator  
RCM Industries, Inc.  
Defined Benefit Pension Plan  
Franklin Park, Illinois

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

We have performed audits of the financial statements of **RCM Industries, Inc. Defined Benefit Pension Plan** (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 statement of net assets available for benefits as of December 31, 2024 (in liquidation) and January 31, 2024, and the related statement of changes in net assets available for benefits for the period February 1, 2024 to December 31, 2024 (in liquidation), and the related notes to the financial statements.

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

Management has obtained certifications from a qualified institution as of December 31, 2024 and January 31, 2024, and for the period February 1, 2024 to December 31, 2024, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

## **Opinion**

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

- The amounts and disclosures in the 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).

## **Basis for Opinion**

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

## **Emphasis of Matter – Plan Termination and Liquidation - Basis of Accounting**

As discussed in Note 1 to the financial statements, the sponsor of the Plan, RCM Industries, Inc., voted to terminate the Plan effective April 30, 2024. In 2024, after the Plan had filed applicable documentation and received certain approvals, management determined that liquidation was imminent. As a result, the Plan has changed its basis of accounting from the going concern basis used in presenting the January 31, 2024 financial statements to the liquidation basis used in presenting the December 31, 2024 financial statements. Our opinion is not modified with respect to this matter.

## **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.

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

## **Auditor's Responsibilities for the Audit of the Financial Statements**

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

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

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

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

### **Other Matter – Supplemental Schedule Required by ERISA**

The supplemental schedule of reportable transactions – Schedule H, Line 4j as of December 31, 2024 is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information 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 audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with 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, is/are presented in conformity with the Department of Labor'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 Department of Labor'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).

*Selden Fox, Ltd.*

October 13, 2025

**RCM Industries, Inc.**  
**Defined Benefit Pension Plan**  
**Statement of Net Assets Available for Benefits**

	<u>(In Liquidation)</u> <u>December 31, 2024</u>	<u>(Ongoing)</u> <u>January 31, 2024</u>
<b>Assets</b>		
Investments, at fair value	\$ -	\$ 9,262,752
Accrued interest and dividends	-	16,559
<b>Net assets available for benefits</b>	<b>\$ -</b>	<b>\$ 9,279,311</b>

See accompanying notes and independent auditor's report.

**RCM Industries, Inc.**  
**Defined Benefit Pension Plan**  
**Statement of Changes in Net Assets Available for Benefits**

	(In Liquidation) February 1, 2024 to December 31, 2024
Additions:	
Employer contribution	\$ 329,470
Interest and dividends	182,669
Net (depreciation) in fair value of investments	(45,966)
<b>Total additions</b>	<b>466,173</b>
Deductions:	
Benefits paid directly to participants	3,814,084
Payments to insurance carriers	5,855,531
Administrative expenses	75,869
<b>Total deductions</b>	<b>9,745,484</b>
<b>Net change in assets available for benefits</b>	<b>(9,279,311)</b>
Net assets available for benefits:	
Beginning of the year (ongoing)	9,279,311
End of the year (in liquidation)	\$ -

See accompanying notes and independent auditor's report.

**RCM Industries, Inc.**  
**Defined Benefit Pension Plan**  
**Notes to the Financial Statements**

---

**1. Description of Plan**

The RCM Industries, Inc. (Company) Defined Benefit Pension Plan (Plan) was established on February 1, 1963, and was restated on February 1, 2014 and February 1, 2020. The following description of the Plan is provided for general information purposes only. Participants should refer to the Plan agreement for more complete information.

**General** – The Plan is a noncontributory defined benefit plan covering all eligible employees of Aallied Die Casting Company of Illinois and Aallied Die Casting Company of North Carolina, both RCM Industries, Inc. divisions (Divisions), who have attained age 21 and have completed one year of service. As of December 31, 2005 and December 31, 2008, Plan benefits were frozen for nonunion employees and union employees, respectively.

**Plan Termination** – In January 2024, the Board of Directors of the Company approved to terminate the Plan effective April 30, 2024, in accordance with the Plan's provisions. The accrued benefits of all affected participants that are not fully vested are deemed to have been fully vested as of April 15, 2024. In February 2024, a Notice of Intent to Terminate and Notice to Interest Parties advising that an application was to be filed were distributed to plan participants. A Notice of Plan Benefits was distributed to Plan participants in April 2024. The Notice of Plan Benefits is a statement of participant's accrued benefit under the Plan. The Company filed a Standard Termination Notice with the Pension Benefit Guaranty Corporation (PBGC) in May 2024, and the 60-day waiting period expired on July 1, 2024.

On August 8, 2024, the Company entered into a single premium group annuity contract with American United Life Insurance Company. The contract provides for the payment of annuities to those participants and their beneficiaries, who elected an annuity distribution option and to those who did not make an affirmative election during the Plan's termination process. In August 2024, the Plan paid \$5,855,531 of premium to American United Life Insurance Company for the purchase of the annuities. American United Life Insurance Company assumed the obligation in 2024 to make benefit payments under the contract commencing in October 2024, which terminates when no further annuity amounts are payable.

The Plan issued payments totaling \$3,272,034 to plan participants who elected a lump sum payout of their benefits in August 2024.

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

**RCM Industries, Inc.**  
**Defined Benefit Pension Plan**  
**Notes to the Financial Statements (cont'd)**

---

1. **Description of Plan** (cont'd)

**Plan Termination** (cont'd) – Whether all participants receive their accumulated Plan benefits when the Plan terminates will depend on the sufficiency, at that time, of the Plan's net assets to provide for accumulated benefit obligations and may also depend on the financial condition of the Plan sponsor and the level of benefits guaranteed by the PBGC. As described in Note 5, the net assets available for benefits exceeded the actuarial present value of accumulated benefits when the termination of the Plan became effective.

**Pension Benefits** – Under the Plan, participants are eligible for full benefit payments upon reaching normal retirement age of 65 with a minimum of five years of service. Participants who retire with a minimum of ten years of service prior to reaching normal retirement age are eligible for reduced benefits. Benefit payments are determined on the basis of years of service and participants' highest average compensation for any five consecutive earnings periods out of the ten latest earnings periods.

2. **Summary of Significant Accounting Policies**

**Basis of Presentation** – The financial statements of the Plan for the period February 1 through December 31, 2024 are prepared under the liquidation basis of accounting. The financial statement of the Plan as of January 31, 2024 is prepared under the accrual basis of accounting.

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

**Investments Valuation and Income Recognition** – Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 4 for a discussion of fair value measurements.

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

**Payment of Benefits** – Benefit payments to participants are recorded upon distribution.

**RCM Industries, Inc.**  
**Defined Benefit Pension Plan**  
**Notes to the Financial Statements (cont'd)**

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**2. Summary of Significant Accounting Policies (cont'd)**

**Administrative Expenses** – The Plan's expenses are paid either by the Plan or the Company, as provided by the Plan document. Expenses that are paid directly by the Company are excluded from these financial statements. Certain expenses incurred in connection with the general administration of the Plan that are paid by the Plan are recorded as deductions in the accompanying statement of changes in net assets available for benefits. In addition, certain investment related expenses are included in net depreciation of fair value of investments presented in the accompanying statement of changes in net assets available for benefits.

**Trust Agreement** – Under the terms of a trust agreement between Matrix Trust Company, the trustee, and the Company, the trustee administers and invests the Plan's assets in accordance with instructions from the Plan administrator.

**Subsequent Events** – The Plan has evaluated subsequent events through October 13, 2025, the date the financial statements were available to be issued.

**3. Information Prepared and Certified by Trustee**

The Company, acting in its capacity as the Plan administrator, has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. All information in the accompanying financial statements and the supplemental schedule related to investments, including investments at fair value, accrued interest and dividends, interest and dividends, other investment income, and net depreciation in fair value of investments is based on information provided by the Plan's trustee, Matrix Trust Company, and furnished to the Company. The Company has obtained certifications from the trustee as of December 31, 2024 and January 31, 2024, and for the period February 1, 2024 to December 31, 2024, that such information is complete and accurate.

**4. Fair Value Measurements**

Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 820, "Fair Value Measurements and Disclosures," provides the framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value.

**Level 1** – Valuations are based on unadjusted quoted prices in active markets for identical assets or liabilities that the Plan has the ability to access at the measurement date.

**Level 2** – Valuations are based on quoted prices for similar assets or liabilities in active markets; quoted prices for identical or similar assets or liabilities in markets that are not active; and model-derived valuations whose significant inputs are observable.

**RCM Industries, Inc.**  
**Defined Benefit Pension Plan**  
**Notes to the Financial Statements (cont'd)**

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**4. Fair Value Measurements (cont'd)**

**Level 3** – Valuations are based on unobservable inputs for the asset or liability that reflect the reporting entity's own data and assumptions that market participants would use in pricing the asset or liability. These unobservable inputs are significant to the fair value measurement.

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

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

Cash and equivalents consist of interest-bearing cash accounts and money market funds which are valued at a net asset value (NAV) of \$1 as reported by the fund manager. These assets are categorized in Level 1 of the fair value hierarchy.

Common stocks, mutual funds, and exchange traded funds are valued at the last bid or closing price as reported on a national securities exchange. These assets are categorized in Level 1 of the fair value hierarchy.

Preferred stock, convertible preferred, limited partnerships and U.S. Treasury securities, are valued at the closing price reported in the active market in which the individual security is traded. These assets are categorized in Level 1 of the fair value hierarchy.

Corporate bonds, convertible bonds, government agency securities, and CMOS/REMICS bonds, are valued based upon financial models using inputs such as issuer type, coupon, maturity and weighted average maturity. These assets are categorized in Level 2 of the fair value hierarchy.

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

There were no Plan assets as of December 31, 2024.

**RCM Industries, Inc.**  
**Defined Benefit Pension Plan**  
**Notes to the Financial Statements (cont'd)**

**4. Fair Value Measurements (cont'd)**

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of January 31, 2024:

	Level 1	Level 2	Level 3	Total
Cash and equivalents	\$ 200,647	\$ -	\$ -	\$ 200,647
Common stocks	1,463,188	-	-	1,463,188
Preferred stocks	3,680	-	-	3,680
Mutual funds	1,603,197	-	-	1,603,197
Exchange traded funds	3,977,911	-	-	3,977,911
Corporate bonds	-	549,896	-	549,896
Convertible preferred	11,546	-	-	11,546
Convertible bonds	-	147,100	-	147,100
Government agency securities	-	270,217	-	270,217
CMOS/REMICs bonds	-	44,110	-	44,110
Limited partnership	7,359	-	-	7,359
U.S. Treasury securities	983,901	-	-	983,901
<b>Total</b>	<b>\$ 8,251,429</b>	<b>\$ 1,011,323</b>	<b>\$ -</b>	<b>\$ 9,262,752</b>

**5. Actuarial Present Value of Accumulated Plan Benefits**

Accumulated Plan benefits represent the present value of future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions to the services participants have rendered. Accumulated Plan benefits include benefits expected to be paid to retired or terminated vested participants or their beneficiaries, beneficiaries of participants who have died, and present employees or their beneficiaries.

The accumulated Plan benefits for active employees are based on their average compensation during the five years ended on December 31, 2005, for nonunion employees and December 31, 2008, for union employees. Benefits payable under all circumstances such as retirement, death, disability, and termination of employment are included to the extent they are deemed attributable to employee service rendered to the valuation date.

The actuarial present value of accumulated Plan benefits is determined by the Plan's consulting actuaries and is that amount that results from applying actuarial assumptions to adjust the accumulated Plan benefits to reflect the time value of money (through discounts for interest), and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement), between the valuation date and the expected date of payment.

**RCM Industries, Inc.**  
**Defined Benefit Pension Plan**  
**Notes to the Financial Statements (cont'd)**

---

**5. Actuarial Present Value of Accumulated Plan Benefits (cont'd)**

The significant actuarial assumptions used in the valuation as of February 1, 2024, were:

**Life Expectancy of Participants** – The assumed rate of mortality follows the Pri-2012 Private Retirement Plans Mortality Table with Improvement Scale MP-2021.

**Retirement Age Assumptions** – The assumed average retirement age was 65.

**Discount Return** – The assumed interest rate used to discount the accrued plan benefits was 6.00%, net of expenses.

The foregoing actuarial assumptions were based on the presumption that the Plan will continue. As described in Note 1, the Company approved to terminate the Plan as of April 30, 2024. Accordingly, different actuarial assumptions may be applicable in determining the actuarial present value of accumulated Plan benefits as of the termination date.

The computation of the actuarial present value of accumulated plan benefits was made as of February 1, 2024. Had the valuation been performed as of January 31, 2024, there would be no material difference.

As of February 1, 2024, the actuarial present value of accumulated Plan benefits was as follows:

Vested benefits:	
Participants receiving payments	\$ 3,660,879
Participants with deferred benefits	2,243,355
Participating employees	<u>2,107,319</u>
	8,011,553
Nonvested benefits	<u>-</u>
Total actuarial present value of accumulated benefits	<u>\$ 8,011,553</u>

There was no present value of accumulated Plan benefits as of December 31, 2024 due to the Plan terminating and American United Life Insurance Company assuming the obligation to make benefit payments as described in Note 1.

**RCM Industries, Inc.**  
**Defined Benefit Pension Plan**  
**Notes to the Financial Statements (cont'd)**

---

**5. Actuarial Present Value of Accumulated Plan Benefits (cont'd)**

The change in actuarial present value of accumulated Plan benefits for the period February 1, 2024 to December 31, 2024, is as follows:

Actuarial present value of accumulated benefits at February 1, 2024	(In Liquidation) \$ <u>8,011,553</u>
Increase (decrease) during the year attributable to:	
Benefits accumulated	1,203,857
Change in discount period at 6.00%	489,834
Benefits paid	<u>(9,705,244)</u>
Net decrease	<u>(8,011,553)</u>
Actuarial present value of accumulated benefits at December 31, 2024	<u>\$ -</u>

**6. Funding Policy**

The Company makes contributions to the Plan annually in the amount necessary to satisfy the Employee Retirement Income Security Act of 1974 (ERISA) funding standards. Contributions are intended to provide not only for benefits attributed to service to date, but also for those expected in the future. Company contributions meet the minimum funding requirements of ERISA and the Internal Revenue Code (IRC).

**7. Tax Status**

The Internal Revenue Service has determined and informed the Company, by a letter dated September 2, 2015, that the Plan satisfies the qualification requirements of applicable sections of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving this determination letter, the Plan 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 therefore, believes that the Plan is qualified.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the organization has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan administrator believes it is no longer subject to income tax examinations for years prior to 2022.

**RCM Industries, Inc.**  
**Defined Benefit Pension Plan**  
**Notes to the Financial Statements (cont'd)**

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**8. Party-in-Interest Transactions**

Matrix Trust Company is the trustee of the Plan, UBS is the custodian and Alliance Pension Consultants is the actuary for the Plan. These entities all qualify as a party-in-interest and fees paid below are party-in-interest transactions under ERISA.

Total fees paid for the period February 1, 2024 to December 31, 2024 are as follows:

Matrix Trust Company - trustee	<b>\$ 4,997</b>
UBS - custodian	<b>10,399</b>
Alliance Pension Consultants – actuary	<b>36,830</b>
PBGC premium	<b>21,109</b>
Other investment fees	<b>2,534</b>
Total administrative expenses	<b><u>\$ 75,869</u></b>

**RCM Industries, Inc. Defined Benefit Pension Plan**  
**Schedule of Reportable Transactions - Schedule H, Line 4j**  
**December 31, 2024**

**EIN: 36-3710664**

**Plan Number: 001**

(a) Identity of Party Involved	(b) Number of Transactions	Shares / Par Value	Date	(c) Acquisition Price	(d) Disposition Price	(e) Lease Rental	Expense Incurred	Cost of Asset	Current Value	Net Gain or (Loss)
<b>Category (i) - Single Transaction in Excess of 5%</b>										
Federated Hermes Government Obligations Fund		8,691,073.930	07/19/24	\$ 1	\$ -	\$ -	\$ -	\$ 8,691,074	\$ 8,691,074	\$ -
Federated Hermes Government Obligations Fund		8,299,610.930	08/01/24	-	1	-	-	8,299,611	8,299,611	-
Pimco Enhanced Low Duration Active ETF		5,755.000	03/08/24	-	95	-	-	540,107	545,455	5,348
UBS Money Market Fund		473,430.780	02/06/24	1	-	-	-	473,431	473,431	-
UBS Money Market Fund		473,430.780	03/07/24	-	1	-	-	473,431	473,431	-
UBS Money Market Fund		2,106,680.880	03/08/24	1	-	-	-	2,106,681	2,106,681	-
UBS Money Market Fund		1,030,202.420	03/08/24	1	-	-	-	1,030,202	1,030,202	-
UBS Money Market Fund		2,106,220.360	03/12/24	-	1	-	-	2,106,220	2,106,220	-
UBS Money Market Fund		895,482.480	03/13/24	-	1	-	-	895,482	895,482	-
UBS Money Market Fund		475,000.000	07/31/24	1	-	-	-	475,000	475,000	-
UBS Money Market Fund		475,000.000	08/01/24	-	1	-	-	475,000	475,000	-
Vanguard Intermediate Term Treasury ETF		52,440.000	03/08/24	59	-	-	-	3,086,356	3,086,356	-
Vanguard Intermediate Term Treasury ETF		52,440.000	07/18/24	-	59	-	-	3,086,356	3,087,217	861
Vanguard Long Term Government Bond		33,585.000	03/08/24	60	-	-	-	2,008,877	2,008,877	-
Vanguard Long Term Government Bond		14,975.000	03/11/24	60	-	-	-	895,482	895,482	-
Vanguard Long Term Government Bond		33,585.000	07/18/24	-	59	-	-	2,008,877	1,973,532	(35,345)
Vanguard Long Term Government Bond		14,975.000	07/18/24	-	59	-	-	895,482	879,965	(15,517)
<b>Category (iii) - Series of Transactions by Issue in Excess of 5%</b>										
Federated Hermes Government Obligations Fund	8	Total acquisitions		9,166,045	-	-	-	9,166,045	9,166,045	-
	11	Total dispositions		-	9,166,045	-	-	9,166,045	9,166,045	-

See independent auditor's report.

**RCM Industries, Inc. Defined Benefit Pension Plan**  
**Schedule of Reportable Transactions - Schedule H, Line 4j (cont'd)**  
**December 31, 2024**

**EIN: 36-3710664**

**Plan Number: 001**

(a) Identity of Party Involved	(b) Number of Transactions	Shares / Par Value	Date	(c) Acquisition Price	(d) Disposition Price	(e) Lease Rental	Expense Incurred	Cost of Asset	Current Value	Net Gain or (Loss)
<b>Category (iii) - Series of Transactions by Issue in Excess of 5% (cont'd)</b>										
Gateway Y	29	Total dispositions		\$ -	\$ 473,431	\$ -	\$ -	\$ 366,008	\$ 473,431	\$ 107,423
Pimco Enhanced Low Duration										
Active ETF	3	Total dispositions		-	965,328	-	-	958,556	965,328	6,772
Pimco Enhanced Short Maturity Active ETF	2	Total acquisitions		8,407	-	-	-	8,407	8,407	-
	12	Total dispositions		-	978,802	-	-	971,187	978,802	7,615
Pimco Income Institutional	2	Total acquisitions		9,767	-	-	-	9,767	9,767	-
	83	Total dispositions		-	949,454	-	-	1,026,512	949,454	(77,058)
SPDR Bloomberg 1-3 Month TB	7	Total acquisitions		201,458	-	-	-	201,458	201,458	-
	19	Total dispositions		-	940,778	-	-	940,125	940,778	653
UBS Money Market Fund	170	Total acquisitions		8,345,148	-	-	-	8,345,148	8,345,148	-
	438	Total dispositions		-	8,468,262	-	-	8,468,262	8,468,262	-
Vanguard Intermediate Term Treasury ETF	1	Total acquisitions		3,086,356	-	-	-	3,086,356	3,086,356	-
	1	Total dispositions		-	3,087,217	-	-	3,086,356	3,087,217	861
Vanguard Long Term Government Bond	2	Total acquisitions		2,904,359	-	-	-	2,904,359	2,904,359	-
	2	Total dispositions		-	2,853,497	-	-	2,904,359	2,853,497	(50,862)

There were no category (ii) or (iv) reportable transactions

See independent auditor's report.

**RCM Industries, Inc.**  
**RCM Industries, Inc. Defined Benefit Pension Plan**  
**Attachment to 2024 Form 5500**  
**Schedule SB, Line 26 - Schedule of Active Participant Data**  
**EIN/PN: 36-3710664/001**

**Schedule of Active Participant Data**  
 As of 2/1/2024

Attained Age	Years of Credited Service										Total
	Under 1	1 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 and up	
Under 25	0	0	0	0	0	0	0	0	0	0	0
25 to 29	0	0	0	0	0	0	0	0	0	0	0
30 to 34	0	0	0	0	0	0	0	0	0	0	0
35 to 39	0	1	0	0	0	0	0	0	0	0	1
40 to 44	0	3	0	0	0	0	0	0	0	0	3
45 to 49	0	3	2	1	0	0	0	0	0	0	6
50 to 54	0	1	2	3	1	0	0	0	0	0	7
55 to 59	0	2	7	5	4	3	3	1	0	0	25
60 to 64	0	0	2	4	4	2	2	0	0	0	14
65 to 69	0	1	0	0	0	0	0	0	1	0	2
70 and up	0	0	0	0	0	0	0	0	0	0	0
<b>Total</b>	0	11	13	13	9	5	5	1	1	0	58

**RCM Industries, Inc.**  
**RCM Industries, Inc. Defined Benefit Pension Plan**  
**Attachment to 2024 Form 5500**  
**Schedule SB, Part V - Statement of Actuarial Assumptions/Methods**  
**EIN/PN: 36-3710664/001**

<b>Valuation Date</b>	February 1, 2024
<b>Actuarial Cost Method</b>	
<i>Funding Target Liability</i>	The Funding Target Liability is determined using the Unit Credit Actuarial Cost Method. Under this method, an accrued benefit is determined for each individual based upon service and compensation / benefit components as of the beginning of the plan year; a present value of this amount is then determined based upon each individual's anticipated future date(s) of decrement (allowing for anticipated future eligibility for benefits).
<i>Target Normal Cost</i>	Target Normal Cost is determined as the increase in a participant's accrued benefit (inherent in the determination of the Target Liability) for an additional year of service earned during the plan year. Target Normal Cost also includes the assumed value of any administrative expenses payable from the plan trust for the plan year.
<b>Actuarial Value of Assets Method</b>	Assets were smoothed using the method provided in IRS regulations, which spreads the recognition of gains and losses on the Market Value of Assets over the course of 24 months. The Actuarial Value of Assets cannot be less than 90% of the Market Value of Assets or greater than 110% of the Market Value of Assets.
<b>Excess Assets</b>	The excess of the Plan's Actuarial Value of Assets (reduced for any Carryover Balance / Prefunding Balance) over the Plan's Funding Target Liability, if any.
<b>Funding Shortfall</b>	The excess of the Plan's Funding Target Liability over the Plan's Actuarial Value of Assets (reduced for any Carryover Balance / Prefunding Balance), if any.
<b>Amortization of Funding Shortfall</b>	<p>The Plan's Funding Shortfall is amortized using a 15-year closed amortization method.</p> <p>Under this method, the Plan's Funding Shortfall is determined each year and a new shortfall amortization charge is established (if applicable). The new shortfall amortization charge is determined as the amortization of the difference in the Funding Shortfall and the present value of all remaining shortfall amortizations. Once established, a shortfall amortization is maintained and amortized over a 15-year period (unless and until the Plan no longer has a Funding Shortfall).</p> <p>A new shortfall amortization charge is not established for a plan year if the Funding Shortfall (determined without reduction for any Carryover Balance) is less than zero.</p>

**RCM Industries, Inc.**  
**RCM Industries, Inc. Defined Benefit Pension Plan**

**Attachment to 2024 Form 5500**  
**Schedule SB, Part V - Statement of Actuarial Assumptions/Methods**  
**EIN/PN: 36-3710664/001**

<b>Minimum Required Contribution</b>	<p>Equal to the Target Normal Cost plus any Shortfall Amortization Charges, less the value of any Excess Assets.</p> <p>Certain assumptions used for the purposes of determining the Minimum Required Contribution are prescribed by law and subject to sponsor elections.</p>
<b>Maximum Deductible Contribution</b>	<p>Equal to the Funding Target Liability, plus Target Normal Cost, plus a Cushion Amount (50% of the Funding Target Liability), plus an adjustment to the Funding Target Liability for assumed salary increases (if applicable), less the value of the Actuarial Value of Assets.</p> <p>Certain assumptions used for the purposes of determining the Maximum Deductible Contribution are prescribed by law and subject to sponsor elections.</p>
<b>Determination of Vested Funding Target Liability</b>	<p>Determined under the same methodology as the Funding Target Liability but based upon the vested amount of a participant's accrued benefit considering the participant's age and service as of the valuation date. At each future decrement age, only benefits for which a participant is fully or partially vested as of the valuation date are valued.</p> <p>For these purposes, pre-retirement death benefits are considered vested based upon a participant's age and service as of the valuation date.</p>
<b>Roll-Forward Methodology</b>	<p>The current methodology is to prepare a robust valuation every year, based on census information as of the Valuation Date. There is no roll-forward methodology used.</p>
<b>Inclusion Date</b>	<p>Employees are included in the valuation upon attaining eligibility to participate in the Plan; no future or re-hired employees or participants are anticipated as of the valuation date, and former non-vested participants are excluded from the valuation as provided under Treasury Regulation §1.430(d)-1(e)(2).</p>
<b>Compensation</b>	<p>Current year plan compensation is provided by RCM Industries, Inc. and is used directly to prepare the Funding Target Liability and Target Normal Cost as of the valuation date.</p>
<b>Lump Sum Interest and Mortality</b>	<p>Valued under the Annuity Substitution Method, using funding segment interest rates and the 2024 Applicable Mortality Table under IRC §417(e)(3), but subject to any minimum lump sum basis provided for under the Plan.</p>

**RCM Industries, Inc.**  
**RCM Industries, Inc. Defined Benefit Pension Plan**

**Attachment to 2024 Form 5500**  
**Schedule SB, Part V - Statement of Actuarial Assumptions/Methods**  
**EIN/PN: 36-3710664/001**

**American Rescue Plan Act  
(ARPA) of 2021**

The results have been prepared reflecting the provisions of the American Rescue Plan Act (ARPA) of 2021. This includes the changes to the provisions of IRC Section 430(h)(2)(C)(iv) regarding the stabilized interest rates required to be used for the actuarial valuation.

This also includes the provisions of IRC §430(c)(8) regarding the reset of all prior shortfall amortizations and the extension of the amortization period to 15 years for all subsequent shortfall amortizations.

The results have been prepared based upon our understanding of the provisions of ARPA, and represent a good faith effort to adhere to the provisions of the law. Future guidance provided by the Internal Revenue Service may conflict with this understanding; ultimate results will conform to all guidance provided regarding the act.

**RCM Industries, Inc.**  
**RCM Industries, Inc. Defined Benefit Pension Plan**  
**Attachment to 2024 Form 5500**  
**Schedule SB, Part V - Statement of Actuarial Assumptions/Methods**  
**EIN/PN: 36-3710664/001**

<b>Interest Rates</b>	Election: IRS published rates for February of 2024	
	<u><b>For Minimum Required:</b></u>	<u><b>For Maximum Deductible:</b></u>
First Segment	4.75%	4.37%
Second Segment	4.96%	4.96%
Third Segment	5.59%	4.95%
Effective Interest Rate	5.16%	
<b>Mortality</b>	<u><b>Pre-Retirement</b></u>	<u><b>Post-Retirement</b></u>
	None	2024 Optional Small Plan Combined Static Table
<b>Retirement</b>	Normal Retirement Age, or end of plan year if later	
<b>Other Pre-Retirement Decrements</b>	None	
<b>Marital Assumption</b>	100% of Participants are assumed to be married, with husbands 3 years older than wives. Actual spouse data used for current retirees.	
<b>Election of Form of Payment</b>	20% of Active and Terminated Vested Participants are assumed to elect a single life annuity and 80% of Active and Terminated Vested Participants are assumed to elect a lump sum upon retirement. Actual data is used for Participants in payment status.	
<b>415 Benefit Limit</b>	For the purposes of benefit limitations under IRC Section 415, lump sums are no larger than the actuarial equivalent determined using 5.5% interest and the 2024 Applicable Mortality Table under IRC Section 417(e)(3).	
<b>Administrative Expenses payable from Plan Trust</b>	Set equal to the expenses paid from the trust during the prior plan year. This is \$111,730 for 2023.	
<b>Future Increases in Maximum Benefits / Plan Compensation Limits</b>	Benefits expected to be paid in future years are limited to the maximum benefit currently allowed under IRC Section 415 and are determined using compensation limited by the maximum allowed under IRC Section 401(a)(17). Future increases in the maximum benefit or maximum compensation limit are not reflected in the valuation.	

**RCM Industries, Inc.**  
**RCM Industries, Inc. Defined Benefit Pension Plan**

**Attachment to 2024 Form 5500**  
**Schedule SB, Part V - Statement of Actuarial Assumptions/Methods**  
**EIN/PN: 36-3710664/001**

**Changes Since the Last  
Actuarial Valuation**

The interest rate assumptions were changed from the 3-segment rates (based on the 24-month average of monthly yields) for February 2023 (as adjusted for the 25-year average segment rate stabilization provisions of IRC Section 430(h)(2)(C)(iv), reflecting ARPA) to the 3-segment rates for February 2024 (as adjusted for the 25-year average segment rate stabilization provisions of IRC Section 430(h)(2)(C)(iv), reflecting ARPA), as prescribed by law.

The post-retirement mortality assumption was changed from the 2023 Combined Static Mortality Table for males and females to the 2024 Combined Static Mortality Table for males and females (each as identified in IRS Notice 2022-22, and IRS Notice 2023-73, respectively), as prescribed by law.

The assumption for administrative expenses payable from the Plan trust changed from \$214,396 to \$111,730.

<b>Form 5500</b>  Department of the Treasury Internal Revenue Service  Department of Labor Employee Benefits Security Administration  Pension Benefit Guaranty Corporation	<b>Annual Return/Report of Employee Benefit Plan</b>  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).  <b>▶ Complete all entries in accordance with the instructions to the Form 5500.</b>	OMB Nos. 1210-0110 1210-0089  <div style="font-size: 24pt; font-weight: bold; text-align: center;">2024</div>  <b>This Form is Open to Public Inspection</b>
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<b>Part I</b>	<b>Annual Report Identification Information</b>
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For calendar plan year 2024 or fiscal plan year beginning 02/01/2024 and ending 12/31/2024

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

**B** This return/report is:     the first return/report     the final return/report  
     an amended return/report     a short plan year return/report (less than 12 months)

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

**D** Check box if filing under:     Form 5558     automatic extension     the DFVC program  
     special extension (enter description)

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

<b>Part II</b>	<b>Basic Plan Information</b> —enter all requested information
----------------	--

<b>1a</b> Name of plan RCM INDUSTRIES, INC. DEFINED BENEFIT PENSION PLAN	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%;"><b>1b</b> Three-digit plan number (PN) ▶</td> <td style="width:20%; text-align: center;">001</td> </tr> <tr> <td colspan="2"><b>1c</b> Effective date of plan 02/01/1963</td> </tr> </table>	<b>1b</b> Three-digit plan number (PN) ▶	001	<b>1c</b> Effective date of plan 02/01/1963			
<b>1b</b> Three-digit plan number (PN) ▶	001						
<b>1c</b> Effective date of plan 02/01/1963							
<b>2a</b> Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)  RCM Industries, Inc.  3021 Cullerton Street  Franklin Park            IL 60131	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2"><b>2b</b> Employer Identification Number (EIN) 36-3710664</td> </tr> <tr> <td colspan="2"><b>2c</b> Plan Sponsor's telephone number 847-455-1950</td> </tr> <tr> <td colspan="2"><b>2d</b> Business code (see instructions) 332900</td> </tr> </table>	<b>2b</b> Employer Identification Number (EIN) 36-3710664		<b>2c</b> Plan Sponsor's telephone number 847-455-1950		<b>2d</b> Business code (see instructions) 332900	
<b>2b</b> Employer Identification Number (EIN) 36-3710664							
<b>2c</b> Plan Sponsor's telephone number 847-455-1950							
<b>2d</b> 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		10/8/2025	SCOTT TORPHY
	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  <b>3c</b> Administrator's telephone number																				
<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: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN  <b>4d</b> PN																				
<b>5</b> Total number of participants at the beginning of the plan year	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;"><b>5</b></td> <td style="text-align: right;">209</td> </tr> </table>	<b>5</b>	209																		
<b>5</b>	209																				
<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> ). <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits ..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> . ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits ..... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> . ..... <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) ..... <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) ..... <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested .....	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;"><b>6a(1)</b></td> <td style="text-align: right;">58</td> </tr> <tr> <td><b>6a(2)</b></td> <td style="text-align: right;">0</td> </tr> <tr> <td><b>6b</b></td> <td style="text-align: right;">0</td> </tr> <tr> <td><b>6c</b></td> <td style="text-align: right;">0</td> </tr> <tr> <td><b>6d</b></td> <td style="text-align: right;">0</td> </tr> <tr> <td><b>6e</b></td> <td style="text-align: right;">0</td> </tr> <tr> <td><b>6f</b></td> <td style="text-align: right;">0</td> </tr> <tr> <td><b>6g(1)</b></td> <td></td> </tr> <tr> <td><b>6g(2)</b></td> <td></td> </tr> <tr> <td><b>6h</b></td> <td style="text-align: right;">0</td> </tr> </table>	<b>6a(1)</b>	58	<b>6a(2)</b>	0	<b>6b</b>	0	<b>6c</b>	0	<b>6d</b>	0	<b>6e</b>	0	<b>6f</b>	0	<b>6g(1)</b>		<b>6g(2)</b>		<b>6h</b>	0
<b>6a(1)</b>	58																				
<b>6a(2)</b>	0																				
<b>6b</b>	0																				
<b>6c</b>	0																				
<b>6d</b>	0																				
<b>6e</b>	0																				
<b>6f</b>	0																				
<b>6g(1)</b>																					
<b>6g(2)</b>																					
<b>6h</b>	0																				
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;"><b>7</b></td> <td></td> </tr> </table>	<b>7</b>																			
<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:  
 1A 1I

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

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

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

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**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 \_\_\_\_\_

---

**RCM Industries, Inc. Defined Benefit Pension Plan**  
**Schedule of Reportable Transactions - Schedule H, Line 4j**  
**December 31, 2024**

**EIN: 36-3710664**

**Plan Number: 001**

(a) Identity of Party Involved	(b) Number of Transactions	Shares / Par Value	Date	(c) Acquisition Price	(d) Disposition Price	(e) Lease Rental	Expense Incurred	Cost of Asset	Current Value	Net Gain or (Loss)
<b>Category (i) - Single Transaction in Excess of 5%</b>										
Federated Hermes Government Obligations Fund		8,691,073.930	07/19/24	\$ 1	\$ -	\$ -	\$ -	\$ 8,691,074	\$ 8,691,074	\$ -
Federated Hermes Government Obligations Fund		8,299,610.930	08/01/24	-	1	-	-	8,299,611	8,299,611	-
Pimco Enhanced Low Duration Active ETF		5,755.000	03/08/24	-	95	-	-	540,107	545,455	5,348
UBS Money Market Fund		473,430.780	02/06/24	1	-	-	-	473,431	473,431	-
UBS Money Market Fund		473,430.780	03/07/24	-	1	-	-	473,431	473,431	-
UBS Money Market Fund		2,106,680.880	03/08/24	1	-	-	-	2,106,681	2,106,681	-
UBS Money Market Fund		1,030,202.420	03/08/24	1	-	-	-	1,030,202	1,030,202	-
UBS Money Market Fund		2,106,220.360	03/12/24	-	1	-	-	2,106,220	2,106,220	-
UBS Money Market Fund		895,482.480	03/13/24	-	1	-	-	895,482	895,482	-
UBS Money Market Fund		475,000.000	07/31/24	1	-	-	-	475,000	475,000	-
UBS Money Market Fund		475,000.000	08/01/24	-	1	-	-	475,000	475,000	-
Vanguard Intermediate Term Treasury ETF		52,440.000	03/08/24	59	-	-	-	3,086,356	3,086,356	-
Vanguard Intermediate Term Treasury ETF		52,440.000	07/18/24	-	59	-	-	3,086,356	3,087,217	861
Vanguard Long Term Government Bond		33,585.000	03/08/24	60	-	-	-	2,008,877	2,008,877	-
Vanguard Long Term Government Bond		14,975.000	03/11/24	60	-	-	-	895,482	895,482	-
Vanguard Long Term Government Bond		33,585.000	07/18/24	-	59	-	-	2,008,877	1,973,532	(35,345)
Vanguard Long Term Government Bond		14,975.000	07/18/24	-	59	-	-	895,482	879,965	(15,517)
<b>Category (iii) - Series of Transactions by Issue in Excess of 5%</b>										
Federated Hermes Government Obligations Fund	8	Total acquisitions		9,166,045	-	-	-	9,166,045	9,166,045	-
	11	Total dispositions		-	9,166,045	-	-	9,166,045	9,166,045	-

See independent auditor's report.

**RCM Industries, Inc. Defined Benefit Pension Plan**  
**Schedule of Reportable Transactions - Schedule H, Line 4j (cont'd)**  
**December 31, 2024**

**EIN: 36-3710664**

**Plan Number: 001**

(a) Identity of Party Involved	(b) Number of Transactions	Shares / Par Value	Date	(c) Acquisition Price	(d) Disposition Price	(e) Lease Rental	Expense Incurred	Cost of Asset	Current Value	Net Gain or (Loss)
<b>Category (iii) - Series of Transactions by Issue in Excess of 5% (cont'd)</b>										
Gateway Y	29	Total dispositions		\$ -	\$ 473,431	\$ -	\$ -	\$ 366,008	\$ 473,431	\$ 107,423
Pimco Enhanced Low Duration										
Active ETF	3	Total dispositions		-	965,328	-	-	958,556	965,328	6,772
Pimco Enhanced Short Maturity Active ETF	2	Total acquisitions		8,407	-	-	-	8,407	8,407	-
	12	Total dispositions		-	978,802	-	-	971,187	978,802	7,615
Pimco Income Institutional	2	Total acquisitions		9,767	-	-	-	9,767	9,767	-
	83	Total dispositions		-	949,454	-	-	1,026,512	949,454	(77,058)
SPDR Bloomberg 1-3 Month TB	7	Total acquisitions		201,458	-	-	-	201,458	201,458	-
	19	Total dispositions		-	940,778	-	-	940,125	940,778	653
UBS Money Market Fund	170	Total acquisitions		8,345,148	-	-	-	8,345,148	8,345,148	-
	438	Total dispositions		-	8,468,262	-	-	8,468,262	8,468,262	-
Vanguard Intermediate Term Treasury ETF	1	Total acquisitions		3,086,356	-	-	-	3,086,356	3,086,356	-
	1	Total dispositions		-	3,087,217	-	-	3,086,356	3,087,217	861
Vanguard Long Term Government Bond	2	Total acquisitions		2,904,359	-	-	-	2,904,359	2,904,359	-
	2	Total dispositions		-	2,853,497	-	-	2,904,359	2,853,497	(50,862)

There were no category (ii) or (iv) reportable transactions

See independent auditor's report.

**SCHEDULE SB  
(Form 5500)**

**Single-Employer Defined Benefit Plan  
Actuarial Information**

OMB No. 1210-0110

**2024**

**This Form is Open to Public  
Inspection**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

For calendar plan year 2024 or fiscal plan year beginning 02/01/2024 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  
RCM INDUSTRIES, INC. DEFINED BENEFIT PENSION PLAN

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF  
RCM Industries, Inc.

**D** Employer Identification Number (EIN)  
36-3710664

**E** Type of plan:  Single  Multiple-A  Multiple-B

**F** Prior year plan size:  100 or fewer  101-500  More than 500

**Part I Basic Information**

**1** Enter the valuation date: Month 02 Day 01 Year 2024

<b>2</b> Assets:		
<b>a</b> Market value .....		<b>2a</b> 9,279,311
<b>b</b> Actuarial value .....		<b>2b</b> 9,558,580

<b>3</b> Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
<b>a</b> For retired participants and beneficiaries receiving payment .....	42	3,866,643	3,866,643
<b>b</b> For terminated vested participants .....	109	2,632,951	2,632,951
<b>c</b> For active participants .....	58	2,493,689	2,493,689
<b>d</b> Total .....	209	8,993,283	8,993,283

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


<b>a</b> Funding target disregarding prescribed at-risk assumptions .....	<b>4a</b>	
<b>b</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 .....	<b>4b</b>	

**5** Effective interest rate ..... **5** 5.16%

<b>6</b> Target normal cost	
<b>a</b> Present value of current plan year accruals .....	<b>6a</b> 0
<b>b</b> Expected plan-related expenses .....	<b>6b</b> 111,730
<b>c</b> Target normal cost .....	<b>6c</b> 111,730

**Statement by Enrolled Actuary**

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

**SIGN HERE**   
Signature of actuary

NICHOLE ALEXANDER, FSA, EA, MAAA  
Type or print name of actuary

ALLIANCE PENSION CONSULTANTS, LLC  
Firm name

1751 LAKE COOK ROAD, SUITE 400  
DEERFIELD IL 60015  
Address of the firm

04/23/2025  
Date

2307799  
Most recent enrollment number

224-330-6138  
Telephone number (including area code)

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

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

**RCM Industries, Inc.  
RCM Industries, Inc. Defined Benefit Pension Plan**

**Attachment to 2024 Form 5500  
Schedule SB, Line 22 - Description of Weighted Average Retirement Age  
EIN/PN: 36-3710664/001**

All Participants are assumed to retire as of their age 65 or the end of the plan year, if later. The weighted average retirement age for the plan is age 65.

**RCM Industries, Inc.**  
**RCM Industries, Inc. Defined Benefit Pension Plan**

**Attachment to 2024 Form 5500**  
**Schedule SB, Part V - Summary of Plan Provisions**  
**EIN/PN: 36-3710664/001**

<b>Plan Effective Date</b>	February 1, 1963
<b>Date of Last Amendment</b>	Last amended and effective February 1, 2020
<b>Plan Year Date</b>	February 1, 2024
<b>Eligibility Requirements</b>	<p>An employee shall become a participant on the first of the month coincident with or next following the completion of one Year of Service and the attainment of age 21.</p> <p>No Non-Union Employee will become a Participant after December 31, 2005.  No Union Employee will become a Participant after December 31, 2008.</p>
<b>Benefit Eligibility</b>	
Normal Retirement	Age 65 and 5 Years of Service
Early Retirement	Age 55 and 10 Years of Service
Disability Retirement	Not available
Pre-Retirement Death	Death prior to retirement date with a vested benefit
<b>Final Average Compensation</b>	<p>Average monthly Compensation for the highest five consecutive Plan Years during the ten Plan Years prior to termination. If the Participant has fewer than five consecutive full Plan Years of Compensation, the monthly average is determined for the period that the Participant earned Compensation.</p> <p>No further compensation will be considered in the calculation of the accrued benefit effective December 31, 2005 for non-union employees and effective December 31, 2008 for union employees.</p>
<b>Year of Service</b>	
Vesting Service	One year of Vesting Service is earned for each plan year in which an employee works at least 1,000 hours.
Benefit Service	<p>One year of Benefit Service is earned for each plan year in which a Participant works at least 1,000 hours.</p> <p>No additional Benefit Service will be earned effective December 31, 2005 for non-union employees and effective December 31, 2008 for union employees.</p>
<b>Vesting</b>	100% after five Years of Service

**RCM Industries, Inc.**  
**RCM Industries, Inc. Defined Benefit Pension Plan**

**Attachment to 2024 Form 5500**  
**Schedule SB, Part V - Summary of Plan Provisions**  
**EIN/PN: 36-3710664/001**

**Accrued Benefit**

The sum of [(a) + (b)] \* (c):

(a) 0.50% of Final Average Compensation

(b) 0.50% of Final Average Compensation in excess of \$400

(c) Years of Benefit Service (limited to 40)

No further benefits will be earned by Participants under the Plan effective December 31, 2005 for non-union employees and effective December 31, 2008 for union employees.

**Benefit Amounts**

## Normal Retirement

The Participant's Accrued Benefit

## Early Retirement

The Participant's Accrued Benefit, reduced by 1/15 for each of the first 5 years that the Participant's Early Retirement Date precedes their Normal Retirement Date and further reduced by 1/30 for each year above 5 (but limited to 10) that the Participant's Early Retirement Date precedes their Normal Retirement Date.

## Death Benefit

The survivor portion of the actuarially equivalent 50% Joint & Survivor Annuity payable as of the Participant's earliest retirement date after death.

## Vested Benefit

The Participant's Normal Retirement Benefit, determined as of the date of termination of employment, payable at Normal Retirement (or earlier, subject to the eligibility and reductions identified above).

**Normal Form of Benefit**

Single Life Annuity

**Automatic Form of Benefit**

Married Participants: 50% Joint and Survivor Annuity

Unmarried Participants: Single Life Annuity

**Optional Forms of Benefit**

50%, 67%, 75% and 100% Joint and Survivor annuity options

5-Year, 10-Year certain and life annuity

Single lump-sum payment

In addition, participants are eligible to elect of a joint and survivor annuity with any percentage to the survivor

**RCM Industries, Inc.**  
**RCM Industries, Inc. Defined Benefit Pension Plan**

**Attachment to 2024 Form 5500**  
**Schedule SB, Part V - Summary of Plan Provisions**  
**EIN/PN: 36-3710664/001**

**Actuarial Equivalence**

Mortality	1971 Group Annuity Mortality Table for Males with a 3 year setback
Interest	8.00%

**Minimum Lump Sum****Actuarial Equivalence**

Stability Period	Plan Year
Mortality	417(e)(3) Applicable Mortality Table
Interest	417(e)(3) Applicable Interest Rates for the 2nd month prior to the beginning of the plan year

**Benefit Not Valued**

All benefits provided under the plan have been valued

**Significant Events Since the**

None

**Changes Since the Last  
Actuarial Valuation**

None

**RCM Industries, Inc.**  
**RCM Industries, Inc. Defined Benefit Pension Plan**  
**Attachment to 2024 Form 5500**  
**Schedule SB, Line 24 - Change in Non-Prescribed Assumptions**  
**EIN/PN: 36-3710664/001**

The following non-prescribed actuarial assumptions were changed for the February 1, 2024 actuarial valuation:

The assumed administrative expenses payable from Plan Trust was changed to \$111,730 to reflect expected administrative expenses payable from plan assets for the plan year.