

Form 5500

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

- A This return/report is for: [ ] a multiemployer plan [ ] a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) [x] 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. [x]
D Check box if filing under: [x] Form 5558 [ ] automatic extension [ ] the DFVC program [ ] special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. [ ]

Part II Basic Plan Information—enter all requested information

1a Name of plan: AMERITI MANUFACTURING COMPANY UAW RESTATED AMENDED PENSION PLAN
1b Three-digit plan number (PN): 001
1c Effective date of plan: 07/01/1966
2a Plan sponsor's name (employer, if for a single-employer plan): AMERITI MANUFACTURING COMPANY
2b Employer Identification Number (EIN): 38-2513566
2c Plan Sponsor's telephone number: 313-366-5300
2d Business code (see instructions): 331400

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:<br><b>a</b> Sponsor's name<br><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>                                   | 124 |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).<br><b>a(1)</b> Total number of active participants at the beginning of the plan year .....<br><b>a(2)</b> Total number of active participants at the end of the plan year .....<br><b>b</b> Retired or separated participants receiving benefits.....<br><b>c</b> Other retired or separated participants entitled to future benefits .....<br><b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....<br><b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....<br><b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....<br><b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) .....<br><b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....<br><b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested..... | <b>6a(1)</b>                               | 41  |
|   | <b>6a(2)</b>                               | 39  |
|   | <b>6b</b>                                  | 31  |
|   | <b>6c</b>                                  | 54  |
|   | <b>6d</b>                                  | 124 |
|   | <b>6e</b>                                  | 0   |
|   | <b>6f</b>                                  | 124 |
|   | <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:  
1B 3D 3H

**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 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)

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

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

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

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

|   |   |            |
|---|---|------------|
| <b>A</b> Name of plan<br><u>AMERITI MANUFACTURING COMPANY UAW RESTATED AMENDED 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<br><u>AMERITI MANUFACTURING COMPANY</u>                          | <b>D</b> Employer Identification Number (EIN)<br><u>38-2513566</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>01</u> Day <u>01</u> Year <u>2024</u>  |                            |                           |
| <b>2</b> | Assets:   |                            |                           |
|          | <b>a</b> Market value .....   | <b>2a</b>                  | <u>2330971</u>            |
|          | <b>b</b> Actuarial value .....  | <b>2b</b>                  | <u>2330971</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>31</u>                  | <u>1224342</u>            |
|          | <b>b</b> For terminated vested participants .....   | <u>52</u>                  | <u>717122</u>             |
|          | <b>c</b> For active participants .....  | <u>41</u>                  | <u>625895</u>             |
|          | <b>d</b> Total .....  | <u>124</u>                 | <u>2567359</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>5.23 %</u>             |
| <b>6</b> | Target normal cost  |                            |                           |
|          | <b>a</b> Present value of current plan year accruals .....  | <b>6a</b>                  | <u>26831</u>              |
|          | <b>b</b> Expected plan-related expenses .....   | <b>6b</b>                  | <u>0</u>                  |
|          | <b>c</b> Target normal cost .....   | <b>6c</b>                  | <u>26831</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>10/03/2025</u>   | Date                                   |
|                  | <u>MICHAEL J. STROME</u>  | <u>23-06160</u>     | Most recent enrollment number          |
|                  | Type or print name of actuary   | <u>248-461-3625</u> | Telephone number (including area code) |
|                  | <u>FOSTER &amp; FOSTER, INC.</u>  |                     |  |
|                  | Firm name   |                     |  |
|                  | <u>31313 NORTHWESTERN HWY, SUITE 114</u><br><u>FARMINGTON HILLS, MI 48334</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</b> |  | <b>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  | 0                      |
| <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  | 0                      |
| <b>10</b>      | Interest on line 9 using prior year's actual return of _____ % .....   |  |                        |
| <b>11</b>      | Prior year's excess contributions to be added to prefunding balance:   |  |                        |
| <b>a</b>       | Present value of excess contributions (line 38a from prior year) .....   |  | 0                      |
| <b>b(1)</b>    | Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.52</u> % ..... |  | 0                      |
| <b>b(2)</b>    | Interest on line 38b from prior year Schedule SB, using prior year's actual return .....   |  |                        |
| <b>c</b>       | Total available at beginning of current plan year to add to prefunding balance .....   |  | 0                      |
| <b>d</b>       | Portion of (c) to be added to prefunding balance .....   |  |                        |
| <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  | 0                      |

| <b>Part III</b> |  | <b>Funding Percentages</b> |         |
|-----------------|--|----------------------------|---------|
| <b>14</b>       | Funding target attainment percentage .....   | <b>14</b>                  | 90.79 % |
| <b>15</b>       | Adjusted funding target attainment percentage .....  | <b>15</b>                  | 90.79 % |
| <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>                  | 85.72 % |
| <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</b>   |                                | <b>Contributions and Liquidity Shortfalls</b> |                       |                                |                              |
|--|--------------------------------|---|-----------------------|--------------------------------|------------------------------|
| <b>18</b> Contributions made to the plan for the plan year by employer(s) and employees: |                                |   |                       |                                |                              |
| (a) Date (MM-DD-YYYY)  | (b) Amount paid by employer(s) | (c) Amount paid by employees                  | (a) Date (MM-DD-YYYY) | (b) Amount paid by employer(s) | (c) Amount paid by employees |
| 09/04/2025   | 56715                          | 0   |                       |                                |                              |
|  |                                |   |                       |                                |                              |
|  |                                |   |                       |                                |                              |
|  |                                |   |                       |                                |                              |
|  |                                |   |                       |                                |                              |
|  |                                |   |                       |                                |                              |
|  |                                |   |                       |                                |                              |
|  |                                |   | <b>Totals ▶</b>       | <b>18(b)</b> 56715             | <b>18(c)</b> 0               |

|  |  |   |
|--|--|---|
| <b>19</b>  | 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> 50179  |
| <b>20</b>  | Quarterly contributions and liquidity shortfalls:  |   |
| <b>a</b>   | Did the plan have a "funding shortfall" for the prior year? .....  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>b</b>   | If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? .....             | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| <b>c</b>   | If line 20a is "Yes," see instructions and complete the following table as applicable:                                     |   |
| Liquidity shortfall as of end of quarter of this plan year |  |   |
| (1) 1st  | (2) 2nd  | (3) 3rd   |
| 0  | 0  | 0   |
|  |  | (4) 4th   |
|  |  | 0   |

|   |  |                        |                        |   |
|---|--|------------------------|------------------------|---|
| <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:<br>4.75 %   | 2nd segment:<br>4.96 % | 3rd segment:<br>5.59 % | <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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |  |  |           |
| <b>25</b> Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment..... <input checked="" type="checkbox"/> Yes <input 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> 26831 |
| <b>b</b> Excess assets, if applicable, but not greater than line 31a .....   |                     |                    |               | <b>31b</b> 0     |
| <b>32</b> Amortization installments:   | Outstanding Balance |                    | Installment   |                  |
| <b>a</b> Net shortfall amortization installment .....  | 236388              |                    | 23218         |                  |
| <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> 50049  |
|  | 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> 50049  |
| <b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) .....  |                     |                    |               | <b>37</b> 50179  |
| <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> 130   |
| <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><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Service Provider Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br><b>▶ File as an attachment to Form 5500.</b> | <small>OMB No. 1210-0110</small><br><br><b>2024</b><br><br><b>This Form is Open to Public Inspection.</b> |
|--|--|---|

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

|   |  |            |
|---|--|------------|
| <b>A</b> Name of plan<br><b>AMERITI MANUFACTURING COMPANY UAW RESTATED AMENDED 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<br><b>AMERITI MANUFACTURING COMPANY</b> | <b>D</b> Employer Identification Number (EIN)<br><b>38-2513566</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

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

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

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

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

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

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

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

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

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

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

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

LUMIN FINANCIAL, LLC

200 TOWN CENTER, SUITE 1825  
SOUTHFIELD, MI 48075

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 27                     | NONE  | 26169  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>   |   | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

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

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

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

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

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

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

| <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 |
|---|--------------------------------------|--|
|   |                                      |  |

| <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: HEATHER MARKMAN   | <b>b</b> EIN: 46-4229857         |
| <b>c</b> Position: ENROLLED ACTUARY  |                                  |
| <b>d</b> Address: 31313 NORTHWESTERN HWY, SUITE 114<br>FARMINTON HILLS, MI 48334 | <b>e</b> Telephone: 248-461-3620 |

Explanation: ROLE CHANGE WITHIN ORGANIZATION

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

|  |  |
|--|--|
| For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b> |  |
| <b>A</b> Name of plan<br><b>AMERITI MANUFACTURING COMPANY UAW RESTATED AMENDED 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<br><b>AMERITI MANUFACTURING COMPANY</b>    | <b>D</b> Employer Identification Number (EIN)<br><b>38-2513566</b> |

|               |                                      |
|---------------|--------------------------------------|
| <b>Part I</b> | <b>Asset and Liability Statement</b> |
|---------------|--------------------------------------|

**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>    | 51626                 | 56715           |
| <b>(2)</b> Participant contributions .....  | <b>1b(2)</b>    |                       |                 |
| <b>(3)</b> Other .....  | <b>1b(3)</b>    |                       |                 |
| <b>c</b> General investments:   |                 |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....  | <b>1c(1)</b>    | 13209                 | 144             |
| <b>(2)</b> U.S. Government securities .....   | <b>1c(2)</b>    |                       |                 |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                           |                 |                       |                 |
| <b>(A)</b> Preferred .....  | <b>1c(3)(A)</b> |                       |                 |
| <b>(B)</b> All other .....  | <b>1c(3)(B)</b> |                       |                 |
| <b>(4)</b> Corporate stocks (other than employer securities):                                     |                 |                       |                 |
| <b>(A)</b> Preferred .....  | <b>1c(4)(A)</b> |                       |                 |
| <b>(B)</b> Common .....   | <b>1c(4)(B)</b> | 406185                | 475303          |
| <b>(5)</b> Partnership/joint venture interests .....  | <b>1c(5)</b>    |                       |                 |
| <b>(6)</b> Real estate (other than employer real property) .....                                  | <b>1c(6)</b>    |                       |                 |
| <b>(7)</b> Loans (other than to participants) .....   | <b>1c(7)</b>    |                       |                 |
| <b>(8)</b> Participant loans .....  | <b>1c(8)</b>    |                       |                 |
| <b>(9)</b> Value of interest in common/collective trusts .....                                    | <b>1c(9)</b>    |                       |                 |
| <b>(10)</b> Value of interest in pooled separate accounts .....                                   | <b>1c(10)</b>   |                       |                 |
| <b>(11)</b> Value of interest in master trust investment accounts .....                           | <b>1c(11)</b>   |                       |                 |
| <b>(12)</b> Value of interest in 103-12 investment entities .....                                 | <b>1c(12)</b>   |                       |                 |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....       | <b>1c(13)</b>   | 1861262               | 566105          |
| <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>   | 0                     | 1495102         |

| 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    | 2332282               | 2593369         |
| <b>Liabilities</b>  |       |                       |                 |
| g Benefit claims payable.....                                     | 1g    | 0                     | 0               |
| 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    | 2332282               | 2593369         |

**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) | 56715      |           |
| (B) Participants.....  | 2a(1)(B) |            |           |
| (C) Others (including rollovers).....  | 2a(1)(C) |            |           |
| (2) Noncash contributions.....   | 2a(2)    |            |           |
| (3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2).....                   | 2a(3)    |            | 56715     |
| <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) |            |           |
| (C) Corporate debt instruments.....  | 2b(1)(C) |            |           |
| (D) Loans (other than to participants).....  | 2b(1)(D) |            |           |
| (E) Participant loans.....   | 2b(1)(E) |            |           |
| (F) Other.....   | 2b(1)(F) |            |           |
| (G) Total interest. Add lines 2b(1)(A) through (F).....                                      | 2b(1)(G) |            | 0         |
| (2) Dividends:   |          |            |           |
| (A) Preferred stock.....   | 2b(2)(A) |            |           |
| (B) Common stock.....  | 2b(2)(B) | 88785      |           |
| (C) Registered investment company shares (e.g. mutual funds).....                            | 2b(2)(C) |            |           |
| (D) Total dividends. Add lines 2b(2)(A), (B), and (C).....                                   | 2b(2)(D) |            | 88785     |
| (3) Rents.....   | 2b(3)    |            |           |
| (4) Net gain (loss) on sale of assets:   |          |            |           |
| (A) Aggregate proceeds.....  | 2b(4)(A) |            |           |
| (B) Aggregate carrying amount (see instructions).....  | 2b(4)(B) |            |           |
| (C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....                          | 2b(4)(C) |            |           |
| (5) Unrealized appreciation (depreciation) of assets:  |          |            |           |
| (A) Real estate.....   | 2b(5)(A) |            |           |
| (B) Other.....   | 2b(5)(B) | 0          |           |
| (C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B).....                 | 2b(5)(C) |            |           |

|  |               | (a) Amount | (b) Total |
|--|---------------|------------|-----------|
| <b>(6)</b> Net investment gain (loss) from common/collective trusts .....                              | <b>2b(6)</b>  |            | 0         |
| <b>(7)</b> Net investment gain (loss) from pooled separate accounts .....                              | <b>2b(7)</b>  |            |           |
| <b>(8)</b> Net investment gain (loss) from master trust investment accounts .....                      | <b>2b(8)</b>  |            |           |
| <b>(9)</b> Net investment gain (loss) from 103-12 investment entities .....                            | <b>2b(9)</b>  |            |           |
| <b>(10)</b> Net investment gain (loss) from registered investment companies (e.g., mutual funds) ..... | <b>2b(10)</b> |            | 265536    |
| <b>c</b> Other income .....  | <b>2c</b>     |            |           |
| <b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total.....                | <b>2d</b>     |            | 411036    |

**Expenses**

|   |               |        |        |
|---|---------------|--------|--------|
| <b>e</b> Benefit payment and payments to provide benefits:                                  |               |        |        |
| <b>(1)</b> Directly to participants or beneficiaries, including direct rollovers.....       | <b>2e(1)</b>  | 124761 |        |
| <b>(2)</b> To insurance carriers for the provision of benefits .....                        | <b>2e(2)</b>  |        |        |
| <b>(3)</b> Other.....   | <b>2e(3)</b>  |        |        |
| <b>(4)</b> Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....          | <b>2e(4)</b>  |        | 124761 |
| <b>f</b> Corrective distributions (see instructions) .....                                  | <b>2f</b>     |        |        |
| <b>g</b> Certain deemed distributions of participant loans (see instructions).....          | <b>2g</b>     |        |        |
| <b>h</b> Interest expense.....  | <b>2h</b>     |        |        |
| <b>i</b> Administrative expenses:   |               |        |        |
| <b>(1)</b> Salaries and allowances .....  | <b>2i(1)</b>  |        |        |
| <b>(2)</b> Contract administrator fees .....  | <b>2i(2)</b>  |        |        |
| <b>(3)</b> Recordkeeping fees .....   | <b>2i(3)</b>  |        |        |
| <b>(4)</b> IQPA audit fees .....  | <b>2i(4)</b>  |        |        |
| <b>(5)</b> Investment advisory and investment management fees .....                         | <b>2i(5)</b>  | 25188  |        |
| <b>(6)</b> Bank or trust company trustee/custodial fees .....                               | <b>2i(6)</b>  |        |        |
| <b>(7)</b> Actuarial fees .....   | <b>2i(7)</b>  |        |        |
| <b>(8)</b> Legal fees .....   | <b>2i(8)</b>  |        |        |
| <b>(9)</b> Valuation/appraisal fees .....   | <b>2i(9)</b>  |        |        |
| <b>(10)</b> Other trustee fees and expenses .....   | <b>2i(10)</b> |        |        |
| <b>(11)</b> Other expenses.....   | <b>2i(11)</b> |        |        |
| <b>(12)</b> Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> ..... | <b>2i(12)</b> |        | 25188  |
| <b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total.....  | <b>2j</b>     |        | 149949 |

**Net Income and Reconciliation**

|   |              |  |        |
|---|--------------|--|--------|
| <b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> ..... | <b>2k</b>    |  | 261087 |
| <b>l</b> Transfers of assets:   |              |  |        |
| <b>(1)</b> To this plan.....  | <b>2l(1)</b> |  |        |
| <b>(2)</b> From this plan .....   | <b>2l(2)</b> |  |        |

**Part III Accountant's Opinion**

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

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

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

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

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

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

(1) Name: SCHLAUPITZ MADHAVEN, PC

(2) EIN: 75-3148637

**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.)   |     |    |        |
| <b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.  |     |    |        |

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

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 591180.

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

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

|   |  |            |
|---|--|------------|
| <b>A</b> Name of plan<br><u>AMERITI MANUFACTURING COMPANY UAW RESTATED AMENDED 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<br><u>AMERITI MANUFACTURING COMPANY</u> | <b>D</b> Employer Identification Number (EIN)<br><u>38-2513566</u> |            |

|               |                      |
|---------------|----------------------|
| <b>Part I</b> | <b>Distributions</b> |
|---------------|----------------------|

**All references to distributions relate only to payments of benefits during the plan year.**

**1** Total value of distributions paid in property other than in cash or the forms of property specified in the instructions..... 

|   |  |   |
|---|--|---|
| 1 |  | 0 |
|---|--|---|

**2** Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):  
 EIN(s): 38-0555190

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

**3** Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year..... 

|   |  |   |
|---|--|---|
| 3 |  | 0 |
|---|--|---|

|                |   |
|----------------|---|
| <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) .....  | <b>6a</b> |  |
| <b>b</b> Enter the amount contributed by the employer to the plan for this plan year .....  | <b>6b</b> |  |
| <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)..... | <b>6c</b> |  |

**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> |
|-----------------|-------------------|

**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 02 / 28 / 2023 (MM/DD/YYYY) and the Opinion Letter serial number Q705360A.



AMERITI MANUFACTURING COMPANY  
UAW RESTATED AMENDED PENSION PLAN

FINANCIAL STATEMENTS AND  
SUPPLEMENTAL SCHEDULES

*Years Ended  
December 31, 2024 and 2023*

# AMERITI MANUFACTURING COMPANY UAW RESTATED AMENDED PENSION PLAN

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|  |          |
|--|----------|
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## Independent Auditor's Report

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To Plan Management of the  
AmeriTi Manufacturing Company UAW Restated Amended Pension Plan

### Opinion

We have audited the accompanying financial statements of AmeriTi Manufacturing Company UAW Restated Amended Pension Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits for the years then ended, the statement of accumulated plan benefits as of December 31, 2023, the related statement of changes in accumulated plan benefits for the year then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of AmeriTi Manufacturing Company UAW Restated Amended Pension Plan as of December 31, 2024 and 2023, and the changes in its net assets available for benefits for the years then ended, the accumulated plan benefits as of December 31, 2023, and the changes in its accumulated plan benefits for the year then ended, in accordance with accounting principles generally accepted in the United States of America.

### Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of AmeriTi Manufacturing Company UAW Restated Amended Pension Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

### Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

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

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

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

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

In performing an audit in accordance with generally accepted auditing standards, we:

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

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

#### **Supplemental Schedules Required by ERISA**

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

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

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

*Schloupitz Madhavan, P.C.*

October 8, 2025

AMERITI MANUFACTURING COMPANY  
UAW RESTATED AMENDED PENSION PLAN

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STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS  
DECEMBER 31, 2024 AND 2023

|                                   | <u>2024</u>         | <u>2023</u>         |
|-----------------------------------|---------------------|---------------------|
| <b>ASSETS</b>                     |                     |                     |
| Investments, at fair value        |                     |                     |
| Exchange traded funds             | \$ 1,495,102        | \$ 1,301,434        |
| Common stocks                     | 475,303             | 406,186             |
| Mutual funds                      | 566,105             | 559,828             |
| Money market fund                 | <u>145</u>          | <u>13,209</u>       |
| Total investments, at fair value  | 2,536,655           | 2,280,657           |
| Receivables:                      |                     |                     |
| Employer contribution             | <u>56,715</u>       | <u>51,626</u>       |
| Net assets available for benefits | <u>\$ 2,593,370</u> | <u>\$ 2,332,283</u> |

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

AMERITI MANUFACTURING COMPANY  
UAW RESTATED AMENDED PENSION PLAN

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STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS  
YEARS ENDED DECEMBER 31, 2024 AND 2023

|   | <u>2024</u>                | <u>2023</u>                |
|---|----------------------------|----------------------------|
| Additions   |                            |                            |
| Additions to net assets attributed to:                |                            |                            |
| Investment activity:                                  |                            |                            |
| Net appreciation in fair value of investments         | \$ 265,536                 | \$ 80,298                  |
| Dividends and interest                                | <u>88,785</u>              | <u>54,247</u>              |
| Total investment activity                             | <u>354,321</u>             | <u>134,545</u>             |
| Contributions:  |                            |                            |
| Employer  | <u>56,715</u>              | <u>51,626</u>              |
| Total additions                                       | <u>411,036</u>             | <u>186,171</u>             |
| Deductions  |                            |                            |
| Deductions from net assets attributed to:             |                            |                            |
| Benefits paid to participants or beneficiaries        | 124,761                    | 115,464                    |
| Administrative and other expenses                     | <u>25,188</u>              | <u>17,519</u>              |
| Total deductions                                      | <u>149,949</u>             | <u>132,983</u>             |
| Net increase  | 261,087                    | 53,188                     |
| Net assets available for benefits - beginning of year | <u>2,332,283</u>           | <u>2,279,095</u>           |
| Net assets available for benefits - end of year       | <u><u>\$ 2,593,370</u></u> | <u><u>\$ 2,332,283</u></u> |

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

AMERITI MANUFACTURING COMPANY  
UAW RESTATED AMENDED PENSION PLAN

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STATEMENT OF ACCUMULATED PLAN BENEFITS  
DECEMBER 31, 2023

|  |                     |
|--|---------------------|
| Actuarial present value of accumulated plan benefits       |                     |
| Vested benefits  |                     |
| Participants currently receiving payments                  | \$ 1,207,559        |
| Other participants   | <u>1,359,800</u>    |
| Total vested benefits                                      | 2,567,359           |
| Nonvested benefits   | <u>-</u>            |
| Total actuarial present value of accumulated plan benefits | <u>\$ 2,567,359</u> |

AMERITI MANUFACTURING COMPANY  
UAW RESTATED AMENDED PENSION PLAN

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STATEMENT OF CHANGES IN ACCUMULATED PLAN BENEFITS  
YEAR ENDED DECEMBER 31, 2023

|   |                     |
|---|---------------------|
| Actuarial present value of accumulated plan benefits at beginning of year | \$ 2,654,769        |
| Increase (decrease) during the year attributable to:                      |                     |
| Changes in actuarial assumptions  | 84,022              |
| Benefits accumulated  | (193,910)           |
| Increase for interest due to the decrease in the discount period          | 137,942             |
| Benefits paid   | <u>(115,464)</u>    |
| Net decrease  | <u>(87,410)</u>     |
| Actuarial present value of accumulated plan benefits at end of year       | <u>\$ 2,567,359</u> |

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NOTES TO FINANCIAL STATEMENTS  
DECEMBER 31, 2024 AND 2023

**NOTE 1 – PLAN DESCRIPTION**

The following description of AmeriTi Manufacturing Company UAW Restated Amended Pension Plan (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 defined benefit pension plan covering certain eligible UAW employees of AmeriTi Manufacturing, LLC (the “Company”). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). Management of the Plan Sponsor is responsible for oversight of the Plan, determines the appropriateness of the Plan’s investments, and monitors investment performance.

**Pension Benefits** – The Plan was closed to new entrants effective January 1, 2014. At that time, participants who were at least age 50 and had 15 years of service were given the choice to either continue to accrue benefits in the Plan or participate in a new Company-sponsored 401(k) plan. The participants who continue to accrue benefits in the Plan earn \$26.50 in benefits per month multiplied by years of credited service; years of credited service is determined based on the number of hours worked by a participant in a Plan year. The normal form of benefit is a life annuity; other options are available. Participants were fully vested in benefits after five years of service.

**Death and Disability Benefits** – The amount of death benefit payable to the participant’s beneficiary is 50% of the monthly retirement benefit, reduced if commencement of benefits occurred before normal retirement. Active employees who become totally disabled and receive Social Security Disability Benefits receive their unreduced accrued benefit. Participants who became totally disabled and are not eligible for Social Security Disability Benefits receive double the unreduced accrued retirement benefit.

**NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**

**Basis of Accounting** – The accompanying financial statements are prepared on 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 the Plan administrator to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Accordingly, actual results may differ from those estimates.

**Investment 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 3 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 appreciation (depreciation) in the fair value of investments includes the Plan’s gains and losses on investments bought and sold as well as held during the year.

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NOTES TO FINANCIAL STATEMENTS  
DECEMBER 31, 2024 AND 2023

**NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES – Continued**

**Actuarial Present Value of Accumulated Plan Benefits** – Accumulated plan benefits are those future periodic payments, including lump-sum distributions, that are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Benefits payable under all circumstances - 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 an actuary and is the 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. The significant actuarial assumptions used in the valuations as of January 1, 2024 were (a) life expectancy of participants (the 2024 Combined Static Mortality Table was used), (b) retirement age assumptions (the assumed average retirement age was 65), and (c) investment return. The interest rate used to discount the obligation for 2024 was 4.75% for benefits payable in the first 5 years, 4.96% for benefits payable between 6 and 20 years and 5.59% for benefits payable more than 20 years in the future. The foregoing actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

**Payment of Benefits** – Benefit payments are recorded when paid.

**Expenses** – As provided in the Plan document, administrative expenses may be paid either by the Plan or by the Company. The Company has historically paid a portion of the operating expenses for the Plan. 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 appreciation (depreciation) in fair value of investments presented in the accompanying statements of changes in net assets available for benefits.

**Date of Management's Review of Subsequent Events** - The Plan has evaluated subsequent events for potential recognition or disclosure in the financial statements through October 8, 2025, the date the financial statements were available to be issued.

**NOTE 3 – FAIR VALUE MEASUREMENTS**

The Plan's investments are reported at fair value in the accompanying statements of net assets available for benefits. The methods used to measure fair value may produce an amount 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.

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NOTES TO FINANCIAL STATEMENTS  
DECEMBER 31, 2024 AND 2023

**NOTE 3 – FAIR VALUE MEASUREMENTS – Continued**

The fair value measurements authoritative literature establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels:

Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority.

Level 2 inputs consist of observable inputs other than quoted prices for identical assets (Level 1).

Level 3 inputs are unobservable and have the lowest priority.

The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investment. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. Level 2 inputs are used for investments for which Level 1 inputs were not available. Level 3 inputs would only be used if Level 1 or Level 2 inputs were not available. There are no plan assets requiring the use of Level 2 or Level 3 inputs for the periods presented.

The following is a description of the valuation methodologies used for assets measured at fair value:

**Level 1 Fair Value Measurements:**

Exchange Traded funds: Valued at the daily closing price as reported on an active market. The fair value represents the quoted market price of the shares held by the Plan at year-end.

Common Stocks: Valued at the closing market price reported on the active market on which the individual securities are traded. The fair value represents the last reported sales price on the valuation date.

Mutual Funds: The fair value of mutual funds is based on quoted net asset values of the shares as reported by the fund. The mutual funds held by the Plan are open-end mutual funds registered with the U.S. Securities and Exchange Commission. The funds must publish their daily net asset value and transact at that price. The mutual funds held by the Plan are considered to be actively traded.

Money Market Fund: Valued at the quoted net asset values of share held by the Plan on a daily basis.

NOTES TO FINANCIAL STATEMENTS  
DECEMBER 31, 2024 AND 2023

NOTE 3 – FAIR VALUE MEASUREMENTS – Continued

The following tables set forth, by level within the fair value hierarchy, the Plan’s investments at fair value as of December 31, 2024 and 2023:

|                          | Fair Value<br>Measurements at the End of<br>the Reporting Period Using: |  |
|--------------------------|---|--|
|                          | Fair Value  | Quoted Prices<br>in Active Markets<br>for Identical<br>Asset (Level 1) |
| <b>December 31, 2024</b> |   |  |
| Exchange traded funds    | \$ 1,495,102  | \$ 1,495,102   |
| Common stocks            | 475,303   | 475,303  |
| Mutual funds             | 566,105   | 566,105  |
| Money market fund        | 145   | 145  |
|                          | <u>\$ 2,536,655</u>   | <u>\$ 2,536,655</u>  |

|                          | Fair Value<br>Measurements at the End of<br>the Reporting Period Using: |  |
|--------------------------|---|--|
|                          | Fair Value  | Quoted Prices<br>in Active Markets<br>for Identical<br>Asset (Level 1) |
| <b>December 31, 2023</b> |   |  |
| Exchange traded funds    | \$ 1,301,434  | \$ 1,301,434   |
| Common stocks            | 406,186   | 406,186  |
| Mutual funds             | 559,828   | 559,828  |
| Money market fund        | 13,209  | 13,209   |
|                          | <u>\$ 2,280,657</u>   | <u>\$ 2,280,657</u>  |

Gains and losses included in changes in net assets available for benefits for the years ended December 31, 2024 and 2023 are reported in net appreciation/depreciation in fair value of investments.

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NOTES TO FINANCIAL STATEMENTS  
DECEMBER 31, 2024 AND 2023

**NOTE 4 - FUNDING POLICY**

The Company's funding policy is to make annual contributions to the Plan in amounts that are estimated to keep the Plan above the minimum required funding level. For the years ended December 31, 2024 and 2023, the Company made contributions of \$56,715 and \$51,626, respectively, which exceeded ERISA's minimum funding requirements.

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

**NOTE 5 - PLAN TERMINATION**

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

1. Benefits attributable to employee contributions, taking into account those paid out before termination.
2. Annuity benefits that former employee, or their beneficiaries have been receiving for at least three years, or that employees eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan. The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit that would be payable under Plan provisions in effect at any time during the five years preceding Plan termination.
3. Other vested benefits insured by the Pension Benefit Guaranty Corporation (PBGC) (a U.S. government agency) up to the applicable limitations (discussed below).
4. All other vested benefits (that is, vested benefits not insured by the PBGC).
5. All nonvested benefits.

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination. However, there is a statutory ceiling, which is adjusted periodically, on the amount of an individual's monthly benefit that the PBGC guarantees. For Plan terminations occurring during 2025, that ceiling is \$7,432 per month. That ceiling applies to those pensioners who elect to receive their benefits in the form of a single-life annuity and are at least 65 years old at the time of their retirement or plan termination (whichever comes later). For younger annuitants or for those who elect to receive their benefits in some form more valuable than a single-life annuity, the corresponding ceilings are actuarially adjusted downward.

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

**NOTE 6 - RISKS AND UNCERTAINTIES**

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

NOTES TO FINANCIAL STATEMENTS  
DECEMBER 31, 2024 AND 2023

**NOTE 6 – RISKS AND UNCERTAINTIES - Continued**

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

**NOTE 7 – SIGNIFICANT CONCENTRATIONS**

The following table presents the investments that represent ten percent or more of the Plan's net assets at December 31:

|  | <u>2024</u> | <u>2023</u> |
|--|-------------|-------------|
| iShares Core S&P 500 ETF                       | \$ 616,411  | \$ 493,357  |
| JPMorgan US Quality Factor ETF                 | -           | 249,383     |
| BlackRock Total Return Investor A              | \$ 270,914  | \$ 267,239  |
| BlackRock Sustainable Advantage Large Cap Core | -           | 245,439     |

The Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated in value by \$265,536 and \$80,298 for the years ending December 31, 2024 and 2023, respectively.

**NOTE 8 – TAX STATUS**

The Internal Revenue Service has determined and informed the Company by a letter dated March 30, 2018, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). The Plan has been amended since receiving the determination letter. However, 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.

Accounting principles generally accepted in the United States of America require the Plan administrator to evaluate tax positions taken by the Plan and recognize a tax liability for any 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 tax authorities; however, there are currently no audits for any tax periods in progress.

**NOTE 9 - RELATED PARTY TRANSACTIONS AND PARTY IN INTEREST**

The Plan paid certain expenses related to plan operations and investment activity to various service providers. Charles Schwab is the custodian as defined by the Plan and, therefore, these transactions qualify as party-in-interest transactions, which are exempt from the prohibited transaction rules of ERISA.

AMERITI MANUFACTURING COMPANY  
UAW RESTATED AMENDED PENSION PLAN

Schedule SB, line 26  
Schedule of Active  
Participant Data

Employer Identification Number 38-2513566      Plan Number 001  
As of January 1, 2024

| Attained Age | 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 & up |
|--------------|---------|--------|--------|-----------------|----------|----------|----------|----------|----------|---------|
| Under 25     | 0       | 0      | 0      | 0               | 0        | 0        | 0        | 0        | 0        | 0       |
| 25 to 29     | 0       | 0      | 0      | 0               | 0        | 0        | 0        | 0        | 0        | 0       |
| 30 to 34     | 0       | 0      | 0      | 0               | 0        | 0        | 0        | 0        | 0        | 0       |
| 35 to 39     | 0       | 0      | 0      | 1               | 0        | 0        | 0        | 0        | 0        | 0       |
| 40 to 44     | 0       | 0      | 1      | 1               | 0        | 1        | 0        | 0        | 0        | 0       |
| 45 to 49     | 0       | 0      | 0      | 2               | 4        | 0        | 0        | 0        | 0        | 0       |
| 50 to 54     | 0       | 0      | 0      | 2               | 5        | 2        | 0        | 0        | 0        | 0       |
| 55 to 59     | 0       | 0      | 1      | 5               | 6        | 3        | 0        | 0        | 0        | 0       |
| 60 to 64     | 0       | 0      | 0      | 3               | 2        | 0        | 0        | 0        | 0        | 0       |
| 65 to 69     | 0       | 0      | 0      | 0               | 0        | 1        | 1        | 0        | 0        | 0       |
| 70 & Up      | 0       | 0      | 0      | 0               | 0        | 0        | 0        | 0        | 0        | 0       |
| Average Age  | 54.42   |        |        | Average Service |          | 16.54    |          |          |          |         |

AMERITI MANUFACTURING COMPANY  
UAW RESTATED AMENDED PENSION PLAN

Schedule SB, Part V  
Statement of Actuarial  
Assumptions/Methods

Employer Identification Number 38-2513566      Plan Number 001  
As of January 1, 2024

|                           |   |
|---------------------------|---|
| Assumption                | For<br>Funding  |
| Turnover                  | None  |
| Disability                | None  |
| Future Salary Increases   | None  |
| Assumed Retirement Age    | Normal Retirement   |
| Assumed Benefit Form      | Percent Assumed Plan Normal Form 0%<br>Percent Assumed Lump Sum 0%<br>Percent Assumed Life Only 100%<br>Percent Assumed Joint and Survivor 0% |
| Actuarial Value of Assets | Market Value  |

**Form 5500**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security  
Administration

Pension Benefit Guaranty Corporation

**Annual Return/Report of Employee Benefit Plan**

This form is required to be filed for employee benefit plans under sections 104 and 4085 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

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

OMB Nos. 1210-0110  
1210-0089

**2024**

**This Form is Open to Public Inspection**

**Part I Annual Report Identification Information**

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

- A** This return/report is for:  a multiemployer plan  a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
- a single-employer plan  a DFE (specify) \_\_\_\_\_
- B** This return/report is:  the first return/report  the final return/report
- an amended return/report  a short plan year return/report (less than 12 months)
- C** If the plan is a collectively-bargained plan, check here. . . . .
- D** Check box if filing under:  Form 5558  automatic extension  the DFVC program
- special extension (enter description)
- E** If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. . . . .

**Part II Basic Plan Information**—enter all requested information

|  |  |              |
|--|--|--------------|
| <b>1a</b> Name of plan<br>AMERITI MANUFACTURING COMPANY UAW RESTATED AMENDED PENSION PLAN  | <b>1b</b> Three-digit plan number (PN) ▶       | 001          |
|  | <b>1c</b> Effective date of plan               | 07/01/1966   |
| <b>2a</b> Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br><br>AMERITI MANUFACTURING COMPANY<br><br>19300 FILER AVENUE<br><br>DETROIT MI 48234 | <b>2b</b> Employer Identification Number (EIN) | 38-2513566   |
|  | <b>2c</b> Plan Sponsor's telephone number      | 313-366-5300 |
|  | <b>2d</b> Business code (see instructions)     | 331400       |
|  |  |              |

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

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

|           |                                    |          |  |
|-----------|------------------------------------|----------|--|
| SIGN HERE | <i>Danielle Klein</i>              | 10/15/25 | Danielle Klein   |
|           | Signature of plan administrator    | Date     | Enter name of individual signing as plan administrator       |
| SIGN HERE |                                    |          |  |
|           | Signature of employer/plan sponsor | Date     | Enter name of individual signing as employer or plan sponsor |
| SIGN HERE |                                    |          |  |
|           | Signature of DFE                   | Date     | Enter name of individual signing as DFE                      |

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

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<br><br><b>3c</b> Administrator's telephone number<br><br><div style="background-color: #cccccc; height: 40px; width: 100%;"></div>   |          |     |  |              |  |    |              |  |    |           |  |    |           |  |    |           |  |     |           |  |   |           |  |     |              |  |  |              |  |  |           |  |   |
| <b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:<br><b>a</b> Sponsor's name<br><b>c</b> Plan Name  | <b>4b</b> EIN<br><br><b>4d</b> PN  |          |     |  |              |  |    |              |  |    |           |  |    |           |  |    |           |  |     |           |  |   |           |  |     |              |  |  |              |  |  |           |  |   |
| <b>5</b> Total number of participants at the beginning of the plan year   | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; text-align: center;"><b>5</b></td> <td style="text-align: right;">124</td> </tr> </table>   | <b>5</b> | 124 |  |              |  |    |              |  |    |           |  |    |           |  |    |           |  |     |           |  |   |           |  |     |              |  |  |              |  |  |           |  |   |
| <b>5</b>  | 124  |          |     |  |              |  |    |              |  |    |           |  |    |           |  |    |           |  |     |           |  |   |           |  |     |              |  |  |              |  |  |           |  |   |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).<br><b>a(1)</b> Total number of active participants at the beginning of the plan year .....<br><b>a(2)</b> Total number of active participants at the end of the plan year .....<br><b>b</b> Retired or separated participants receiving benefits .....<br><b>c</b> Other retired or separated participants entitled to future benefits .....<br><b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> . .....<br><b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits .....<br><b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> . .....<br><b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) .....<br><b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....<br><b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested ..... | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:80%;"></td> </tr> <tr> <td style="text-align: center;"><b>6a(1)</b></td> <td></td> <td style="text-align: right;">41</td> </tr> <tr> <td style="text-align: center;"><b>6a(2)</b></td> <td></td> <td style="text-align: right;">39</td> </tr> <tr> <td style="text-align: center;"><b>6b</b></td> <td></td> <td style="text-align: right;">31</td> </tr> <tr> <td style="text-align: center;"><b>6c</b></td> <td></td> <td style="text-align: right;">54</td> </tr> <tr> <td style="text-align: center;"><b>6d</b></td> <td></td> <td style="text-align: right;">124</td> </tr> <tr> <td style="text-align: center;"><b>6e</b></td> <td></td> <td style="text-align: right;">0</td> </tr> <tr> <td style="text-align: center;"><b>6f</b></td> <td></td> <td style="text-align: right;">124</td> </tr> <tr> <td style="text-align: center;"><b>6g(1)</b></td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;"><b>6g(2)</b></td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;"><b>6h</b></td> <td></td> <td style="text-align: right;">0</td> </tr> </table> |          |     |  | <b>6a(1)</b> |  | 41 | <b>6a(2)</b> |  | 39 | <b>6b</b> |  | 31 | <b>6c</b> |  | 54 | <b>6d</b> |  | 124 | <b>6e</b> |  | 0 | <b>6f</b> |  | 124 | <b>6g(1)</b> |  |  | <b>6g(2)</b> |  |  | <b>6h</b> |  | 0 |
|   |  |          |     |  |              |  |    |              |  |    |           |  |    |           |  |    |           |  |     |           |  |   |           |  |     |              |  |  |              |  |  |           |  |   |
| <b>6a(1)</b>  |  | 41       |     |  |              |  |    |              |  |    |           |  |    |           |  |    |           |  |     |           |  |   |           |  |     |              |  |  |              |  |  |           |  |   |
| <b>6a(2)</b>  |  | 39       |     |  |              |  |    |              |  |    |           |  |    |           |  |    |           |  |     |           |  |   |           |  |     |              |  |  |              |  |  |           |  |   |
| <b>6b</b>   |  | 31       |     |  |              |  |    |              |  |    |           |  |    |           |  |    |           |  |     |           |  |   |           |  |     |              |  |  |              |  |  |           |  |   |
| <b>6c</b>   |  | 54       |     |  |              |  |    |              |  |    |           |  |    |           |  |    |           |  |     |           |  |   |           |  |     |              |  |  |              |  |  |           |  |   |
| <b>6d</b>   |  | 124      |     |  |              |  |    |              |  |    |           |  |    |           |  |    |           |  |     |           |  |   |           |  |     |              |  |  |              |  |  |           |  |   |
| <b>6e</b>   |  | 0        |     |  |              |  |    |              |  |    |           |  |    |           |  |    |           |  |     |           |  |   |           |  |     |              |  |  |              |  |  |           |  |   |
| <b>6f</b>   |  | 124      |     |  |              |  |    |              |  |    |           |  |    |           |  |    |           |  |     |           |  |   |           |  |     |              |  |  |              |  |  |           |  |   |
| <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%; text-align: center;"><b>7</b></td> <td style="width:90%;"></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:  
 1B 3D 3H

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

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

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

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

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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 \_\_\_\_\_

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AMERITI MANUFACTURING COMPANY  
 UAW RESTATED AMENDED PENSION PLAN

SCHEDULE H, LINE 4j – SCHEDULE OF REPORTABLE TRANSACTIONS  
 EIN 38-2513566, PLAN NUMBER: 001  
 YEAR ENDED DECEMBER 31, 2024

| (a) Identity of party involved   | (b) Description of asset   | (c) Purchase price | (d) Selling price | (g) Cost of asset | (h) Current value of asset on transaction date | (i) Net gain (loss) |
|--|--|--------------------|-------------------|-------------------|--|---------------------|
| Category (i) - Single Transaction involving a security that amounted to more than 5 percent of the beginning value of total plan assets:                         |  |                    |                   |                   |  |                     |
| BlackRock  | BlackRock Total Return Investor A<br>1 sale  | \$ -               | \$ 273,405        | \$ 273,405        | \$ 273,405                                     | \$ -                |
| BlackRock  | BlackRock Total Return Institutional<br>1 purchase                                   | \$ 273,405         | \$ -              | \$ 273,405        | \$ 273,405                                     | \$ -                |
| BlackRock  | BlackRock Sustainable Advantage Large Cap Core<br>Investors A Shares<br>1 Sale       | \$ -               | \$ 235,007        | \$ 235,007        | \$ 235,007                                     | \$ -                |
| BlackRock  | BlackRock Sustainable Advantage Large Cap Core<br>Institutional Shares<br>1 purchase | \$ 235,007         | \$ -              | \$ 235,007        | \$ 235,007                                     | \$ -                |
| Category (iii) - Series of Transactions involving securities of the same issue that amounted to more than 5 percent of the beginning value of total fund assets: |  |                    |                   |                   |  |                     |
| BlackRock  | BlackRock Sustainable Advantage Large Cap Core A<br>2 sales                          | \$ -               | \$ 272,189        | \$ 267,414        | \$ 272,189                                     | \$ 4,775            |

There were no Category (ii) or (iv) transactions during the year.

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

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

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

|   |   |     |
|---|---|-----|
| <b>A</b> Name of plan<br>AMERITI MANUFACTURING COMPANY UAW RESTATED AMENDED PENSION PLAN  | <b>B</b> Three-digit plan number (PN) ▶                         | 001 |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br><br>AMERITI MANUFACTURING COMPANY   | <b>D</b> Employer Identification Number (EIN)<br><br>38-2513566 |     |
| <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 |   |     |

|  |                            |                           |                          |
|--|----------------------------|---------------------------|--------------------------|
| <b>Part I Basic Information</b>  |                            |                           |                          |
| <b>1</b> Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>  |                            |                           |                          |
| <b>2</b> Assets:   |                            |                           |                          |
| a Market value .....   | <b>2a</b>                  |                           | 2,330,971                |
| b Actuarial value .....  | <b>2b</b>                  |                           | 2,330,971                |
| <b>3</b> Funding target/participant count breakdown  |                            |                           |                          |
|  | (1) Number of participants | (2) Vested Funding Target | (3) Total Funding Target |
| a For retired participants and beneficiaries receiving payment .....   | 31                         | 1,224,342                 | 1,224,342                |
| b For terminated vested participants .....   | 52                         | 717,122                   | 717,122                  |
| c For active participants .....  | 41                         | 625,895                   | 625,895                  |
| d Total .....  | 124                        | 2,567,359                 | 2,567,359                |
| <b>4</b> If the plan is in at-risk status, check the box and complete lines (a) and (b) <input type="checkbox"/>   |                            |                           |                          |
| a Funding target disregarding prescribed at-risk assumptions .....   | <b>4a</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>                   |                           | 5.23%                    |
| <b>6</b> Target normal cost  |                            |                           |                          |
| a Present value of current plan year accruals .....  | <b>6a</b>                  |                           | 26,831                   |
| b Expected plan-related expenses .....   | <b>6b</b>                  |                           | 0                        |
| c Target normal cost .....   | <b>6c</b>                  |                           | 26,831                   |

**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  | Date   |
|                  | Michael J. Strome<br>Type or print name of actuary                                    | 2306160<br>Most recent enrollment number               |
|                  | Foster & Foster, Inc.<br>Firm name  | 248-461-3625<br>Telephone number (including area code) |
|                  | 31313 Northwestern Hwy, Suite 114<br>Farmington Hills MI 48334<br>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</b> <b>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                     | 0                      |
| <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                     | 0                      |
| <b>10</b> Interest on line 9 using prior year's actual return of _____% .....  |                       |                        |
| <b>11</b> Prior year's excess contributions to be added to prefunding balance:   |                       |                        |
| <b>a</b> Present value of excess contributions (line 38a from prior year) .....  |                       | 0                      |
| <b>b(1)</b> Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>  5.52  </u> % ..... |                       | 0                      |
| <b>b(2)</b> Interest on line 38b from prior year Schedule SB, using prior year's actual return .....   |                       |                        |
| <b>c</b> Total available at beginning of current plan year to add to prefunding balance.....   |                       | 0                      |
| <b>d</b> Portion of (c) to be added to prefunding balance .....  |                       |                        |
| <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                     | 0                      |

| <b>Part III</b> <b>Funding Percentages</b>   |           |        |
|--|-----------|--------|
| <b>14</b> Funding target attainment percentage.....  | <b>14</b> | 90.79% |
| <b>15</b> Adjusted funding target attainment percentage.....   | <b>15</b> | 90.79% |
| <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> | 85.72% |
| <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</b> <b>Contributions and Liquidity Shortfalls</b>                             |                          |                                   |                                 |                          |                                   |                                 |   |
|--|--------------------------|-----------------------------------|---------------------------------|--------------------------|-----------------------------------|---------------------------------|---|
| <b>18</b> Contributions made to the plan for the plan year by employer(s) and employees: | (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees | (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees |   |
|  | 09/04/2025               | 56,715                            | 0                               |                          |                                   |                                 |   |
|  |                          |                                   |                                 |                          |                                   |                                 |   |
|  |                          |                                   |                                 |                          |                                   |                                 |   |
|  |                          |                                   |                                 |                          |                                   |                                 |   |
|  |                          |                                   |                                 |                          |                                   |                                 |   |
|  |                          |                                   |                                 |                          |                                   |                                 |   |
|  |                          |                                   |                                 |                          |                                   |                                 |   |
|  |                          |                                   |                                 |                          |                                   |                                 |   |
|  |                          |                                   |                                 |                          |                                   |                                 |   |
|  |                          |                                   |                                 |                          |                                   |                                 |   |
|  |                          |                                   |                                 |                          |                                   |                                 |   |
|  |                          |                                   |                                 |                          |                                   |                                 |   |
|  |                          |                                   |                                 |                          |                                   |                                 |   |
|  |                          |                                   |                                 |                          |                                   |                                 |   |
|  |                          |                                   |                                 |                          |                                   |                                 |   |
|  |                          |                                   |                                 |                          |                                   |                                 |   |
|  |                          |                                   |                                 |                          |                                   |                                 |   |
|  |                          |                                   |                                 |                          |                                   |                                 |   |
|  |                          |                                   |                                 |                          |                                   |                                 |   |
|  |                          |                                   |                                 |                          |                                   |                                 |   |
|  | <b>Totals ▶</b>          |                                   | <b>18(b)</b>                    |                          | 56,715                            | <b>18(c)</b>                    | 0 |

|  |            |        |
|--|------------|--------|
| <b>19</b> 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> | 50,179 |

|   |   |
|---|---|
| <b>20</b> Quarterly contributions and liquidity shortfalls:   |   |
| <b>a</b> Did the plan have a "funding shortfall" for the prior year? .....  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>b</b> If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ..... | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| <b>c</b> If line 20a is "Yes," see instructions and complete the following table as applicable:                         |   |
| Liquidity shortfall as of end of quarter of this plan year  |   |
| (1) 1st   | (2) 2nd   |
| (3) 3rd   | (4) 4th   |
| 0   | 0   |
| 0   | 0   |

|   |   |  |                        |  |
|---|---|--|------------------------|--|
| <b>Part V Assumptions Used to Determine Funding Target and Target Normal Cost</b> |   |  |                        |  |
| <b>21</b>   | Discount rate:                              |  |                        |  |
|   | <b>a</b> Segment rates:                     | 1st segment:<br>4.75 %   | 2nd segment:<br>4.96 % | 3rd segment:<br>5.59 % <input type="checkbox"/> N/A, full yield curve used |
|   | <b>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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |  |
| <b>25</b>                          | Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.....                                      | <input checked="" type="checkbox"/> Yes <input 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>          |                    | 26,831        |
|   | <b>b</b> Excess assets, if applicable, but not greater than line 31a .....  | <b>31b</b>          |                    | 0             |
| <b>32</b>   | Amortization installments:  | Outstanding Balance | Installment        |               |
|   | <b>a</b> Net shortfall amortization installment .....   | 236,388             | 23,218             |               |
|   | <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> 50,049    |                    |               |
|   |   | 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> 50,049    |                    |               |
| <b>37</b>   | Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....  | <b>37</b> 50,179    |                    |               |
| <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>          |                    | 130           |
|   | <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 |  |  |  |

AMERITI MANUFACTURING COMPANY  
UAW RESTATED AMENDED PENSION PLAN

Schedule SB, line 22  
Description of Weighted  
Average Retirement Age  
Employer Identification Number 38-2513566      Plan Number 001  
As of January 1, 2024

All participants are assumed to retire at the later of their Normal Retirement Age, or the end of the current plan year

AMERITI MANUFACTURING COMPANY  
UAW RESTATED AMENDED PENSION PLAN

Schedule SB, line 19  
Discounted Employer Contributions  
Employer Identification Number 38-2513566 Plan Number 001  
As of January 1, 2024

| <b>Code</b>  | <b>Date</b> | <b>Contribution Effective<br/>Amount</b> | <b>Effective<br/>Rate</b> | <b>For<br/>Months</b> | <b>Quarterly<br/>Due</b> | <b>Effective<br/>Rate<br/>Plus 5%</b> | <b>For<br/>Months</b> | <b>Discounted<br/>Contribution</b> |
|--------------|-------------|--|---------------------------|-----------------------|--------------------------|---------------------------------------|-----------------------|------------------------------------|
| C            | 9/4/2025    | 11,261.02                                | 5.23                      | 3.45                  | 4/15/2024                | 10.23                                 | 16.65                 | 9,694.73                           |
| C            | 9/4/2025    | 11,261.02                                | 5.23                      | 6.45                  | 7/15/2024                | 10.23                                 | 13.65                 | 9,807.90                           |
| C            | 9/4/2025    | 11,261.02                                | 5.23                      | 9.45                  | 10/15/2024               | 10.23                                 | 10.65                 | 9,922.38                           |
| C            | 9/4/2025    | 11,261.02                                | 5.23                      | 12.45                 | 1/15/2025                | 10.23                                 | 7.65                  | 10,038.21                          |
| C            | 9/4/2025    | 11,670.90                                | 5.23                      | 20.10                 |                          |                                       |                       | 10,715.85                          |
| <b>Total</b> |             | <b>56,715.00</b>                         |                           |                       |                          |                                       |                       | <b>50,179.07</b>                   |

Code 'C' is a contribution, 'B' is a balance reduction

AMERITI MANUFACTURING COMPANY  
UAW RESTATED AMENDED PENSION PLAN

Schedule SB, Part V  
Summary of Plan Provisions  
Employer Identification Number 38-2513566 Plan Number 001  
As of January 1, 2024

|                           |  |
|---------------------------|--|
| Plan effective date       | July 1, 1966   |
| Plan Year                 | January 1 to December 31   |
| Eligibility               | Employees are eligible to enter on the January 1 or July 1 that is coincident with or next following the date the participant completes 1 years of service with 1000 hours and attains the age of 21<br><br>Employees covered by a collective bargaining agreement are excluded by class   |
| Normal Retirement         | All participants are eligible to retire upon attainment of age 65  |
| Normal Retirement Benefit | Upon retirement a participant will be entitled to a benefit payable in the normal form which is equal to the following:<br><br>In no event is the benefit greater than 100% of final average compensation<br><br>Reduced for years of service less than 10<br><br>Credited years are measured as plan years starting with the plan year of hire. Only years during which a participant is credited with at least 1000 hours of service are counted.<br><br>or greater than<br>\$22916.67<br><br>Reduced for years of participation less than 10<br><br>Credited years are measured as plan years starting with the plan year of entry. Only years during which a participant is credited with at least 1000 hours of service are counted.<br><br>with the dollar limit reduced for payment prior to 62, and increased for payment after 65 |
| Normal Form               | A monthly benefit payable for the life of the participant  |
| Accrued Benefit           | The accrued benefit is the benefit based upon service and compensation to the date of determination  |

AMERITI MANUFACTURING COMPANY  
UAW RESTATED AMENDED PENSION PLAN

Schedule SB, Part V  
Summary of Plan Provisions  
Employer Identification Number 38-2513566    Plan Number 001  
As of January 1, 2024

Termination  
Benefit

Upon termination for any reason other than death, disability or retirement, a participant shall be entitled to a portion of their accrued benefit, in accordance with the following schedule:

| Years of Credit | Percent Vested |
|-----------------|----------------|
| 1               | 0              |
| 2               | 0              |
| 3               | 100            |

Credited years are measured as plan years starting with the plan year of hire. Only years during which a participant is credited with at least 1000 hours of service are counted.

AMERITI MANUFACTURING COMPANY  
UAW RESTATED AMENDED PENSION PLAN

13

SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS HELD AT END OF YEAR  
EIN 38-2513566, PLAN NUMBER: 001  
DECEMBER 31, 2024

| (a) | (b) Identity of issue, borrower, lessor, or similar party           | (c) Description of investment including maturity date, rate of interest, collateral, par or maturity value | (d) Cost            | (e) Current value   |
|-----|---|--|---------------------|---------------------|
|     | iShares Core S&P 500 ETF  | Exchange traded fund   | \$ 466,334          | \$ 616,411          |
|     | iShares ESG MSI USA MN ETF  | Exchange traded fund   | 83,968              | 98,098              |
|     | iShares Total Bond USD Bond Market ETF                              | Exchange traded fund   | 207,327             | 208,296             |
|     | iShares US Technology   | Exchange traded fund   | 113,811             | 168,426             |
|     | iShares 1-3 year Treasury Bond ETF                                  | Exchange traded fund   | 103,002             | 104,138             |
|     | iShares 10-20 Year Treasury Bond ETF                                | Exchange traded fund   | 55,007              | 50,927              |
|     | JPMorgan US Quality Factor ETF                                      | Exchange traded fund   | 192,973             | 248,806             |
|     | Total exchange traded funds   |  | <u>1,222,422</u>    | <u>1,495,102</u>    |
|     | Alphabet Inc. Class A   | Common Stock   | 23,138              | 37,231              |
|     | Auto Data Processing  | Common Stock   | 24,888              | 32,203              |
|     | Berkshire Hathaway Class B  | Common Stock   | 30,506              | 42,608              |
|     | Costco Wholesale Co.  | Common Stock   | 23,517              | 40,684              |
|     | Eli Lilly and Co  | Common Stock   | 22,529              | 38,991              |
|     | Exxon Mobil Corp.   | Common Stock   | 25,536              | 25,936              |
|     | Home Depot  | Common Stock   | 25,148              | 31,048              |
|     | Johnson & Johnson   | Common Stock   | 24,118              | 21,966              |
|     | LockHeed Martin Corp.   | Common Stock   | 24,994              | 25,860              |
|     | Merck & Co Inc.   | Common Stock   | 23,531              | 21,481              |
|     | Proctor & Gamble  | Common Stock   | 23,536              | 26,857              |
|     | S&P Global Inc.   | Common Stock   | 31,700              | 39,825              |
|     | Starbucks Corp.   | Common Stock   | 25,289              | 23,176              |
|     | UnitedHealth Group Inc.   | Common Stock   | 21,411              | 25,882              |
|     | Visa Inc.   | Common Stock   | 31,562              | 41,555              |
|     | Total common stocks   |  | <u>381,403</u>      | <u>475,303</u>      |
|     | BlackRock Total Return Investor A                                   | Mutual fund  | 274,741             | 270,914             |
|     | BlackRock US Mortgage Portfolio A                                   | Mutual fund  | 49,015              | 49,822              |
|     | BlackRock Sustainable Advantage Large Cap Core Institutional Shares | Mutual fund  | 221,672             | 245,369             |
|     | Total mutual funds  |  | <u>545,428</u>      | <u>566,105</u>      |
| *   | Schwab Money Market Fund  | Money market fund  | 145                 | 145                 |
|     | Total investments   |  | <u>\$ 2,149,398</u> | <u>\$ 2,536,655</u> |

Column (a) includes an "\*" if there is a party-in-interest as defined by ERISA.

See independent auditor's report.

AMERITI MANUFACTURING COMPANY  
UAW RESTATED AMENDED PENSION PLAN

Schedule SB, line 32

Schedule of

Amortization Bases

Employer Identification Number 38-2513566      Plan Number 001  
As of January 1, 2024

| <b>Type of<br/>Base</b> | <b>Present<br/>Value</b> | <b>Initial<br/>Valuation<br/>Date</b> | <b>Years<br/>Remaining</b> | <b>Amortization<br/>Installment</b> |
|-------------------------|--------------------------|---------------------------------------|----------------------------|-------------------------------------|
| Shortfall               | 362,714.64               | 1/1/2023                              | 6                          | 34,764.00                           |
| Shortfall               | -126,326.65              | 1/1/2024                              | 7                          | -11,545.75                          |
| Total                   | 236,387.99               |                                       |                            | 23,218.25                           |

AMERITI MANUFACTURING COMPANY  
UAW RESTATED AMENDED PENSION PLAN

Schedule SB, line 25  
Change in Method  
Employer Identification Number 38-2513566      Plan Number 001  
As of January 1, 2024

The Enrolled Actuary changed due to change in responsibility.