

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

Department of the Treasury Internal Revenue Service

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).

2024

Department of Labor Employee Benefits Security Administration

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

Pension Benefit Guaranty Corporation

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... [X] a single-employer plan [ ] a DFE... B This return/report is: [X] the first return/report [ ] the final return/report... C If the plan is a collectively-bargained plan, check here... [ ] D Check box if filing under: [X] Form 5558 [ ] automatic extension [ ] the DFVC program... 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: HUSQVARNA PENSION PLAN
1b Three-digit plan number (PN): 003
1c Effective date of plan: 12/30/2005
2a Plan sponsor's name (employer, if for a single-employer plan): HUSQVARNA U.S. HOLDINGS, INC.
2b Employer Identification Number (EIN): 20-3600732
2c Plan Sponsor's telephone number: 866-875-8735
2d Business code (see instructions): 339900

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, Date, and Name. Rows include: 1. Filed with authorized/valid electronic signature, 10/15/2025, DANA BAIRD; 2. Signature of plan administrator; 3. Filed with authorized/valid electronic signature, 10/15/2025, DANA BAIRD; 4. Signature of employer/plan sponsor; 5. Signature of DFE.

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

Form 5500 (2024) v. 240311

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN	
	<b>3c</b> Administrator's telephone number	
<b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN	
	<b>4d</b> PN	
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	631
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. .... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> ..... <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) ..... <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) ..... <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<b>6a(1)</b>	51
	<b>6a(2)</b>	51
	<b>6b</b>	336
	<b>6c</b>	202
	<b>6d</b>	589
	<b>6e</b>	32
	<b>6f</b>	621
	<b>6g(1)</b>	0
<b>6g(2)</b>	0	
<b>6h</b>	0	
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>	

**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:  
1A 1D 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 _____
(4) <input type="checkbox"/> <b>DCG</b> (Individual Plan Information) – Number Attached <u>0</u>	(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> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Single-Employer Defined Benefit Plan</b> <b>Actuarial Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).  <b>▶ File as an attachment to Form 5500 or 5500-SF.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning 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 <u>HUSQVARNA PENSION PLAN</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>003</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>HUSQVARNA U.S. HOLDINGS, INC.</u>	<b>D</b> Employer Identification Number (EIN) <u>20-3600732</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 type="checkbox"/> 101-500 <input checked="" 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>37186292</u>
<b>b</b> Actuarial value .....	<b>2b</b>		<u>37186292</u>
<b>3</b> Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
<b>a</b> For retired participants and beneficiaries receiving payment .....	<u>387</u>	<u>24817612</u>	<u>24817612</u>
<b>b</b> For terminated vested participants .....	<u>190</u>	<u>9275911</u>	<u>9275911</u>
<b>c</b> For active participants .....	<u>79</u>	<u>5540715</u>	<u>5540715</u>
<b>d</b> Total .....	<u>656</u>	<u>39634238</u>	<u>39634238</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>5.06 %</u>
<b>6</b> Target normal cost			
<b>a</b> Present value of current plan year accruals .....	<b>6a</b>		<u>0</u>
<b>b</b> Expected plan-related expenses .....	<b>6b</b>		<u>113000</u>
<b>c</b> Target normal cost .....	<b>6c</b>		<u>113000</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>09/30/2025</u>	Date
	<u>HORACE JONES</u>	<u>23-07605</u>	Most recent enrollment number
	Type or print name of actuary	<u>678-322-3646</u>	Telephone number (including area code)
	<u>PRINCIPAL FINANCIAL GROUP</u>		
	Firm name		
	<u>PO BOX 9394</u> <u>DES MOINES, IA 50306-9394</u>		
	Address of the firm		

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

<b>Part II Beginning of Year Carryover and Prefunding Balances</b>		(a) Carryover balance	(b) Prefunding balance
<b>7</b>	Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....	0	920991
<b>8</b>	Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....	0	202467
<b>9</b>	Amount remaining (line 7 minus line 8) .....	0	718524
<b>10</b>	Interest on line 9 using prior year's actual return of <u>13.11</u> % .....	0	94198
<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) .....		770273
	<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>5.20</u> % .....		40054
	<b>b(2)</b> Interest on line 38b from prior year Schedule SB, using prior year's actual return .....		26543
	<b>c</b> Total available at beginning of current plan year to add to prefunding balance .....		836870
	<b>d</b> Portion of (c) to be added to prefunding balance .....		0
<b>12</b>	Other reductions in balances due to elections or deemed elections .....	0	0
<b>13</b>	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) .....	0	812722

<b>Part III Funding Percentages</b>			
<b>14</b>	Funding target attainment percentage .....	<b>14</b>	91.77 %
<b>15</b>	Adjusted funding target attainment percentage .....	<b>15</b>	91.77 %
<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>	80.00 %
<b>17</b>	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage .....	<b>17</b>	%

<b>Part IV Contributions and Liquidity Shortfalls</b>		<b>18 Contributions made to the plan for the plan year by employer(s) and employees:</b>					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees		
12/23/2024	400000	0					
04/14/2025	400000	0					
07/10/2025	400000	0					
08/14/2025	400000	0					
			<b>Totals ▶</b>	<b>18(b)</b>	1600000	<b>18(c)</b>	

<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> 1497065	
<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 checked="" type="checkbox"/> Yes <input 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: 4.75 %	2nd segment: 4.87 %	3rd segment: 5.59 %	<input type="checkbox"/> N/A, full yield curve used
<b>b</b> Applicable month (enter code) .....				<b>21b</b> 4
<b>22</b> Weighted average retirement age .....				<b>22</b> 66
<b>23</b> Mortality table(s) (see instructions)	<input type="checkbox"/> Prescribed - combined <input checked="" 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> 113000
<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 .....	3260668		392211	
<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> 505211
	Carryover balance	Prefunding balance	Total balance	
<b>35</b> Balances elected for use to offset funding requirement .....	0	505211	505211	
<b>36</b> Additional cash requirement (line 34 minus line 35) .....				<b>36</b> 0
<b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) .....				<b>37</b> 1497065
<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> 1497065
<b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances.....				<b>38b</b> 505211
<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 checked="" type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input type="checkbox"/> 2021				

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

<b>A</b> Name of plan <b>HUSQVARNA PENSION PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>003</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>HUSQVARNA U.S. HOLDINGS, INC.</b>	<b>D</b> Employer Identification Number (EIN) <b>20-3600732</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

**PRINCIPAL LIFE INSURANCE COMPANY**

**42-0127290**

**(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)

<b>(b)</b> Service Code(s)	<b>(c)</b> Relationship to employer, employee organization, or person known to be a party-in-interest	<b>(d)</b> Enter direct compensation paid by the plan. If none, enter -0-.	<b>(e)</b> Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	<b>(f)</b> Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	<b>(g)</b> Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	<b>(h)</b> 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>(b)</b> Service Code(s)	<b>(c)</b> Relationship to employer, employee organization, or person known to be a party-in-interest	<b>(d)</b> Enter direct compensation paid by the plan. If none, enter -0-.	<b>(e)</b> Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	<b>(f)</b> Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	<b>(g)</b> Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	<b>(h)</b> 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>(b)</b> Service Code(s)	<b>(c)</b> Relationship to employer, employee organization, or person known to be a party-in-interest	<b>(d)</b> Enter direct compensation paid by the plan. If none, enter -0-.	<b>(e)</b> Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	<b>(f)</b> Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	<b>(g)</b> Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	<b>(h)</b> 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 (see instructions)	<b>(c)</b> Enter amount of indirect compensation
<b>(d)</b> Enter name and EIN (address) of source of indirect compensation	<b>(e)</b> Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
<b>(a)</b> Enter service provider name as it appears on line 2	<b>(b)</b> Service Codes (see instructions)	<b>(c)</b> Enter amount of indirect compensation
<b>(d)</b> Enter name and EIN (address) of source of indirect compensation	<b>(e)</b> Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
<b>(a)</b> Enter service provider name as it appears on line 2	<b>(b)</b> Service Codes (see instructions)	<b>(c)</b> Enter amount of indirect compensation
<b>(d)</b> Enter name and EIN (address) of source of indirect compensation	<b>(e)</b> Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

**Part II Service Providers Who Fail or Refuse to Provide Information**

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

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

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

<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: WILLIS INSURANCE SERVICES OF GA	<b>b</b> EIN: 58-1704046
<b>c</b> Position: ENROLLED ACTUARY	
<b>d</b> Address: 5 CONCOURSE PARKWAY #1800 ATLANTA, GA 30328	<b>e</b> Telephone: 704-620-6521

Explanation: CHANGE SERVICES TO PRINCIPAL.

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).  <b>► File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b>	
<b>A</b> Name of plan <b>HUSQVARNA PENSION PLAN</b>	<b>B</b> Three-digit plan number (PN) <b>003</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>HUSQVARNA U.S. HOLDINGS, INC.</b>	<b>D</b> Employer Identification Number (EIN) <b>20-3600732</b>

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

		(a) Beginning of Year	(b) End of Year
<b>Assets</b>			
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>		
<b>b</b> Receivables (less allowance for doubtful accounts):			
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	1200000	1200000
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>		
<b>(3)</b> Other .....	<b>1b(3)</b>	1838	1947
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	711401	795998
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>		
<b>(3)</b> Corporate debt instruments (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>		
<b>(B)</b> All other .....	<b>1c(3)(B)</b>		
<b>(4)</b> Corporate stocks (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>		
<b>(B)</b> Common .....	<b>1c(4)(B)</b>		
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>		
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>		
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>		
<b>(8)</b> Participant loans .....	<b>1c(8)</b>		
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>		
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>		
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>		
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>		
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	35302446	36282142
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) .....	<b>1c(14)</b>		
<b>(15)</b> Other .....	<b>1c(15)</b>		

<b>1d</b> Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	<b>1d(1)</b>		
(2) Employer real property.....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation.....	<b>1e</b>		
<b>f</b> Total assets (add all amounts in lines 1a through 1e).....	<b>1f</b>	37215685	38280087
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>		
<b>h</b> Operating payables.....	<b>1h</b>		
<b>i</b> Acquisition indebtedness.....	<b>1i</b>		
<b>j</b> Other liabilities.....	<b>1j</b>		
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>	0	0
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	37215685	38280087

**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: <b>(A)</b> Employers.....	<b>2a(1)(A)</b>	1600000	
<b>(B)</b> Participants.....	<b>2a(1)(B)</b>		
<b>(C)</b> Others (including rollovers).....	<b>2a(1)(C)</b>		
(2) Noncash contributions.....	<b>2a(2)</b>		
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		1600000
<b>b Earnings on investments:</b>			
<b>(1) Interest:</b>			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....	<b>2b(1)(A)</b>	17716	
<b>(B)</b> U.S. Government securities.....	<b>2b(1)(B)</b>		
<b>(C)</b> Corporate debt instruments.....	<b>2b(1)(C)</b>		
<b>(D)</b> Loans (other than to participants).....	<b>2b(1)(D)</b>		
<b>(E)</b> Participant loans.....	<b>2b(1)(E)</b>		
<b>(F)</b> Other.....	<b>2b(1)(F)</b>		
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		17716
<b>(2) Dividends:</b>			
<b>(A)</b> Preferred stock.....	<b>2b(2)(A)</b>		
<b>(B)</b> Common stock.....	<b>2b(2)(B)</b>		
<b>(C)</b> Registered investment company shares (e.g. mutual funds).....	<b>2b(2)(C)</b>	3074	
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		3074
(3) Rents.....	<b>2b(3)</b>		
<b>(4) Net gain (loss) on sale of assets:</b>			
<b>(A)</b> Aggregate proceeds.....	<b>2b(4)(A)</b>		
<b>(B)</b> Aggregate carrying amount (see instructions).....	<b>2b(4)(B)</b>		
<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result.....	<b>2b(4)(C)</b>		
<b>(5) Unrealized appreciation (depreciation) of assets:</b>			
<b>(A)</b> Real estate.....	<b>2b(5)(A)</b>		
<b>(B)</b> Other.....	<b>2b(5)(B)</b>		
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	<b>2b(6)</b>		
(7) Net investment gain (loss) from pooled separate accounts .....	<b>2b(7)</b>		
(8) Net investment gain (loss) from master trust investment accounts .....	<b>2b(8)</b>		
(9) Net investment gain (loss) from 103-12 investment entities .....	<b>2b(9)</b>		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	<b>2b(10)</b>		1870169
<b>c</b> Other income .....	<b>2c</b>		1760
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total.....	<b>2d</b>		3492719

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	<b>2e(1)</b>	2260982	
(2) To insurance carriers for the provision of benefits .....	<b>2e(2)</b>		
(3) Other.....	<b>2e(3)</b>		
(4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		2260982
<b>f</b> Corrective distributions (see instructions) .....	<b>2f</b>		
<b>g</b> Certain deemed distributions of participant loans (see instructions).....	<b>2g</b>		
<b>h</b> Interest expense.....	<b>2h</b>		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances .....	<b>2i(1)</b>		
(2) Contract administrator fees .....	<b>2i(2)</b>		
(3) Recordkeeping fees .....	<b>2i(3)</b>		
(4) IQPA audit fees .....	<b>2i(4)</b>		
(5) Investment advisory and investment management fees .....	<b>2i(5)</b>		
(6) Bank or trust company trustee/custodial fees .....	<b>2i(6)</b>		
(7) Actuarial fees .....	<b>2i(7)</b>		
(8) Legal fees .....	<b>2i(8)</b>		
(9) Valuation/appraisal fees .....	<b>2i(9)</b>		
(10) Other trustee fees and expenses .....	<b>2i(10)</b>		
(11) Other expenses.....	<b>2i(11)</b>	167335	
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		167335
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total.....	<b>2j</b>		2428317

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		1064402
<b>l</b> Transfers of assets:			
(1) To this plan.....	<b>2l(1)</b>		
(2) From this plan .....	<b>2l(2)</b>		

**Part III Accountant's Opinion**

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

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

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

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

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

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

(1) Name: **FORVIS MAZARS, LLC**

(2) EIN: **44-0160260**

**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		2000000
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
<b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
<b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
<b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)		X	
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
<b>l</b> Has the plan failed to provide any benefit when due under the plan?		X	
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
<b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

**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 561897.

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

<b>A</b> Name of plan <u>HUSQVARNA PENSION PLAN</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>003</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <u>HUSQVARNA U.S. HOLDINGS, INC.</u>	<b>D</b> Employer Identification Number (EIN) <u>20-3600732</u>	

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

<b>1</b> Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	0
---	---	---

**2** Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):  
 EIN(s): 42-1466678

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

<b>3</b> Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year .....	3	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) .....	6a	
<b>b</b> Enter the amount contributed by the employer to the plan for this plan year .....	6b	
<b>c</b> Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c	

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

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

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

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

<b>Part IV</b>	<b>ESOPs</b> (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
----------------	---

**10** Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? .....  Yes  No

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**Part VII IRS Compliance Questions**

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

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

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

<b>Structured Attachment</b> Department of the Treasury Internal Revenue Service <hr/> Department of Labor Employee Benefits Security Administration <hr/> Pension Benefit Guaranty Corporation	<b>Schedule SB, line 26a</b> <b>Schedule of Active Participant Data</b>	<b>2024</b>
		This Form is Open to Public Inspection

<b>Name of Plan</b>	HUSQVARNA PENSION PLAN						
<b>Plan Year Begin Date</b>	01/01/2024	<b>Plan Year End Date</b>	12/31/2024	<b>EIN</b>	20-3600732	<b>PN</b>	003

Attained Age	YEARS OF CREDITED SERVICE					
	Under 1			1 to 4		
	No.	Average		No.	Average	
		Compensation	Cash Balance		Compensation	Cash Balance
Under 25	0	0	0	0	0	0
25 to 29	0	0	0	0	0	0
30 to 34	0	0	0	0	0	0
35 to 39	0	0	0	0	0	0
40 to 44	3	0	0	0	0	0
45 to 49	7	0	0	0	0	0
50 to 54	16	0	0	0	0	0
55 to 59	15	0	0	0	0	0
60 to 64	25	200000	0	0	0	0
65 to 69	11	0	0	0	0	0
70 & Up	2	0	0	0	0	0

Attained Age	YEARS OF CREDITED SERVICE					
	5 to 9			10 to 14		
	No.	Average		No.	Average	
		Compensation	Cash Balance		Compensation	Cash Balance
Under 25	0	0	0	0	0	0
25 to 29	0	0	0	0	0	0
30 to 34	0	0	0	0	0	0
35 to 39	0	0	0	0	0	0
40 to 44	0	0	0	0	0	0
45 to 49	0	0	0	0	0	0
50 to 54	0	0	0	0	0	0
55 to 59	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0
65 to 69	0	0	0	0	0	0
70 & Up	0	0	0	0	0	0

<b>Name of Plan</b>	HUSQVARNA PENSION PLAN						
<b>Plan Year Begin Date</b>	01/01/2024	<b>Plan Year End Date</b>	12/31/2024	<b>EIN</b>	20-3600732	<b>PN</b>	003

Attained Age	YEARS OF CREDITED SERVICE					
	15 to 19			20 to 24		
	No.	Average		No.	Average	
		Compensation	Cash Balance		Compensation	Cash Balance
Under 25	0	0	0	0	0	0
25 to 29	0	0	0	0	0	0
30 to 34	0	0	0	0	0	0
35 to 39	0	0	0	0	0	0
40 to 44	0	0	0	0	0	0
45 to 49	0	0	0	0	0	0
50 to 54	0	0	0	0	0	0
55 to 59	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0
65 to 69	0	0	0	0	0	0
70 & Up	0	0	0	0	0	0

Attained Age	YEARS OF CREDITED SERVICE					
	25 to 29			30 to 34		
	No.	Average		No.	Average	
		Compensation	Cash Balance		Compensation	Cash Balance
Under 25	0	0	0	0	0	0
25 to 29	0	0	0	0	0	0
30 to 34	0	0	0	0	0	0
35 to 39	0	0	0	0	0	0
40 to 44	0	0	0	0	0	0
45 to 49	0	0	0	0	0	0
50 to 54	0	0	0	0	0	0
55 to 59	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0
65 to 69	0	0	0	0	0	0
70 & Up	0	0	0	0	0	0

<b>Name of Plan</b>	HUSQVARNA PENSION PLAN						
<b>Plan Year Begin Date</b>	01/01/2024	<b>Plan Year End Date</b>	12/31/2024	<b>EIN</b>	20-3600732	<b>PN</b>	003

Attained Age	YEARS OF CREDITED SERVICE					
	35 to 39			40 & Up		
	No.	Average		No.	Average	
		Compensation	Cash Balance		Compensation	Cash Balance
Under 25	0	0	0	0	0	0
25 to 29	0	0	0	0	0	0
30 to 34	0	0	0	0	0	0
35 to 39	0	0	0	0	0	0
40 to 44	0	0	0	0	0	0
45 to 49	0	0	0	0	0	0
50 to 54	0	0	0	0	0	0
55 to 59	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0
65 to 69	0	0	0	0	0	0
70 & Up	0	0	0	0	0	0




# **Husqvarna Pension Plan**

**EIN 20-3600732 PN 003**

**Independent Auditor's Report, Financial Statements,  
and Supplemental Schedules**

December 31, 2024 and 2023



**Husqvarna Pension Plan  
Contents  
December 31, 2024 and 2023**

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## Independent Auditor's Report

Participants of Husqvarna Pension Plan and the  
U.S. Retirement Benefit Committee of Husqvarna Consumer Outdoor Products N.A.  
Charlotte, North Carolina

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

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

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

Management then obtained a certification from a qualified institution as of December 31, 2024 and 2023, and for the years ended, stating that the certified investment information, as described in Note 4 to the financial statements, is complete and accurate.

### **Opinion**

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

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

### ***Basis for Opinion***

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

### ***Responsibilities of Management***

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

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

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

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

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

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audits.
- 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 audits in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.

- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Plan's ability to continue as a going concern for a reasonable period of time.

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

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

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

### ***Other Matters - Supplemental Schedules Required by ERISA***

The supplemental schedule of assets (held at the end of the year) as of December 31, 2024 and schedule of reportable transactions for the year ended December 31, 2024 listed in the table of contents are presented for purposes of additional analysis and are not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion:

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

**Forvis Mazars, LLP**

**Charlotte, North Carolina  
October 14, 2025**

Federal Employer Identification Number: 44-0160260

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

	<u>2024</u>	<u>2023</u>
<b>Additions</b>		
<b>Investments</b>		
Investments at fair value	\$ 37,078,140	\$ 36,013,847
Other receivables	1,947	1,838
Employer contribution receivable	<u>1,200,000</u>	<u>1,200,000</u>
<b>Net Assets Available for Benefits</b>	<u>\$ 38,280,087</u>	<u>\$ 37,215,685</u>

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

	<u>2024</u>	<u>2023</u>
<b>Additions</b>		
<b>Investment Income</b>		
Net appreciation in fair value of investments	\$ 1,870,167	\$ 4,168,068
Interest and dividend income	22,550	25,262
<b>Total Investment Income</b>	1,892,717	4,193,330
Employer contributions	1,600,000	3,200,000
<b>Total Additions</b>	<u>3,492,717</u>	<u>7,393,330</u>
<b>Deductions</b>		
Benefits paid to participants	2,260,982	2,219,651
Administrative expenses	167,333	111,094
<b>Total Deductions</b>	<u>2,428,315</u>	<u>2,330,745</u>
<b>Net Change</b>	1,064,402	5,062,585
<b>Net Assets Available for Benefits, Beginning of Year</b>	<u>37,215,685</u>	<u>32,153,100</u>
<b>Net Assets Available for Benefits, End of Year</b>	<u>\$ 38,280,087</u>	<u>\$ 37,215,685</u>

## **Note 1. Plan Description**

The following description of the Husqvarna Pension Plan (the "Plan") is provided for general information purposes only. Participants should refer to the plan document for a more complete description of the Plan's provisions.

### **General**

The Plan is a noncontributory defined benefit pension plan covering all non-bargaining employees within a Covered Employment Classification, as defined in the plan document, who have completed one year of continuous service with Husqvarna Consumer Outdoor Products N.A., Inc. and/or Husqvarna U.S. Holding, Inc. (together the "Company"), and are 21 years old or older. Employees hired subsequent to December 31, 2003, are not eligible to participate in the Plan; therefore, the Plan is closed to new participants. The U.S. Retirement Benefit Committee appointed by the Board of Directors of Husqvarna Consumer Outdoor Products N.A., Inc. and Husqvarna U.S. Holding, Inc. controls and manages the operation and administration of the Plan. Principal Bank (the "Trustee") serves as the trustee of the Plan, and together with several investment managers, manages the Plan's investments. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

Effective December 31, 2007, plan benefits were frozen to stop the accrual of future benefits for employees considered to be highly-compensated at January 1, 2008. Effective December 31, 2008, the accrual of future plan benefits for all other employees was frozen.

During the year ended December 31, 2015, the Plan was amended to provide for all or a portion of the terminated vested participants who were not in pay status under the Plan to have the opportunity to receive lump sum distributions of the present values of their accrued benefits under the Plan for a limited period of time.

### **Pension Benefits**

Participants with five years of continuous service, as defined by the Plan, are entitled to pension benefits upon retirement. The monthly benefit calculation varies for participants based on their Covered Employment Classification. For the majority of employees, the calculation is equal to the greater of (1) or (2).

1. (a) 1.35% of final average plan compensation times years of credited service up to 35 years, less (b) the offset percentage times the offset amount times the years of credited service up to 35 years, plus (c) 1% of final average plan compensation times years of credited services in excess of 35 years; or
2. The sum of (a) the accrued benefit under the Pre-1989 Plan as of December 31, 1988, plus (b) the benefit determined under the formula in item (1) above without regard to service for periods prior to 1989 (except that service taken into account in items (1)(a) and (1)(b) shall be reduced by the years of service prior to 1989).

The monthly benefit for Turf Care Salaried participants is equal to \$12 multiplied by years of credited service. The monthly benefit for Turf Care Hourly participants is equal to \$5 multiplied by years of credited service earned from January 1, 2005 to December 31, 2005; \$17 multiplied by years of credited service earned from January 1, 2006 to December 31, 2006 for participants who were active on January 1, 2006; and \$12 multiplied by years of credited service for all other credited service earned while a Turf Care Hourly participant.

The Plan permits early retirement at age 55 upon completion of 10 years of vesting service. Employees may elect to receive their pension benefits in the form of a joint and survivor annuity. Normal retirement age is 65. If employees terminate before rendering five years of service, they forfeit the right to receive benefits under the Plan.

### ***Death and Disability Benefits***

In the event of a vested employee's death, his or her designated beneficiary will be entitled to receive a survivor benefit equal to various percentages of the participant's accrued benefit according to the Plan provisions. The survivor benefit commences on the earliest date the participant could have elected to receive retirement benefits. If a participant with 10 or more years of credited service becomes disabled, he or she may elect disability retirement. The disability benefit is the accrued benefit payable at age 65 including a maximum of one- and one-half years of disability in the calculation of years of service.

## **Note 2. Significant Accounting Policies**

### ***Basis of Accounting***

The accompanying financial statements have been prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America ("GAAP").

### ***Use of Estimates***

The preparation of financial statements in conformity with GAAP requires management to make estimates and assumptions that affect certain reported amounts of net assets available for benefits and changes therein, disclosure of contingent assets and liabilities and the actuarial present value of accumulated plan benefits at the date of the financial statements. Accordingly, actual results may differ from those estimates.

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

Investments are stated 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 includes the Plan's gains and losses on investments bought and sold as well as held during the year.

### ***Funding***

The projected unit credit method is the method used by the Plan's actuary to calculate the Company's contribution to the Plan. The Company's policy is to contribute an amount which meets or exceeds the minimum funding requirements of ERISA. The minimum funding requirements of ERISA have been met for both 2024 and 2023.

### ***Payment of Benefits***

Benefit payments to participants are recorded upon distribution.

### ***Administrative Expenses***

The costs of general administration of the Plan and Trustee fees are paid by the Plan or the Company. Actuarial fees are paid for by the Company. Certain administrative functions are performed by employees of the Company. No such employee receives compensation from the Plan.

### ***Subsequent Events***

The Plan has evaluated subsequent events through October 14, 2025, the date of the financial statements were available to be issued.

**Husqvarna Pension Plan**  
**Notes to Financial Statements**  
**December 31, 2024 and 2023**

**Note 3. Fair Value Measurements**

Fair value, as defined under GAAP, is an exit price representing 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. GAAP establishes a three-tier fair value hierarchy which prioritizes the inputs used in measuring fair value. These tiers include:

- Level 1** Observable inputs such as quoted prices in active markets.
- Level 2** Inputs other than quoted prices in active markets that are either directly or indirectly observable.
- Level 3** Unobservable inputs about which little or no market data exists, therefore requiring an entity to develop its own assumptions.

Assets and liabilities are classified in their entirety based on the lowest level of input that is significant to the fair value measurement. The Plan’s assessment of the significance of a particular input to the fair value measurement requires judgment, and may affect the valuation of fair value assets and liabilities and their placement within the fair value hierarchy levels.

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

**Short term investment funds**

These investments are public investment vehicles valued using \$1 for the Net Asset Value (“NAV”) and are readily available in the active market.

**Mutual funds**

Mutual funds are publicly traded investments and are valued daily at the closing price reported on the active market on which the funds are traded.

**Pooled funds**

The Plan invests in pooled funds for which quoted prices are not available in active markets for identical instruments. The Plan utilizes the NAV of units, as determined by the trustee, as the estimated fair value. Because quoted prices in active markets for identical assets are not available, these prices are determined using observable market information such as quotes from less active markets and/or quoted prices of securities with similar characteristics.

The following table set forth by level within the fair value hierarchy the Plan’s assets accounted for at fair value on a recurring basis as of December 31, 2024 and 2023.

	<b>December 31, 2024</b>		
	<b>Fair Value Measurements Using</b>		
<b>Fair Value</b>	<b>Quoted Prices in Active Markets for Identical Assets (Level 1)</b>	<b>Significant Other Observable Inputs (Level 2)</b>	<b>Significant Unobservable Inputs (Level 3)</b>
Short term investment funds	\$ 795,998	\$ 795,998	\$ -
Mutual funds	<u>591,892</u>	<u>591,892</u>	-
Total assets in the fair value hierarchy	1,387,890	<u>\$ 1,387,890</u>	<u>\$ -</u>
Investment measured at NAV <sup>(A)</sup>	<u>35,690,250</u>		
Investments at fair value	<u>\$ 37,078,140</u>		

**Husqvarna Pension Plan**  
**Notes to Financial Statements**  
**December 31, 2024 and 2023**

	<b>December 31, 2023</b>			
	<b>Fair Value</b>	<b>Fair Value Measurements Using</b>		
		<b>Quoted Prices in Active Markets for Identical Assets (Level 1)</b>	<b>Significant Other Observable Inputs (Level 2)</b>	<b>Significant Unobservable Inputs (Level 3)</b>
Short term investment funds	\$ 711,401	\$ 711,401	\$ -	\$ -+
Mutual funds	1,408,841	1,408,841	-	-
Total assets in the fair value hierarchy	2,120,242	<u>\$ 2,120,242</u>	<u>\$ -</u>	<u>\$ -</u>
Investment measured at NAV <sup>(A)</sup>	<u>33,893,605</u>			
Investments at fair value	<u>\$ 36,013,847</u>			

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

The following table summarizes investments for which fair value is measured using the NAV per share practical expedient as of December 31, 2024 and 2023. There are no participant redemption restrictions for these investments; the redemption notice period is applicable only to the Plan.

	<b>Fair Value at December 31, 2024</b>	<b>Fair Value at December 31, 2023</b>	<b>Unfunded Commitments</b>	<b>Redemption Frequency</b>	<b>Redemption Notice Period</b>
Pooled funds	\$ 35,690,250	\$ 33,893,605	None	Daily	(B)

(B) The trustee may impose reasonable notice requirements at its discretion and may suspend redemption privileges or postpone the date of payment of redemption proceeds indefinitely.

The Plan recognizes transfers between the levels as of the actual date of the event or change in circumstances that caused the transfer. There were no gross transfers between the levels for the year ended December 31, 2024.

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future 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.

**Note 4. Unaudited Information Certified by Trustee**

The accompanying financial statements include the following unaudited information as of December 31, 2024 and 2023 and for the years then ended that was obtained from data prepared and certified to be complete and accurate by the Trustee:

	<b>2024</b>	<b>2023</b>
Investments at fair value	\$ 37,078,140	\$ 36,013,847
Net appreciation in fair value of investments	\$ 1,870,167	\$ 4,168,068
Interest and dividend income	\$ 22,550	\$ 25,262

The certification mentioned above includes all investment information discussed in Note 3.

**Note 5. 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 services rendered by the employees as of the valuation date. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or 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 through the valuation date.

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

The significant actuarial assumptions used in the valuations as of January 1, 2024 and 2023 were:

Actuarial cost method	Projected unit credit method
Discount rate	5.06% and 5.80% in 2024 and 2023, respectively
Mortality basis	RP 2014 “Employees” Tables with MP-2014 generational projection scale and RP-2014 “Healthy Annuitants” Tables with MP-2014 generational projection scale were used.
Retirement age	During 2024 and 2023, Ages 55-68, with an average retirement age of approximately 62

These 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.

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

The actuarial present value of accumulated plan benefits, based upon the most recent actuarial valuation date as of January 1, 2024 is as follows:

Actuarial present value of accumulated plan benefits	
Vested benefits	
Participants currently receiving payments	\$ 25,068,441
Other participants	<u>15,239,978</u>
Actuarial present value of accumulated plan benefits	<u>\$ 40,308,419</u>

**Husqvarna Pension Plan**  
**Notes to Financial Statements**  
**December 31, 2024 and 2023**

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The change in the actuarial present value of accumulated plan benefits for the year ended January 1, 2024 consisted of the following:

Beginning actuarial present value of accumulated plan benefits	\$ 38,738,079
Increase (decrease) during the period attributable to:	
Actuarial loss	(1,052,484)
Benefits paid	(2,219,651)
Assumption changes	2,659,129
Decrease in discount period	<u>2,183,346</u>
Ending actuarial present value of accumulated plan benefits	<u>\$ 40,308,419</u>

**Note 6. Plan Termination**

In the event that the Plan is terminated, the net assets of the Plan will be allocated for payment of plan benefits to the participants in an order of priority determined in accordance with ERISA, applicable regulations thereunder, and the plan document.

Certain benefits under the Plan are insured by the Pension Benefit Guaranty Corporation (“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, subject to a statutory ceiling on the amount of an individual’s monthly benefit.

Whether all participants receive their benefits should the Plan be terminated at some future time will depend on the sufficiency, at that time, of the Plan’s net assets to provide those benefits, the priority of those benefits to be paid, and the level and type of benefits guaranteed by the PBGC at that time. Some benefits may be fully or partially provided for by the then existing assets and the PBGC guaranty while other benefits may not be provided for at all.

**Note 7. Income Tax Status**

The Internal Revenue Service has determined and informed the Company, by a letter on May 8, 2014, that the Plan is designed in accordance with the applicable sections of the Internal Revenue Code (the “IRC”). The Plan has been amended since receiving the determination letter. However, the plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC and the Plan to be tax-exempt.

GAAP requires plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2024 and 2023, there are no uncertain positions taken or expected to be taken that would require recognition of a liability or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

**Note 8. 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.

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 9. Exempt Party-In-Interest**

During the years ended December 31, 2024 and 2023, certain plan investments were managed by Principal Bank. Transactions in such investments qualify as party-in-interest transactions as defined by ERISA. Fees paid by the Plan to the trustee for administrative services amounted to \$167,333 and \$111,094, respectively, which are included in the administrative expenses reported in the Statements of Changes in Net Assets Available for Benefits.

## ***Supplemental Schedules***

**Husqvarna Pension Plan**  
**EIN 20-3600732 PN 003**  
**Schedule H, Line 4i - Schedule of Assets (Held at End of Year)**  
**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
<b>Short Term Investment Funds</b>				
*	Principal/Blackrock Short-Term Investment Fund	CUSIP PF9980004, par value 711,401.0000, Yld 0.0558	\$ 795,998	\$ 795,998
			<u>795,998</u>	<u>795,998</u>
<b>Pooled Funds</b>				
*	Principal/ Multi Manager Liability Driven Solution CIT I	CUSIP 949907455, par value 667,067.2180	14,990,428	15,262,270
*	Principal/ Multi Manager Liability Driven Solution CIT II	CUSIP 949907448, par value 600,385.6700	16,132,111	15,647,850
*	Principal /Blackrock Russell 2000 Index CIT F	CUSIP 09256V244, par value 16,748.2790	312,094	348,125
*	Principal/Blackrock S&P 500	CUSIP 09256V293, par value 32,057.7290	2,437,154	3,022,589
*	Principal/Blackrock S&P Midcap Index CIT N	CUSIP 09256V251, par value 18,562.1620	521,797	590,954
*	Principal/Multi-Manager Small Cap CI CLT N	CUSIP 94987Q102, par value 84,284.2520	736,377	818,462
			<u>35,129,961</u>	<u>35,690,250</u>
<b>Mutual Funds</b>				
	JP Morgan Mid Cap Growth Fund Class I	CUSIP 4812C1710, par value 15,200.8680	280,073	295,783
	JP Morgan Mid Cap Value Fund - Class L	CUSIP 339128100, par value 19,481.8010	291,602	296,109
			<u>571,675</u>	<u>591,892</u>
			<u>\$ 36,497,634</u>	<u>\$ 37,078,140</u>

\* *Party in interest*

Husqvarna Pension Plan  
EIN 20-3600732 PN 003  
Schedule H, Line 4j - Schedule of Reportable Transactions  
Year Ended December 31, 2024

(a) Description of Asset	(b) Purchase Price	(c) Selling Price	(d) Cost of Asset	(e) Current Value of Asset on Transaction Date	(f) Net Gain (Loss)
<b>Category (i) - Single transaction in excess of 5% of Plan assets</b>					
<b>SEI Investments Company</b>					
Principal/Blackrock S&P 500	\$ -	\$ 2,090,957	\$ 1,021,698	\$ 2,090,957	\$ 1,069,259
Principal/ Multi Manager Liability Driven Solution CIT I	\$ 1,920,474	\$ -	\$ 1,920,474	\$ 1,920,474	\$ -
Principal/ Multi Manager Liability Driven Solution CIT I	\$ 1,848,599	\$ -	\$ 1,848,599	\$ 1,848,599	\$ -
<b>Category (iii) - Series of transactions in excess of 5% of Plan assets</b>					
<b>SEI Investments Company</b>					
Principal/Blackrock S&P Index CI	\$ 261,838	\$ -	\$ 261,838	\$ 261,838	\$ -
Principal/Blackrock S&P Index CI	\$ -	\$ 5,584,232	\$ 2,634,169	\$ 5,584,232	\$ 2,950,063
Principal/ Multi Manager Liability Driven Solution CIT II	\$ 5,246,984	\$ -	\$ 5,246,984	\$ 5,246,984	\$ -
Principal/ Multi Manager Liability Driven Solution CIT II	\$ -	\$ 670,556	\$ 734,401	\$ 670,556	\$ (63,845)
Principal/ Multi Manager Liability Driven Solution CIT I	\$ 4,411,731	\$ -	\$ 4,411,731	\$ 4,411,731	\$ -
Principal/ Multi Manager Liability Driven Solution CIT I	\$ -	\$ 575,159	\$ 582,275	\$ 575,159	\$ (7,116)

REPORTABLE TRANSACTIONS - SINGLE / BY ISSUE  
FOR THE PERIOD JANUARY 1, 2024 THROUGH DECEMBER 31, 2024

HUSQVARNA PENSION PLAN  
ACCOUNT NUMBER 25850000

DATE BOUGHT/SOLD -----	SHARES/ PAR VALUE -----	UNIT PRICE -----	EXPENSE INCURRED -----	PRINCIPAL CASH -----	TRANSACTION COST -----	REALIZED GAIN/LOSS -----
	BEGINNING MARKET VALUE		36,015,685.26			
	COMPARATIVE VALUE (5%)		1,800,784.26			
	-----		-----			
ISSUE: 09256V293 - PRINCIPAL/BLACKROCK S&P 500 INDEX CI						
03/22/24 S	8,739	239.266	0	2,090,957 *	1,021,698	1,069,259
ISSUE: 949907448 - PRINCIPAL/MULTI-MANAGER LDS CIT II						
03/22/24 B	102,466	18.742	0	1,920,474-*	1,920,474	
ISSUE: 949907455 - PRINCIPAL/MULTI-MANAGER LDS CIT I						
03/22/24 B	111,124	16.635	0	1,848,599-*	1,848,599	
GRAND TOTAL			0	5,860,030	4,790,771	1,069,259

F O O T N O T E S  
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\* = SINGLE TRANSACTION IS 5% REPORTABLE  
B = BUY TRANSACTION  
S = SELL TRANSACTION  
R = REINVESTMENT TRANSACTION

REPORTABLE TRANSACTIONS - SERIES / BY BROKER  
 FOR THE PERIOD JANUARY 1, 2024 THROUGH DECEMBER 31, 2024

HUSQVARNA PENSION PLAN  
 ACCOUNT NUMBER 25850000

DATE BOUGHT/SOLD -----	SHARES/ PAR VALUE -----	SERIES / BY BROKER		PRINCIPAL CASH -----	TRANSACTION COST -----	REALIZED GAIN/LOSS -----
		UNIT PRICE -----	EXPENSE INCURRED -----			
	BEGINNING MARKET VALUE		36,015,685.26			
	COMPARATIVE VALUE (5%) -----		1,800,784.26 -----			

\*\*\* NO TRANSACTIONS QUALIFIED \*\*\*

REPORTABLE TRANSACTIONS - SERIES / BY ISSUE  
FOR THE PERIOD JANUARY 1, 2024 THROUGH DECEMBER 31, 2024

HUSQVARNA PENSION PLAN  
ACCOUNT NUMBER 25850000

DATE BOUGHT/SOLD -----	SHARES/ PAR VALUE -----	UNIT PRICE -----	EXPENSE INCURRED -----	PRINCIPAL CASH -----	TRANSACTION COST -----	REALIZED GAIN/LOSS -----
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BEGINNING MARKET VALUE	36,015,685.26
COMPARATIVE VALUE (5%)	1,800,784.26

ISSUE: PF9980004 - SHORT-TERM INVESTMENT FUND A S1

01/02/24 B	1,604	1.000	0	1,604-	1,604	
01/03/24 B	2,087	1.000	0	2,087-	2,087	
02/01/24 B	1,559	1.000	0	1,559-	1,559	
02/02/24 B	2,324	1.000	0	2,324-	2,324	
02/20/24 B	164,218	1.000	0	164,218-	164,218	
03/04/24 B	970	1.000	0	970-	970	
03/06/24 B	167	1.000	0	167-	167	
03/19/24 B	168,646	1.000	0	168,646-	168,646	
03/25/24 B	43,246	1.000	0	43,246-	43,246	
04/03/24 B	1,154	1.000	0	1,154-	1,154	
04/04/24 B	461	1.000	0	461-	461	
04/05/24 B	128	1.000	0	128-	128	
04/09/24 B	406,468	1.000	0	406,468-	406,468	
04/25/24 B	619	1.000	0	619-	619	
05/01/24 B	743	1.000	0	743-	743	
05/02/24 B	1,720	1.000	0	1,720-	1,720	
05/03/24 B	837	1.000	0	837-	837	
05/15/24 B	10,831	1.000	0	10,831-	10,831	
05/17/24 B	160,811	1.000	0	160,811-	160,811	
06/04/24 B	1,163	1.000	0	1,163-	1,163	
06/07/24 B	488	1.000	0	488-	488	
06/13/24 B	180	1.000	0	180-	180	
06/20/24 B	328,741	1.000	0	328,741-	328,741	
07/02/24 B	1,711	1.000	0	1,711-	1,711	
07/05/24 B	400,000	1.000	0	400,000-	400,000	
07/12/24 B	479	1.000	0	479-	479	
08/02/24 B	2,324	1.000	0	2,324-	2,324	
08/05/24 B	225	1.000	0	225-	225	
08/08/24 B	237	1.000	0	237-	237	
08/19/24 B	291,486	1.000	0	291,486-	291,486	
09/04/24 B	1,276	1.000	0	1,276-	1,276	
09/12/24 B	400,000	1.000	0	400,000-	400,000	
09/13/24 B	496	1.000	0	496-	496	
09/30/24 B	165	1.000	0	165-	165	
10/01/24 B	165	1.000	0	165-	165	

REPORTABLE TRANSACTIONS - SERIES / BY ISSUE  
FOR THE PERIOD JANUARY 1, 2024 THROUGH DECEMBER 31, 2024

HUSQVARNA PENSION PLAN  
ACCOUNT NUMBER 25850000

SERIES / BY ISSUE						
DATE BOUGHT/SOLD -----	SHARES/ PAR VALUE -----	UNIT PRICE -----	EXPENSE INCURRED -----	PRINCIPAL CASH -----	TRANSACTION COST -----	REALIZED GAIN/LOSS -----
10/02/24 B	2,109	1.000	0	2,109-	2,109	
10/07/24 B	237	1.000	0	237-	237	
10/17/24 B	65,845	1.000	0	65,845-	65,845	
10/29/24 B	628	1.000	0	628-	628	
11/04/24 B	1,258	1.000	0	1,258-	1,258	
11/14/24 B	93	1.000	0	93-	93	
11/19/24 B	257,383	1.000	0	257,383-	257,383	
11/20/24 B	30,357	1.000	0	30,357-	30,357	
12/03/24 B	922	1.000	0	922-	922	
12/04/24 B	188,327	1.000	0	188,327-	188,327	
12/18/24 B	19,476	1.000	0	19,476-	19,476	
12/23/24 B	400,000	1.000	0	400,000-	400,000	
SUB-TOTAL OF BUYS # 47			0	3,364,364	3,364,364	
01/02/24 S	182,536	1.000	0	182,536	182,536	0
01/16/24 S	22,501	1.000	0	22,501	22,501	0
01/19/24 S	138,720	1.000	0	138,720	138,720	0
01/22/24 S	28,364	1.000	0	28,364	28,364	0
02/01/24 S	181,920	1.000	0	181,920	181,920	0
03/01/24 S	181,920	1.000	0	181,920	181,920	0
03/05/24 S	180	1.000	0	180	180	0
04/01/24 S	201,134	1.000	0	201,134	201,134	0
04/02/24 S	25	1.000	0	25	25	0
04/05/24 S	1,027	1.000	0	1,027	1,027	0
04/08/24 S	461	1.000	0	461	461	0
04/09/24 S	128	1.000	0	128	128	0
04/12/24 S	377	1.000	0	377	377	0
04/17/24 S	141,659	1.000	0	141,659	141,659	0
04/22/24 S	30,108	1.000	0	30,108	30,108	0
05/01/24 S	164,970	1.000	0	164,970	164,970	0
05/03/24 S	69,454	1.000	0	69,454	69,454	0
05/07/24 S	837	1.000	0	837	837	0
05/15/24 S	93	1.000	0	93	93	0
06/03/24 S	180,169	1.000	0	180,169	180,169	0
06/21/24 S	5,338	1.000	0	5,338	5,338	0
07/01/24 S	180,724	1.000	0	180,724	180,724	0
07/08/24 S	2,322	1.000	0	2,322	2,322	0
07/18/24 S	319,390	1.000	0	319,390	319,390	0
08/01/24 S	180,724	1.000	0	180,724	180,724	0
08/06/24 S	52,662	1.000	0	52,662	52,662	0
08/12/24 S	237	1.000	0	237	237	0
08/22/24 S	2,431	1.000	0	2,431	2,431	0
09/03/24 S	179,939	1.000	0	179,939	179,939	0

REPORTABLE TRANSACTIONS - SERIES / BY ISSUE  
FOR THE PERIOD JANUARY 1, 2024 THROUGH DECEMBER 31, 2024

HUSQVARNA PENSION PLAN  
ACCOUNT NUMBER 25850000

SERIES / BY ISSUE						
DATE BOUGHT/SOLD -----	SHARES/ PAR VALUE -----	UNIT PRICE -----	EXPENSE INCURRED -----	PRINCIPAL CASH -----	TRANSACTION COST -----	REALIZED GAIN/LOSS -----
09/16/24 S	1,338	1.000	0	1,338	1,338	0
09/17/24 S	1,781	1.000	0	1,781	1,781	0
09/19/24 S	225,221	1.000	0	225,221	225,221	0
09/24/24 S	404	1.000	0	404	404	0
10/01/24 S	179,432	1.000	0	179,432	179,432	0
10/08/24 S	0	1.000	0	0	0	0
10/09/24 S	237	1.000	0	237	237	0
10/21/24 S	53,879	1.000	0	53,879	53,879	0
10/29/24 S	803	1.000	0	803	803	0
11/01/24 S	179,742	1.000	0	179,742	179,742	0
11/08/24 S	1,607	1.000	0	1,607	1,607	0
12/02/24 S	181,025	1.000	0	181,025	181,025	0
12/12/24 S	3,720	1.000	0	3,720	3,720	0
12/23/24 S	230	1.000	0	230	230	0
SUB-TOTAL OF SALES # 43			0	3,279,769	3,279,769	0
SUB-TOTAL			0	6,644,133	6,644,133	0
ISSUE: 09256V293 - PRINCIPAL/BLACKROCK S&P 500 INDEX CI						
04/16/24 B	193	231.071	0	44,679-	44,679	
08/16/24 B	508	255.272	0	129,614-	129,614	
09/18/24 B	339	258.562	0	87,545-	87,545	
SUB-TOTAL OF BUYS # 3			0	261,838	261,838	
01/18/24 S	413	217.940	0	89,970	48,264	41,707
02/16/24 S	1,526	228.482	0	348,718	178,435	170,283
03/18/24 S	516	235.344	0	121,509	60,362	61,147
03/22/24 S	8,739	239.266	0	2,090,957 *	1,021,698	1,069,259
05/16/24 S	450	242.627	0	109,250	53,115	56,135
06/18/24 S	576	251.661	0	145,071	67,999	77,073
07/17/24 S	161	256.526	0	41,254	18,970	22,284
10/16/24 S	989	269.106	0	266,256	122,314	143,941
11/18/24 S	668	271.750	0	181,650	82,636	99,014
11/19/24 S	3,810	272.829	0	1,039,504	471,018	568,486
12/03/24 S	3,872	279.120	0	1,080,752	478,670	602,082
12/17/24 S	248	279.334	0	69,341	30,688	38,653
SUB-TOTAL OF SALES # 12			0	5,584,232	2,634,169	2,950,062

REPORTABLE TRANSACTIONS - SERIES / BY ISSUE  
FOR THE PERIOD JANUARY 1, 2024 THROUGH DECEMBER 31, 2024

HUSQVARNA PENSION PLAN  
ACCOUNT NUMBER 25850000

SERIES / BY ISSUE						
DATE BOUGHT/SOLD -----	SHARES/ PAR VALUE -----	UNIT PRICE -----	EXPENSE INCURRED -----	PRINCIPAL CASH -----	TRANSACTION COST -----	REALIZED GAIN/LOSS -----
SUB-TOTAL			0	5,846,070	2,896,007	2,950,062
ISSUE: 949907448 - PRINCIPAL/MULTI-MANAGER LDS CIT II						
01/18/24 B	13,583	18.589	0	252,494-	252,494	
02/16/24 B	13,672	18.410	0	251,706-	251,706	
03/22/24 B	102,466	18.742	0	1,920,474-*	1,920,474	
04/16/24 B	9,357	17.799	0	166,540-	166,540	
07/17/24 B	11,728	19.078	0	223,758-	223,758	
10/16/24 B	15,377	19.677	0	302,569-	302,569	
11/18/24 B	12,040	18.888	0	227,418-	227,418	
11/19/24 B	50,077	18.963	0	949,640-	949,640	
12/03/24 B	40,214	19.429	0	781,329-	781,329	
12/17/24 B	8,987	19.034	0	171,056-	171,056	
SUB-TOTAL OF BUYS # 10			0	5,246,984	5,246,984	
05/16/24 S	7,222	18.573	0	134,138	153,189	-19,050
06/18/24 S	7,130	18.991	0	135,399	151,227	-15,828
08/16/24 S	17,291	19.673	0	340,166	366,176	-26,010
09/18/24 S	3,013	20.196	0	60,853	63,809	-2,955
SUB-TOTAL OF SALES # 4			0	670,556	734,401	-63,844
SUB-TOTAL			0	5,917,540	5,981,385	-63,844
ISSUE: 949907455 - PRINCIPAL/MULTI-MANAGER LDS CIT I						
02/16/24 B	10,407	16.445	0	171,132-	171,132	
03/22/24 B	111,124	16.635	0	1,848,599-*	1,848,599	
05/16/24 B	4,968	16.621	0	82,577-	82,577	
07/17/24 B	12,086	16.977	0	205,184-	205,184	
09/18/24 B	8,349	17.623	0	147,139-	147,139	
11/19/24 B	53,663	17.158	0	920,753-	920,753	
12/03/24 B	59,718	17.354	0	1,036,347-	1,036,347	
SUB-TOTAL OF BUYS # 7			0	4,411,731	4,411,731	
01/18/24 S	1,440	16.528	0	23,803	24,904	-1,100
04/16/24 S	6,492	16.240	0	105,439	111,596	-6,156
06/18/24 S	2,869	16.826	0	48,271	49,299	-1,028
08/16/24 S	10,363	17.300	0	179,274	178,048	1,227

REPORTABLE TRANSACTIONS - SERIES / BY ISSUE  
FOR THE PERIOD JANUARY 1, 2024 THROUGH DECEMBER 31, 2024

HUSQVARNA PENSION PLAN  
ACCOUNT NUMBER 25850000

SERIES / BY ISSUE						
DATE BOUGHT/SOLD -----	SHARES/ PAR VALUE -----	UNIT PRICE -----	EXPENSE INCURRED -----	PRINCIPAL CASH -----	TRANSACTION COST -----	REALIZED GAIN/LOSS -----
11/18/24 S	5,673	17.131	0	97,180	97,492	-311
12/17/24 S	7,033	17.232	0	121,192	120,936	256
SUB-TOTAL OF SALES # 6			0	575,159	582,275	-7,114
SUB-TOTAL			0	4,986,890	4,994,006	-7,114
GRAND TOTAL			0	23,394,633	20,515,531	2,879,105

FOOTNOTES  
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\* = SINGLE TRANSACTION IS 5% REPORTABLE  
B = BUY TRANSACTION  
S = SELL TRANSACTION  
R = REINVESTMENT TRANSACTION

REPORTABLE TRANSACTIONS - SINGLE / BY BROKER  
 FOR THE PERIOD JANUARY 1, 2024 THROUGH DECEMBER 31, 2024

HUSQVARNA PENSION PLAN  
 ACCOUNT NUMBER 25850000

SINGLE / BY BROKER						
DATE BOUGHT/SOLD -----	SHARES/ PAR VALUE -----	UNIT PRICE -----	EXPENSE INCURRED -----	PRINCIPAL CASH -----	TRANSACTION COST -----	REALIZED GAIN/LOSS -----
	BEGINNING MARKET VALUE		36,015,685.26			
	COMPARATIVE VALUE (5%) -----		1,800,784.26 -----			

\*\*\* NO TRANSACTIONS QUALIFIED \*\*\*

**SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)**

H P P

EIN 20 3600732  
 PLAN NUMBER 003  
 PLAN YEAR 01/01/2024 TO 12/31/2024

(A)	(B)	(C)	(D)	(E)
	Identity of issuer, borrower, lessor or similar party.	Description of investment including maturity date, rate of interest, collateral, par or maturity value.	Cost	Current Value
*	Principal Life Insurance Company	Registered Investment Company BLACKROCK RUSS 2000 IDX CIT N	\$ 231,717.57	\$ 348,124.74
*	Principal Life Insurance Company	Registered Investment Company BLACKROCK S&P MIDCAP IDX CIT N	\$ 357,754.08	\$ 590,954.18
*	Principal Life Insurance Company	Registered Investment Company BLACKROCK S&P 500 IDX CIT N	\$ 1,375,595.62	\$ 3,022,589.34
*	Principal Life Insurance Company	Registered Investment Company LIABILITY DRIVEN SOL CIT I	\$ 15,364,602.20	\$ 15,262,270.31
*	Principal Life Insurance Company	Registered Investment Company LIABILITY DRIVEN SOL CIT II	\$ 17,606,113.71	\$ 15,647,849.84
	JP MORGAN	Registered Investment Company MIDCAP GROWTH FUND CLASS I	\$ 237,340.67	\$ 295,782.73
	JP MORGAN	Registered Investment Company MIDCAP VALUE FUND CLASS L	\$ 290,919.79	\$ 296,108.86
*	Principal Life Insurance Company	Interest Bearing Cash Short-Term Inv Fd A S1	\$ 0.00	\$ 795,997.77
*	Principal Life Insurance Company	Registered Investment Company SMALL CAP CI CIT N	\$ 529,215.17	\$ 818,461.54



Assumptions prescribed by law

**Mortality**

**Before benefit payment period**  
IRS Prescribed Mortality - Generational Non-annuitant, male and female.

**During benefit payment period**  
IRS Prescribed Mortality - Generational Annuitant, male and female.

Assumptions selected by actuary

**Inflation** 2.40% increase per year.  
Our long-term inflation assumption considered the current economic environment, recent and historical data, and forecasts from Federal Reserve Bank FOMC, Congressional Budget Office, and Survey of Professional Forecasters. See Long-Term Capital Market Assumptions link.

**Expected expense** The expected expense included in target normal cost is an estimate based on prior year expenses paid from plan assets. This is the best estimate available of upcoming year's expenses.

**Retirement** Active participants

Age	Probability of retirement	Age	Probability of retirement
55 - 58	2.5%	69	100%
59 - 61	4.5%		
62	8.5%		
63 - 64	10.0%		
65 - 67	20.0%		
68	50.0%		

Inactive participants with more than 10 years of vesting service:

Age	Probability of retirement
55 - 60	4.0%
61	15.0%
62+	100.0%

Inactive participants with less than 10 years of vesting service retired at Age 65.

Due to our short tenure as actuaries on this plan, we don't have the experience necessary to set this assumption and we are relying on the assumption set by the prior actuary. This assumption is reasonable with the plan's design and as we gain experience we will continue to monitor and make appropriate adjustments to this assumption in the future.

**Disability** The DP-1985 Disability Table using sex distinct rates as applicated to Class 2 (skilled technical) workers.

Due to our short tenure as actuaries on this plan, we don't have the experience necessary to set this assumption and we are relying on the assumption set by the prior actuary. This assumption is reasonable with the plan's design and as we gain experience we will continue to monitor and make appropriate adjustments to this assumption in the future.

**Marriage** 70% married; husbands are 3 years older than wives.

Due to our short tenure as actuaries on this plan, we don't have the experience necessary to set this assumption and we are relying on the assumption set by the prior actuary. This assumption is reasonable with the plan's design and as we gain experience we will continue to monitor and make appropriate adjustments to this assumption in the future.

**Withdrawal** As provided by Prior Actuary:

Age	Rate of withdrawal
35	N/A
40	3.00%
45	3.00%
50	5.00%

Due to our short tenure as actuaries on this plan, we don't have the experience necessary to set this assumption and we are relying on the assumption set by the prior actuary. This assumption is reasonable with the plan's design and as we gain experience we will continue to monitor and make appropriate adjustments to this assumption in the future.

**Form of benefit** Participants are assumed to receive their benefits on the normal form at the assumed retirement age.

This assumption is based on the results of recent experience analysis and anticipated future experience.

**Methods prescribed by law**

**Liability measure** Funding target is the present value of the benefits accrued on the valuation date. Included in Funding Target is the value of any missed required minimum distributions (defined in IRC §401(a)(9) and Treasury Regulation §1.401(a)(9)), equal to back payments with interest at 7.50%.

Target normal cost is based on benefits expected to accrue during the current plan year and includes an estimate of plan expenses for the year.

**Lump sum payments** Lump sum payments are valued using the plan's funding target interest rates as required, per IRS guidance. These rates are currently higher than the actual rates used to determine lump sum distributions. Therefore, plan liabilities do not currently recognize this additional cost and this may result in the plan not accumulating adequate assets. You may wish to consider additional contributions.

#### Methods selected by plan sponsor

**Asset method** Market value

**Segment rates** 24-month average with no weighting to prior law basis. Use rates where July is the last month included in the average.

**PBGC premium basis** You elected this Alternative interest method and this method must be used for five years before a change can be made.

Variable rate premiums are calculated using census, market value of assets and interest rates in effect on the current valuation date. Interest rates are the 24-month average rates used for annual cost but without the interest rate corridor defined in IRC §430(h)(2)(C)(iv).

#### Methods elected by actuary

**Retirees** Assets and liabilities for current and future retirees are included.

**Vested benefits** A benefit is included in vested benefits if it meets the requirements under PBGC. The benefit is multiplied by the participant's vesting percentage applicable to each benefit on the valuation date.

The following ancillary benefits are always treated as nonvested: disability benefits payable to retirement age unless in pay status, pre-retirement death benefits in excess of the survivor annuity death benefit and post retirement death benefits for non-retired participants except as noted in the Plan provisions.

### Assumptions and methods elected by actuary - plan accounting (ASC 960)

With the exceptions below, all assumptions and methods are the same as those used in determining your plan's regular funding target and target normal cost.

**Mortality** Based on Pri-2012 Total dataset base rate mortality table projected generationally using MP-2021.

**Mortality base rates**

**Before benefit payment period**  
Employee amount-weighted, male and female

**During benefit payment period**  
Retiree amount-weighted, male and female

The Society of Actuaries (SOA) is an actuarial organization that periodically reviews mortality data and publishes mortality tables and improvement scales. In October 2019, the SOA released the Pri-2012 Mortality Tables for private-sector retirement plans in the U.S. The Pri-2012 report contains different sets of mortality tables based on complete dataset or various subsets. The Total dataset base rate table was selected based on information provided by the plan sponsor.

**Mortality improvement** Pri-2012 section 12.4. provided three approaches for designated beneficiaries in the calculation of joint-and-survivor annuities. We believe "Approach 1" is reasonable for this plan.

MP-2021 is the most recent improvement scale published by the SOA in October 2021.

In selecting this assumption, we considered the other parameters available in the MIM-2021-v4 application tool issued by the SOA in October 2023 and consider the selections in MP-2021 reasonable. Based on the sponsor's input, plan experience does not show a need for long-term excess death or Covid death load adjustments.

**Interest rate used to value liabilities** 5.00%

The interest rate used to value ASC 960 liabilities is developed as long-term expected geometric return on plan assets. Arithmetic expected return is calculated as the weighted average of broad asset classes' arithmetic returns of the plan's target asset allocation, and then converted to the geometric under lognormal distribution assumption. For details, see Long-Term Capital Market Assumptions link.

Treatment of administrative expenses

No adjustments are made for administrative expenses, either through a reduction in the discount rate or by calculating a present value of future expenses.

Plan sponsors may change their administrative expense handling at any time. Our approach provides consistent handling of ASC 960 liabilities from year to year, whether expenses are paid with plan assets or directly by the employer.

Note - expenses paid with plan assets are required to be included in funding normal cost. As a result, the plan is reimbursed annually through required funding. Exception – contributions are not required due to assets sufficiently in excess of liabilities to fund both expenses and normal cost. In this case, administrative expenses are taken from the excess assets.

Basis for lump sums

Interest rate

Based on the three segment yield curve: 3.55%/3.95%/4.95%

The plan document defines the lump sum interest rate based on IRC §417(e) rates which closely tie to the high quality corporate bond yields. According to our most recent study, the long-term expected yields for short/intermediate/long corporate bonds are 3.55%/3.95%/4.95%. For details, see Corporate AA yield in Table 3 of Long-Term Capital Market Assumptions link.

Mortality

Based on Pri-2012 Total dataset base rate mortality table projected generationally using MP-2021.

<b>SCHEDULE SB</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Single-Employer Defined Benefit Plan</b> <b>Actuarial Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).  <b>▶ File as an attachment to Form 5500 or 5500-SF.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning 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 <u>Husqvarna Pension Plan</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>003</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>Husqvarna U.S. Holdings, Inc.</u>	<b>D</b> Employer Identification Number (EIN) <u>20-3600732</u>	

**E** Type of plan:  Single  Multiple-A  Multiple-B  Other  
**F** Prior year plan size:  100 or fewer  101-500  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>37186292</u>
	<b>b</b> Actuarial value .....	<b>2b</b>	<u>37186292</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>387</u>	<u>24817612</u>
	<b>b</b> For terminated vested participants .....	<u>190</u>	<u>9275911</u>
	<b>c</b> For active participants .....	<u>79</u>	<u>5540715</u>
	<b>d</b> Total .....	<u>656</u>	<u>39634238</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>5.06 %</u>
<b>6</b>	Target normal cost		
	<b>a</b> Present value of current plan year accruals .....	<b>6a</b>	<u>0</u>
	<b>b</b> Expected plan-related expenses .....	<b>6b</b>	<u>113000</u>
	<b>c</b> Target normal cost .....	<b>6c</b>	<u>113000</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>	<u>HJ</u> Signature of actuary	<u>09/30/2025</u> Date
	<u>Horace Jones</u> Type or print name of actuary	<u>2307605</u> Most recent enrollment number
	<u>Principal Financial Group</u> Firm name	<u>678-322-3646</u> Telephone number (including area code)
	<u>PO Box 9394 Des Moines, IA 50306-9394</u> Address of the firm	

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

Part II Beginning of Year Carryover and Prefunding Balances		(a) Carryover balance	(b) Prefunding balance
<b>7</b>	Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....	0	920991
<b>8</b>	Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....	0	202467
<b>9</b>	Amount remaining (line 7 minus line 8) .....	0	718524
<b>10</b>	Interest on line 9 using prior year's actual return of <u>13.11</u> % .....	0	94198
<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) .....		770273
	<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>5.20</u> % .....		40054
	<b>b(2)</b> Interest on line 38b from prior year Schedule SB, using prior year's actual return .....		26543
	<b>c</b> Total available at beginning of current plan year to add to prefunding balance .....		836870
	<b>d</b> Portion of (c) to be added to prefunding balance .....		0
<b>12</b>	Other reductions in balances due to elections or deemed elections .....	0	0
<b>13</b>	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) .....	0	812722

Part III Funding Percentages			
<b>14</b>	Funding target attainment percentage .....	<b>14</b>	91.77 %
<b>15</b>	Adjusted funding target attainment percentage .....	<b>15</b>	91.77 %
<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>	80.00 %
<b>17</b>	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage .....	<b>17</b>	%

Part IV Contributions and Liquidity Shortfalls							
<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		
12/23/2024	400000	0					
04/14/2025	400000	0					
07/10/2025	400000	0					
08/14/2025	400000	0					
			<b>Totals ▶</b>	<b>18(b)</b>	1600000	<b>18(c)</b>	

<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>	1497065
<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 checked="" type="checkbox"/> Yes <input 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		

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

**21** Discount rate:

<b>a</b> Segment rates:	1st segment: 4.75 %	2nd segment: 4.87 %	3rd segment: 5.59 %	<input type="checkbox"/> N/A, full yield curve used
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**b** Applicable month (enter code) ..... **21b** 4

**22** Weighted average retirement age ..... **22** 66

**23** Mortality table(s) (see instructions)  Prescribed - combined  Prescribed - separate  Substitute

**Part VI Miscellaneous Items**

**24** Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.....  Yes  No

**25** Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.....  Yes  No

**26** Demographic and benefit information

**a** Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.....  Yes  No

**b** Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ...  Yes  No

**27** If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment..... **27**

**Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years**

<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

**Part VIII Minimum Required Contribution For Current Year**

**31** Target normal cost and excess assets (see instructions):

<b>a</b> Target normal cost (line 6c) .....	<b>31a</b>	113000
<b>b</b> Excess assets, if applicable, but not greater than line 31a .....	<b>31b</b>	0

**32** Amortization installments:

	Outstanding Balance	Installment
<b>a</b> Net shortfall amortization installment .....	3260668	392211
<b>b</b> Waiver amortization installment.....	0	0

**33** If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_) and the waived amount..... **33**

<b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....	<b>34</b>	505211
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	Carryover balance	Prefunding balance	Total balance
<b>35</b> Balances elected for use to offset funding requirement .....	0	505211	505211

**36** Additional cash requirement (line 34 minus line 35)..... **36** 0

**37** Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)..... **37** 1497065

**38** 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>	1497065
<b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances.....	<b>38b</b>	505211

<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

**Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)**

**41** If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies.  2019  2020  2021

Schedule SB, Line 2a - Explanation of Assets  
Husqvarna Pension Plan  
EIN 20-3600732 Plan No. 003

The market value of assets on line 2a does not equal assets shown on Schedule H, Schedule I or Form 5500-SF. Schedule H, Schedule I and Form 5500-SF use the full value of contributions received after plan year end. Line 2a includes the value of \$1,200,000 contributions received after the plan year end with a discounted value of \$1,170,661.

In addition, the market value of assets is off by \$54 due to a correction in 2023 ending value of assets.

Schedule SB, Line 22 - Description Of Weighted Average Retirement Age  
Husqvarna Pension Plan  
EIN 20-3600732 Plan No. 003

The weighted average retirement age is weighted by the expected percentage of active participants retiring at each age. The retirement rate reflects only those participants who meet retirement eligibility. An active participant working past assumed retirement age is expected to retire at current age.

(1) Age	(2) Expected Active Headcount	(3) Retirement Rate	(4) Expected Retirements (2)*(3)	(5) Weighted Age (1)*(4)
55	21.9954	0.0250	0.5499	30.2437
56	23.0701	0.0250	0.5768	32.2982
57	25.0586	0.0250	0.6265	35.7085
58	27.9179	0.0250	0.6979	40.4810
59	31.6045	0.0436	1.3772	81.2550
60	33.4445	0.0438	1.4634	87.8019
61	33.1139	0.0438	1.4517	88.5519
62	35.7576	0.0831	2.9724	184.2912
63	36.7504	0.1000	3.6750	231.5273
64	38.9892	0.1000	3.8989	249.5312
65	38.8850	0.2000	7.7770	505.5053
66	31.8208	0.2000	6.3642	420.0350
67	26.3462	0.2000	5.2692	353.0395
68	23.0947	0.5000	11.5473	785.2182
69	10.6515	1.0000	10.6515	734.9531
70	1.0000	1.0000	1.0000	70.0000
71	0.0000	1.0000	0.0000	0.0000
72	1.0000	1.0000	1.0000	72.0000
73	1.0000	1.0000	1.0000	73.0000
Total			61.8989	4,075.4409
Average				65.84

This report reflects the maximum benefit limits under Internal Revenue Code (IRC) Section 415 and maximum compensation limits under IRC Section 401 in effect on the first day of each plan year.

The following is a summary of plan provisions and does not alter the intent or meanings of the provisions contained in the contract or plan document. This report reflects the provisions of the plan signed 01/28/20213 including amendments through number 2 effective 12/01/2015 and signed 11/01/20215.

#### Plan eligibility

Age	Attained age 21.
Service	One year of service in which at least 1,000 hours worked. Plan frozen effective 12/31/2007 for all employees of HUH/HCOP and XUO/Holdings who were Highly Compensated Employees on 01/01/2008. Plan frozen effective 12/31/2008 for all employees who were not previously frozen.

#### Normal retirement benefit

Age	Attained age 65.
Form	Monthly annuity payable for life for single participants and 50% joint and survivor annuity for a married participant.
Amount	The monthly benefit amount equal to the greater of (1) or (2): 1) (i) less (ii), plus (iii): i) 1.35% of Final Average Plan Compensation times year of credited service up to 35 years, less ii) The Offset Percentage times the Offset Amount times years of Credited Service up to 35 years, plus iii) 1% of Final Average Plan Compensation times years of Credited Service in excess of 35 years; or 2) The sum of items (a) and (b): i) The Accrued Benefit under the Pre-1989 Plan as December 31, 1988, plus ii) The benefit determined under the formula in item (1) above without regard to service for periods prior to 1989 (except that service taken into account in items (1) (i) and (1) (ii) shall be reduced by the years of service prior to 1989).

Offset Percentage is based on the year of birth:

<u>Year of Birth</u>	<u>Offset Percentage</u>
1937 and earlier	0.60%
1938-1954	0.57%
1955 and later	0.52%

Offset Amount is lesser of (i) the monthly average of the final three calendar years of compensation, with each year's compensation capped at the Social Security Wage Base for such year, or (ii) the Social Security Covered Compensation for the year of the employee's Social Security Retirement Age.

The Monthly benefit for Turf Care Salaried participants if equal to \$12 multiplied by credited service.

The Monthly benefit for Turf Care Hourly participants if equal to:

\$5 multiplied by credited service earned from January 1, 2005 to December 31, 2005.

\$17 multiplied by credited service earned from January 1, 2006 to December 31, 2006 for participants who were active on January 1, 2006.

\$12 multiplied by credited service for all other credited service earned while a Turf Care Hourly participant.

Plan benefits were frozen as of December 31, 2007, for all highly compensated participants on that date. Plan benefits were frozen as of December 31, 2008, for all participants who were not previously frozen.

#### Early retirement benefit

Age	Attained age 55.
Service	Completed ten years of service.
Form	Same as normal retirement benefit.
Amount	Accrued benefit on early retirement date reduced by 0.6% for each month that the early retirement date precedes age 62.

#### Late retirement benefit

Age	No maximum age.
Form	Same as normal retirement benefit.
Amount	Participants who continue to work past normal retirement date are required to receive notification that retirement benefits are suspended and the benefit payable is the accrued benefit on late retirement date. For employees who terminate employment prior to normal retirement date or after normal retirement date and elect to defer their benefit, the benefit payable on his late retirement date shall be the actuarial equivalent of the benefit that would have been payable on normal retirement date.

#### Termination benefit

<b>Vesting percentage</b>	100% after five years of vesting service.
<b>Form</b>	Same as normal retirement benefit with income deferred until normal retirement date.
<b>Amount</b>	Accrued benefit on early retirement date reduced by 0.6% for each month that the early retirement date precedes age 62.

#### Survivor annuity death benefit (a vested benefit)

<b>Eligibility</b>	Qualified married participant fully or partially vested in an accrued benefit.
<b>Form</b>	Monthly annuity payable to spouse, deferred to participant's earliest retirement date if later than the date of death.
<b>Amount</b>	If death occurs, the amount paid to the surviving spouse is equal to the amount that would have been paid had the participant terminated employment on the date of death and survived to his/her earliest retirement age, retired with a qualified joint and 50% survivor annuity in effect, then died the next day.

#### Definitions

<b>Optional forms of benefit payments</b>	<p>The optional forms of benefit payments are:</p> <ul style="list-style-type: none"><li>• Monthly annuity payable for 10 years certain and life.</li><li>• Monthly annuity payable as a survivorship life annuity with survivorship percentages of 50, 75, or 100.</li><li>• Monthly annuity payable for a fixed period of 5, 10, 15, or 20 years.</li></ul> <p>In addition, the following additional forms are available for grandfathered DBI prior plan benefit:</p> <ul style="list-style-type: none"><li>• Monthly annuity payable for 15 years certain and life.</li><li>• Single sum</li></ul> <p>The optional form conversion basis is 7.5% interest and the 1984 UP table for payments other than lump sums for the Plan Benefit and 8.0% interest and the 1984 UP table for payments other than lump sums for the Diamant Boart Benefit.</p> <p><b>Lump sum provisions</b></p> <p>Small amount force out (SAFO) – allowed up to \$5,000.</p> <p>Conversion – immediate rate with early retirement factor based on the applicable interest rate and applicable mortality table as set forth in Code Section 417. The applicable interest rate uses the second calendar month preceding the first day of the stability period which is the plan year.</p>
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**Changes in Principal Eligibility or Benefit Provisions**

There have been no changes in principal eligibility or benefit provisions since the last valuation.

**Significant Event**

The enrolled actuary has not been made aware that any significant events have occurred during the year.

Schedule SB, Line 32 - Schedule of Amortization Bases  
Husqvarna Pension Plan  
EIN 20-3600732 Plan No. 003

[Details of shortfall charges](#)

The historical information used to determine the total shortfall charge.

Date created	Present value	Remaining years	Shortfall charge
01/01/2024	\$(4,544,957)	15	\$(413,502)
01/01/2023	7,610,193	14	726,338
01/01/2022	(1,236,803)	13	(124,445)
01/01/2021	(1,168,279)	12	(124,638)
01/01/2020	(1,121,784)	11	(127,756)
01/01/2019	3,722,298	10	456,214
<b>Total</b>	<b>\$3,260,668</b>		<b>\$392,211</b>

Last year's total shortfall annual charge was \$805,713.

The total annual charge used in calculating your annual cost can't be less than zero.

Schedule SB, Line 25 – Change in Method  
Husqvarna Pension Plan  
EIN 20-3600732 Plan No. 003

A change in funding method has occurred since last year due to a change in the enrolled actuary and the business organization providing actuarial services to the plan. This change meets the automatic approval requirements under Rev Proc 2017-56.