

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

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

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

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025

- A This return/report is for: [X] a single-employer plan [] a multiple-employer plan (not multiemployer) (Pension Plan filers checking this box must attach Schedule MEP. Other plans must attach a list of participating employer information in accordance with the form instructions.)
B This return/report is [] the first return/report [] the final return/report [] an amended return/report [] a short plan year return/report (less than 12 months)
C Check box if filing under: [] Form 5558 [] automatic extension [] DFVC program [] special extension (enter description)
D If the plan is a collectively-bargained plan, check here []
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 REED MANUFACTURING COMPANY BARGAINING UNIT PENSION PLAN
1b Three-digit plan number (PN) 001
1c Effective date of plan 06/27/1950
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) REED MANUFACTURING COMPANY 1425 WEST 8TH STREET ERIE, PA 16512
2b Employer Identification Number (EIN) 25-0749500
2c Sponsor's telephone number 814-452-3691
2d Business code (see instructions) 332510
3a Plan administrator's name and address [X] Same as Plan Sponsor.
3b Administrator's EIN
3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report.
a Sponsor's name
c Plan Name
4b EIN
4d PN
5a Total number of participants at the beginning of the plan year 59
b Total number of participants at the end of the plan year 57
c(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)
c(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)
d(1) Total number of active participants at the beginning of the plan year 3
d(2) Total number of active participants at the end of the plan year 3
e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested 0

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, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Row 1: Filed with authorized/valid electronic signature, 10/29/2025, CARL ANDERSON. Row 2: Signature of employer/plan sponsor, Date, Enter name of individual signing as employer or plan sponsor.

- 6a** Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) Yes No
- b** Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) Yes No
- If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.**
- c** If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No Not determined
- If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year: 569882. (See instructions.)

Part III Financial Information			
7 Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
a Total plan assets	7a	3202216	3418486
b Total plan liabilities	7b		
c Net plan assets (subtract line 7b from line 7a)	7c	3202216	3418486
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
a Contributions received or receivable from:			
(1) Employers	8a(1)		
(2) Participants	8a(2)		
(3) Others (including rollovers)	8a(3)		
b Other income (loss)	8b	456985	
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		456985
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	218892	
e Certain deemed and/or corrective distributions (see instructions) .	8e		
f Administrative service providers (salaries, fees, commissions)	8f	15864	
g Other expenses	8g	5959	
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		240715
i Net income (loss) (subtract line 8h from line 8c)	8i		216270
j Transfers to (from) the plan (see instructions)	8j		

Part IV Plan Characteristics	
9a	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 1B
b	If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Part V Compliance Questions				
10 During the plan year:		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X	
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X	
c Was the plan covered by a fidelity bond?	10c	X		500000
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		X	
e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e		X	
f Has the plan failed to provide any benefit when due under the plan?	10f		X	
g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	10g		X	
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		X	
i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i			

Part VI Pension Funding Compliance

11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and lines 11a and b below.) If this is a defined contribution pension plan, leave line 11 blank and complete line 12 below. Yes No

a Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 **11a** 0

b PBGC missed contribution reporting requirements. If the plan is covered by PBGC and the amount reported on line 11a is greater than \$0, 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 _____

12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? Yes No
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) If this is a defined benefit pension plan, leave line 12 blank and complete line 11 above.

a 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 letter ruling granting the waiver. Month Day Year

If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.

b Enter the minimum required contribution for this plan year **12b**

c Enter the amount contributed by the employer to the plan for this plan year **12c**

d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount) **12d**

e Will the minimum funding amount reported on line 12d be met by the funding deadline?..... Yes No N/A

Part VII Plan Terminations and Transfers of Assets

13a Has a resolution to terminate the plan been adopted in any plan year? Yes No

a If "Yes," enter the amount of any plan assets that reverted to the employer this year..... **13a**

b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? Yes No

c 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.)

13c(1) Name of plan(s):	13c(2) EIN(s)	13c(3) PN(s)

Part VIII IRS Compliance Questions

14a 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

14b 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

15 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 _____.

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025

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

A Name of plan <u>REED MANUFACTURING COMPANY BARGAINING UNIT PENSION PLAN</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>REED MANUFACTURING COMPANY</u>	D Employer Identification Number (EIN) <u>25-0749500</u>	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input checked="" type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input type="checkbox"/> More than 500	

Part I Basic Information

1	Enter the valuation date: Month <u>07</u> Day <u>01</u> Year <u>2024</u>		
2	Assets:		
	a Market value	2a	<u>3202216</u>
	b Actuarial value	2b	<u>3059137</u>
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	<u>45</u>	<u>2009057</u>
	b For terminated vested participants	<u>11</u>	<u>93087</u>
	c For active participants	<u>3</u>	<u>44993</u>
	d Total	<u>59</u>	<u>2147137</u>
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>		
	a Funding target disregarding prescribed at-risk assumptions	4a	
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b	
5	Effective interest rate	5	<u>5.32 %</u>
6	Target normal cost		
	a Present value of current plan year accruals	6a	<u>1354</u>
	b Expected plan-related expenses	6b	<u>10896</u>
	c Target normal cost	6c	<u>12250</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.

SIGN HERE		
	Signature of actuary	<u>10/03/2025</u>
	<u>DANIEL G. MCCARTHY, ASA, EA, MAAA</u>	Date
	Type or print name of actuary	<u>23-08718</u>
	<u>DEFINITI LLC</u>	Most recent enrollment number
	Firm name	<u>860-851-6257</u>
	<u>3 HOLLAND STREET</u>	Telephone number (including area code)
	<u>ERIE, PA 16507</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
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	132713
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	132713
10	Interest on line 9 using prior year's actual return of <u>11.25</u> %	0	14930
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	b(1) 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>5.13</u> %		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d - line 12)	0	147643

Part III Funding Percentages			
14	Funding target attainment percentage	14	135.40 %
15	Adjusted funding target attainment percentage	15	142.26 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	128.92 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls		18 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
Totals ▶			18(b)	0	18(c)
					0

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

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

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? Yes No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? Yes No

c If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

Part V Assumptions Used to Determine Funding Target and Target Normal Cost				
21	Discount rate:			
a	Segment rates:	1st segment: 4.99 %	2nd segment: 5.29 %	3rd segment: 5.59 %
		<input type="checkbox"/> N/A, full yield curve used		
b	Applicable month (enter code)	21b	0	
22	Weighted average retirement age	22	65	
23	Mortality table(s) (see instructions)	<input checked="" type="checkbox"/> Prescribed - combined	<input type="checkbox"/> Prescribed - separate	<input type="checkbox"/> 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..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
25	Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
26	Demographic and benefit information			
a	Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.....			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
b	Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ...			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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				
28	Unpaid minimum required contributions for all prior years	28	0	
29	Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....	29	0	
30	Remaining amount of unpaid minimum required contributions (line 28 minus line 29).....	30	0	

Part VIII Minimum Required Contribution For Current Year				
31	Target normal cost and excess assets (see instructions):			
a	Target normal cost (line 6c)	31a	12250	
b	Excess assets, if applicable, but not greater than line 31a	31b	12250	
32	Amortization installments:	Outstanding Balance	Installment	
a	Net shortfall amortization installment	0	0	
b	Waiver amortization installment			
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		
34	Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....	34	0	
		Carryover balance	Prefunding balance	Total balance
35	Balances elected for use to offset funding requirement			0
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	0	
38	Present value of excess contributions for current year (see instructions)			
a	Total (excess, if any, of line 37 over line 36)	38a	0	
b	Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39	Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40	Unpaid minimum required contributions for all years	40	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. <input type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input checked="" type="checkbox"/> 2021			

REED MANUFACTURING COMPANY BARGAINING UNIT PENSION PLAN
EIN: 25-0749500; PLAN NO: 001
7/1/2023 – 6/30/2024 Plan Year
Schedule SB, Part V – Statement of Actuarial Assumptions/Methods

Economic Assumptions

Interest:

- PPA Funding Target – Current Year
 - First Segment Rate – 4.99%
 - Second Segment Rate – 5.29%
 - Third Segment Rate – 5.59%
 - Effective Interest Rate– 5.32%
- PPA Funding Target – Prior Year
 - First Segment Rate – 4.75%
 - Second Segment Rate – 5.00%
 - Third Segment Rate – 5.74%
 - Effective Interest Rate– 5.13%
- ASC 960 Discount Rate
 - 7.5% per annum, net of expenses.

Salary Scale

Not applicable

Demographic Assumptions

Mortality Rates:

- Funding Target
 - The mortality is based on separate static mortality tables for males and females as prescribed in §1.430(h)(3)-1 for the current plan year. Mortality for disabled participants is based on the rates of mortality are based on the Disability Mortality Table per Revenue Ruling 96-7.
- ASC 960
 - Mortality is based on Pri-2012 Blue Collar Amount-Weighted Mortality with separate tables for Employees, Retirees, Disabled Members, and Contingent Survivors with Mortality Improvement Scale with generational projection using Scale MP-2021.

Turnover Rates:

Percentage of employees withdrawing from employment assumed to occur in accordance with Crock Sarason Straight Table T-3 with sample rates shown below:

<u>Age</u>	<u>Rate</u>
21	6.2179%
25	5.2704%
30	4.8312%
35	4.4736%
40	3.8412%
45	3.2149%
50	1.5245%
55	0.3344%
60	0.0000%

Disability Rates:

Percentage of employees withdrawing from employment assumed to occur in accordance with Disability Incidence Table (Code 84 in FDP) with sample rates shown below:

<u>Age</u>	<u>Rates</u>
17-36	0.03%
37-40	0.04%
41	0.05%
45	0.09%
50	0.20%
55	0.42%
60	0.87%
65	2.08%
67	3.83%

Retirement Age:

The later of age 65 or 5 years of service.

Marriage Assumptions

80% of participants are assumed to be married. Males are assumed to be three years older than their spouse.

Other Assumptions

Form of Payment

All active participants are assumed to elect the normal form of benefit, a life annuity.

Plan Related Expenses

The Target Normal Cost includes plan-related expenses of \$10,896 expected for the 2024 plan year.

Maximum Benefit
(Limited under IRC Sec. 415)

\$275,000 for 2024 (\$265,000 prior).

Change in Assumptions

For the PPA funding valuation, there have been no changes in actuarial assumptions since the prior valuation except for the adjustments to the Funding Target interest rates and mortality table as prescribed by IRS guidelines.

Methods

Valuation Date

July 1, 2024 (first day of the plan year)

Asset Valuation Method

For ERISA funding purposes, the actuarial value of assets on the valuation date is equal to a smoothed value of assets. The smoothed value is equal to the actual fair value of assets (including discounted receivable contributions) plus two-thirds of the investment gain or loss from the prior year plus one-third of the investment gain or loss from two years ago. The investment gains and losses are determined by comparing the actual fair value of assets to the expected fair value. Additionally, the resulting asset value is limited to be no less than 90% and no more than 110% of the fair value of assets.

Projected Unit Credit Actuarial Cost Method

The Projected Unit Credit Actuarial Cost Method is used as a component in the development of the maximum deductible contribution limit. Under this method, the service cost is the actuarial present value of projected benefit allocated to the valuation year based on current year service and projected pay. The projected benefit obligation is the actuarial present value of projected benefits allocated to all periods prior to the valuation year, based on accumulated service and projected pay. For those whose benefits were frozen September 24, 2008, these measurements revert to the Unit Credit Actuarial Cost Method described on the next page.

Unit Credit Actuarial Cost Method

The Unit Credit Actuarial Cost Method is used to determine the Funding Target (FT) for PPA funding purposes and the Present Value of Accumulated Benefits (PVAB) for ASC 960 purposes. The normal cost for each employee is the present value of the benefit which accrues during that current year. The total normal cost is the sum of the normal costs for all active participants. For PPA funding, the Target Normal Cost includes an estimate of the annual administrative expenses expected to be paid from the Trust. The FT and PVAB measures are the present value of the benefits accrued as of the valuation date for all active participants, plus the present value of all benefits for inactive participants.

Changes in Methods

There have been no changes in actuarial methods since the prior year.

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For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025

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A Name of plan REED MANUFACTURING COMPANY BARGAINING UNIT PENSION PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF REED MANUFACTURING COMPANY	D Employer Identification Number (EIN) 25-0749500	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input checked="" type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input type="checkbox"/> More than 500	

Part I Basic Information

1	Enter the valuation date: Month <u>07</u> Day <u>01</u> Year <u>2024</u>		
2	Assets:		
	a Market value	2a	3,202,216
	b Actuarial value	2b	3,059,137
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	45	2,009,057
	b For terminated vested participants	11	93,087
	c For active participants	3	44,993
	d Total	59	2,147,137
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)		
	a Funding target disregarding prescribed at-risk assumptions	4a	
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b	
5	Effective interest rate	5	5.32%
6	Target normal cost		
	a Present value of current plan year accruals	6a	1,354
	b Expected plan-related expenses	6b	10,896
	c Target normal cost	6c	12,250

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

SIGN HERE		10/3/2025
	Signature of actuary	Date
	DANIEL G. MCCARTHY, ASA, EA, MAAA	2308718
	Type or print name of actuary	Most recent enrollment number
	DEFINITI LLC	860-851-6257
	Firm name	Telephone number (including area code)
	3 HOLLAND STREET	
	ERIE PA 16507	
	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

For Paperwork Reduction Act Notice, see the Instructions for Form 5500 or 5500-SF. **Schedule SB (Form 5500) 2024 v. 240311**

Part II		Beginning of Year Carryover and Prefunding Balances	
		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	132,713
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	132,713
10	Interest on line 9 using prior year's actual return of <u>11.25%</u>	0	14,930
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	b(1) 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>5.13%</u>		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	147,643

Part III		Funding Percentages	
14	Funding target attainment percentage	14	135.40 %
15	Adjusted funding target attainment percentage	15	142.26 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	128.92 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

18 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	
Totals ▶			18(b)	0	18(c)	0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:	
	a Contributions allocated toward unpaid minimum required contributions from prior years.	19a 0
	b Contributions made to avoid restrictions adjusted to valuation date	19b 0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c 0

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? Yes No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? Yes No

c If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

Part V Assumptions Used to Determine Funding Target and Target Normal Cost				
21 Discount rate:				
a Segment rates:	1st segment: 4.99 %	2nd segment: 5.29 %	3rd segment: 5.59%	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code).....				21b 0
22 Weighted average retirement age				22 65
23 Mortality table(s) (see instructions)	<input checked="" type="checkbox"/> Prescribed - combined <input type="checkbox"/> Prescribed - separate <input type="checkbox"/> 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..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
26 Demographic and benefit information				
a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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				
28 Unpaid minimum required contributions for all prior years				28 0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....				29 0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)				30 0

Part VIII Minimum Required Contribution For Current Year				
31 Target normal cost and excess assets (see instructions):				
a Target normal cost (line 6c).....				31a 12,250
b Excess assets, if applicable, but not greater than line 31a				31b 12,250
32 Amortization installments:	Outstanding Balance		Installment	
a Net shortfall amortization installment	0		0	
b Waiver amortization installment				
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
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....				34 0
	Carryover balance	Prefunding balance	Total balance	
35 Balances elected for use to offset funding requirement			0	
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 0
38 Present value of excess contributions for current year (see instructions)				
a Total (excess, if any, of line 37 over line 36)				38a 0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances				38b 0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)				39 0
40 Unpaid minimum required contributions for all years				40 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. <input type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input checked="" type="checkbox"/> 2021				

REED MANUFACTURING COMPANY BARGAINING UNIT PENSION PLAN
EIN: 25-0749500; PLAN NO: 001
7/1/2023 – 6/30/2024 Plan Year

SCHEDULE SB, Line 22 – Description of Weighted Average Retirement Age

Each participant is assumed to retire at age 65, the Normal Retirement Age of the Plan.

REED MANUFACTURING COMPANY BARGAINING UNIT PENSION PLAN

EIN: 25-0749500; PLAN NO: 001

7/1/2023 – 6/30/2024 Plan Year

Schedule SB, Part V – Summary of Plan Provisions

Effective Date	Established effective June 23, 1950, and most recently restated July 1, 2015.
Eligibility	All union employees participate in the plan. Effective September 24, 2008, no additional collectively bargained employees shall participate in the Plan.
Vesting Service	Vesting Service is the period of employment used in determination of eligibility for benefits. A year of service is granted for each year in which a participant has completed 1,000 or more hours of service with the employer. If in any calendar year an Employee is credited with at least 750 hours of service, he shall receive credit for $\frac{1}{2}$ year of Service.
Benefit Accrual Service	Benefit Service is the period of employment used in determination of the accrued benefit. A year of service is granted for each year in which a participant has completed 1,800 or more hours of service with the employer (commencing on or after July 1, 1976). A fractional year is earned for hours greater than 750 but less than 1,800, where a half of year is credited for hours worked over 750 and less than 1,300 and .75 years is credited for hours worked greater than 1,300 but less than 1,800. During the last year of employment, if an employee is credited with at least 433 hours of service in each calendar quarter of such year, $\frac{1}{4}$ of a year of Credited Service shall be granted for each such calendar quarter.
Monthly Accrued Benefit	The amount of monthly retirement income is equal to \$23.00 per month for each year of service as of September 24, 2008. Effective September 24, 2009, the accrued benefit was frozen for any participant hired after January 1, 2005. As of September 24, 2010, the normal retirement benefit is equal to \$24.00 per month for each year of service.

Retirement Dates:

- Normal: The first day of the month coinciding with or next following the date in which the participant attains age 65 and 5 years of participation.
- Early: A participant is eligible for an early retirement benefit, at the earlier of age 57 years and 10 years of service and age 55 and 15 years of service.
- Late: The first day of the month coincident with or immediately following the date the Participant terminated employment with the Employer for any reason other than death, which is subsequent to the Participant's Normal Retirement Date.

Retirement Benefits:

- Normal: A participant who has attained age 65 years is eligible for a normal retirement benefit in an amount equal to his accrued benefit as of his normal retirement date.
- Early: The early retirement benefit is based on service at the time of retirement reduced for early retirement. Early retirement pensions that commence after age 62, between ages 57 and 62, and between ages 55 and 57 are reduced by 0.1666%, 0.5833%, and 0.625%, respectively, for each month between the date of commencement and the normal retirement date.
- Late: A participant may continue employment beyond Normal Retirement. The amount of monthly pension benefit as of the Participant's Late Retirement Date shall be Accrued Benefit calculated at Late Retirement using the applicable benefit formula on such date.

Form of Pension

Life Annuity. If married, converted to a 50% Joint and Survivor Annuity.

Mandatory Cash-Out Distribution Threshold

Benefit is paid immediately to a participant as a lump sum if the Actuarial Equivalent of the monthly benefit at Normal Retirement Date payable as the Normal Form of Annuity is less than \$5,000.

Actuarial Equivalence

6.50% annual interest and SOA UP-1984 Mortality Table.

Benefit Upon Termination

An employee who terminates with five or more years of vesting service or upon the attainment of age 65 is fully vested in his accrued benefit. The accrued benefit is equal to the benefit developed under the normal retirement formula based on service prior to date of termination.

Disability Retirement Benefit

A participant is eligible for disability retirement benefit if he has completed 15 years of credited service. The disability retirement benefit is based on service at time of disability. The minimum benefit is \$231.25 per month until normal retirement.

Surviving Spouse Benefit

If death occurs prior to retirement a death benefit will be payable if the participant was married for at least one year at the time of death.

➤ Immediate Benefit

A qualified surviving spouse of a participant who is eligible to receive an early retirement benefit will receive 50% of the benefit which would have been payable if the employee had retired and elected the Qualified Joint and Survivor Annuity on the day prior to his death.

➤ Deferred Benefit

A qualified surviving spouse of a participant who is not eligible to receive an immediate benefit will receive a benefit commencing on the date the participant would have been eligible to commence receiving a benefit. The amount will be 50% of the annual pension payable if the participant had separated from service at his date of death, survived until his earliest retirement date and retired with a Qualified Joint and Survivor annuity.

Optional Benefit Forms

1. Single Life Annuity
2. 50% or 75% Joint and Survivor Annuity

Changes in Plan Provisions

There have been no plan changes since the prior year.