

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

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

a single-employer plan a DFE (specify) _____

B This return/report is: the first return/report the final return/report

an amended return/report a short plan year return/report (less than 12 months)

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

D Check box if filing under: Form 5558 automatic extension the DFVC program

special extension (enter description)

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

Part II Basic Plan Information—enter all requested information

<p>1a Name of plan <u>DOMETIC CORPORATION PENSION PLAN</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>001</u></p>
<p>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) <u>DOMETIC CORPORATION</u></p> <p><u>8755 WEST HIGGINS ROAD</u> <u>SUITE 620</u> <u>CHICAGO, IL 60631</u></p>	<p>1c Effective date of plan <u>10/01/1965</u></p> <p>2b Employer Identification Number (EIN) <u>32-0145464</u></p> <p>2c Plan Sponsor's telephone number <u>847-447-7190</u></p> <p>2d Business code (see instructions) <u>333410</u></p>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	11/05/2025	DEBRA GLASS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address <input checked="" type="checkbox"/> 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	
5 Total number of participants at the beginning of the plan year	5	557
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	19
	6a(2)	16
	6b	216
	6c	284
	6d	516
	6e	36
	6f	552
	6g(1)	
6g(2)		
6h		0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
1B 3H 1A

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

9a Plan funding arrangement (check all that apply)	9b 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)

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

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

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) Yes No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) Yes No

11c Enter the Receipt Confirmation Code for the 2024 Form M-1 annual report. If the plan was not required to file the 2024 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

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 01/01/2024 and ending 12/31/2024

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

A Name of plan <u>DOMETIC CORPORATION 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>DOMETIC CORPORATION</u>	D Employer Identification Number (EIN) <u>32-0145464</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 type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

Part I Basic Information

1	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>		
2	Assets:		
	a Market value	2a	<u>28654742</u>
	b Actuarial value	2b	<u>28767912</u>
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	<u>246</u>	<u>16079482</u>
	b For terminated vested participants	<u>296</u>	<u>13423036</u>
	c For active participants	<u>20</u>	<u>2655364</u>
	d Total	<u>562</u>	<u>32157882</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>5.16 %</u>
6	Target normal cost		
	a Present value of current plan year accruals	6a	<u>1396</u>
	b Expected plan-related expenses	6b	<u>25000</u>
	c Target normal cost	6c	<u>26396</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		<u>10/13/2025</u>
	Signature of actuary	Date
	<u>STACI JAMES</u>	<u>23-06060</u>
	Type or print name of actuary	Most recent enrollment number
	<u>MERCER</u>	<u>502-561-4500</u>
	Firm name	Telephone number (including area code)
	<u>400 WEST MARKET STREET SUITE 500 LOUISVILLE, KY 40202</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	645
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	645
10	Interest on line 9 using prior year's actual return of <u>12.15</u> %	0	78
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		907
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>5.30</u> %		48
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		955
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	723

Part III Funding Percentages			
14	Funding target attainment percentage	14	89.25 %
15	Adjusted funding target attainment percentage	15	89.25 %
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	94.11 %
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		
04/12/2024	51068	0					
07/09/2024	51068	0					
10/11/2024	51068	0					
01/14/2025	51068	0					
09/10/2025	166000	0					
			Totals ▶	18(b)	370272	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	350162

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

Part V Assumptions Used to Determine Funding Target and Target Normal Cost			
21 Discount rate:			
a Segment rates:	1st segment: 4.75 %	2nd segment: 4.87 %	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code)			21b 4
22 Weighted average retirement age			22 62
23 Mortality table(s) (see instructions) <input type="checkbox"/> Prescribed - combined <input checked="" 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 checked="" type="checkbox"/> Yes <input 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	26396	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	3462843	322932	
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		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....			34 349328
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0
36 Additional cash requirement (line 34 minus line 35)			36 349328
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)			37 350162
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	834	
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			

SCHEDULE C (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>	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<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 **01/01/2024** and ending **12/31/2024**

A Name of plan DOMETIC CORPORATION PENSION PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 DOMETIC CORPORATION	D Employer Identification Number (EIN) 32-0145464	

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

MERCER INVESTMENT **99 HIGH STREET**
BOSTON, MA 02110

30-0282430

(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)

STATE STREET BANK AND TRUST CO

04-1867445

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
25	NONE	25000	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)
(complete as many entries as needed)

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

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

A Name of plan <u>DOMETIC CORPORATION PENSION PLAN</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>DOMETIC CORPORATION</u>	D Employer Identification Number (EIN) <u>32-0145464</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>MERCER US SMALL/MID CAP EQUITY</u>		
b Name of sponsor of entity listed in (a): <u>MERCER TRUST COMPANY</u>		
c EIN-PN <u>03-0566611-003</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1068092</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>MERCER US LARGE CAP CORE PASSIVE EQ</u>		
b Name of sponsor of entity listed in (a): <u>MERCER TRUST COMPANY</u>		
c EIN-PN <u>03-0566613-005</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>6820509</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>MERCER EMERGING MARKETS EQUITY</u>		
b Name of sponsor of entity listed in (a): <u>MERCER TRUST COMPANY</u>		
c EIN-PN <u>32-6219484-017</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1367761</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>MERCER NON-US CORE EQUITY</u>		
b Name of sponsor of entity listed in (a): <u>MERCER TRUST COMPANY</u>		
c EIN-PN <u>03-0566617-009</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>3230108</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>MERCER GLOBAL LOW VOLATILITY EQUITY</u>		
b Name of sponsor of entity listed in (a): <u>MERCER TRUST COMPANY</u>		
c EIN-PN <u>35-7004395-018</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>528721</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>MERCER OPPORTUNISTIC FIXED INCOME</u>		
b Name of sponsor of entity listed in (a): <u>MERCER TRUST COMPANY</u>		
c EIN-PN <u>36-7630030-020</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1451739</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>MERCER LONG CORP FIXED INCOME</u>		
b Name of sponsor of entity listed in (a): <u>MERCER TRUST COMPANY</u>		
c EIN-PN <u>45-6178743-004</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>9358994</u>

a Name of MTIA, CCT, PSA, or 103-12 IE: **MERCER LONG STRIPS FIXED INCOME**

b Name of sponsor of entity listed in (a): **MERCER TRUST COMPANY**

c EIN-PN 80-6243236-019	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3163070
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a Name of MTIA, CCT, PSA, or 103-12 IE: **MERCER PASSIVE LONG GOV FIXED INC**

b Name of sponsor of entity listed in (a): **MERCER TRUST COMPANY**

c EIN-PN 51-0560117-010	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1373871
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a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
-----------------	----------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
-----------------	----------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
-----------------	----------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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SCHEDULE H (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>	Financial Information 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). ▶ File as an attachment to Form 5500.	<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 01/01/2024 and ending 12/31/2024	
A Name of plan DOMETIC CORPORATION PENSION PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 DOMETIC CORPORATION	D Employer Identification Number (EIN) 32-0145464

Part I	Asset and Liability Statement
---------------	--------------------------------------

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
Assets			
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	224000	217068
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	125522	130467
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	28313167	28362865
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	28662689	28710400
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	28662689	28710400

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.

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)	370272	
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		370272
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	2263	
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		1340681
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		1713216

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	1640505	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		1640505
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)	25000	
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses.....	2i(11)		
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		25000
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		1665505

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		47711
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: CROWE LLP

(2) EIN: 35-0921680

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

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) 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 562889.

SCHEDULE R (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>	Retirement Plan Information 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). ▶ File as an attachment to Form 5500.	<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 01/01/2024 and ending 12/31/2024

A Name of plan <u>DOMETIC CORPORATION 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 <u>DOMETIC CORPORATION</u>	D Employer Identification Number (EIN) <u>32-0145464</u>	

Part I	Distributions
---------------	----------------------

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

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

1		0
---	--	---

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):
 EIN(s): 04-1867445

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

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

3		1
---	--	---

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
----------------	---

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? 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.

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

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

7 Will the minimum funding amount reported on line 6c be met by the funding deadline?..... 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

Part III	Amendments
-----------------	-------------------

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

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

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? 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:

a 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).....	14a	
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).....	14b	
c 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).....	14c	

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

a The corresponding number for the plan year immediately preceding the current plan year	15a	
b The corresponding number for the second preceding plan year	15b	

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

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

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

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

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

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

a Enter the percentage of plan assets held as:
 Public Equity: _____% 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 _____.

DOMETIC CORPORATION PENSION PLAN
Chicago, Illinois

FINANCIAL STATEMENTS
December 31, 2024 and 2023

DOMETIC CORPORATION PENSION PLAN
Chicago, Illinois

FINANCIAL STATEMENTS
December 31, 2024 and 2023

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INDEPENDENT AUDITOR'S REPORT

Pension and Benefits Administrative Committee
Dometic Corporation Pension Plan
Chicago, Illinois

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

We have performed audits of the financial statements of the Dometic Corporation 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.

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

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

Opinion

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).

(Continued)

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 for the Financial Statements

Management is responsible for the preparation and fair presentation of these 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 for one year from the date the financial statements are available to be issued.

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

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

(Continued)

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

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

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

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

Other Matter – Supplemental Schedules Required by ERISA

The supplemental schedules of Schedule H, Line 4i - Schedule of Assets (Held at End of Year) and Schedule H, Line 4j - Schedule of Reportable Transactions as of and for the year ended December 31, 2024, are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information 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 their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion:

- The 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 schedules 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).

Crowe LLP

Crowe LLP

South Bend, Indiana
October 14, 2025

DOMETIC CORPORATION PENSION PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
December 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
ASSETS		
Investments, at fair value		
Collective trusts	\$ 28,362,865	\$ 28,313,167
Money market deposit accounts	130,000	125,314
Receivables		
Employer contributions	217,068	224,000
Interest receivable	<u>467</u>	<u>208</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 28,710,400</u>	<u>\$ 28,662,689</u>

See accompanying notes to financial statements.

DOMETIC CORPORATION PENSION PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
Years Ended December 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
Net investment income		
Net appreciation in fair value of investments	\$ 1,340,163	\$ 3,154,505
Interest and dividends	<u>2,781</u>	<u>2,200</u>
	1,342,944	3,156,705
Employer contributions	370,272	224,000
Benefits paid to participants	(1,640,505)	(1,457,634)
Administrative expenses	<u>(25,000)</u>	<u>(25,000)</u>
Net increase	47,711	1,898,071
Net assets available for benefits		
Beginning of year	<u>28,662,689</u>	<u>26,764,618</u>
End of year	<u>\$ 28,710,400</u>	<u>\$ 28,662,689</u>

See accompanying notes to financial statements.

DOMETIC CORPORATION PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2024 and 2023

NOTE 1 – DESCRIPTION OF THE PLAN

The following description of Dometic Corporation Pension Plan (the “Plan”) is provided for general information purposes only. Participants should refer to the Plan agreement or the summary Plan description for a more complete description of the Plan’s provisions.

General: The Plan is a non-contributory defined benefit plan, which covers substantially all covered hourly employees of the LaGrange, Indiana Plant of The Dometic Corporation (the “Company” or “Employer”) prior to June 8, 2014. In addition, the Plan covers substantially all salaried employees of the Company prior to 2005.

The Plan is frozen to new participants, including hourly and salary employees. For hourly employees, the Plan was frozen as of June 8, 2014. The Plan will continue to accrue and pay benefits to existing hourly participants as of June 8, 2014. For salary employees, the Plan was frozen on January 1, 2005. The Plan will continue to pay benefits to existing salary participants. Effective December 31, 2021, the Plan ceased accrual of additional benefits for salaried employees who continue employment with the Plan’s sponsor.

Vesting: Benefits under the Plan are generally based upon years of service. A participant shall be credited with a year of vesting service for each Plan year they are credited with 870 or more hours of service. A participant shall be credited with a partial year of vesting service if they do not have sufficient hours of service in such Plan year for a full year of vesting service. The partial year of vesting service shall equal one-tenth of a year of vesting service for each full 170 hours of service. Participants become 100% vested after completing five years of vesting service or reaching age 65 while an employee.

Pension Benefits: Pension benefits are generally paid to participants on a monthly basis or in the form of a lump sum payment, subsequent to their effective retirement. The pension benefit is determined by the number of years of credited service and the benefit unit amount as defined in the participants’ collective bargaining agreement for hourly employees. The benefit payment is based on the amount of final average earnings and the participant’s years of credited service for salaried employees. Participants may begin receiving benefits at age 65 or earlier if certain years of service requirements are met. The Plan provides for retirement, death and disability benefits.

Participants with at least ten years of credited service are eligible for disability benefits if employment terminates before their normal retirement date due to permanent and total disability.

Administrative Expenses and Investment Management Fees: The Company, at its discretion, pays for certain administrative expenses of the Plan. Expenses that are paid directly by the Company are excluded from these financial statements. Investment management fees are charged to the Plan as a reduction of investment return and included in the investment income reported by the Plan.

NOTE 2 – SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting: The accompanying financial statements are prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America.

Investment Valuation and Income Recognition: The Plan’s investments are reported at fair value as further described in Note 5. 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.

(Continued)

DOMETIC CORPORATION PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2024 and 2023

NOTE 2 – SIGNIFICANT ACCOUNTING POLICIES (Continued)

Actuarial Present Value of Accumulated Plan Benefits: Accumulated plan benefits (see Note 6) are those estimated future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions to services rendered by the employees at the valuation date. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries (b) present employees or their beneficiaries, and (c) beneficiaries of employees who have died. Benefits for retired or terminated employees or their beneficiaries are based on the employees' number of years of credited service. The accumulated Plan benefits for active employees are based on their number of years of credited service preceding the valuation date.

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

Risks and Uncertainties: Investments are exposed to various risks, such as interest rate, market, liquidity and credit risks. Due to the level of risk associated with such investments and the sensitivity of certain fair value estimates to change in valuation assumptions, it is at least reasonably possible that changes in investment value in the near term would materially affect the amounts reported in the Statements of Net Assets Available for Benefits and the Statements of Changes in 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 estimation and assumptions process, it is at least reasonably possible that changes in these estimates in the near-term would-be material to the financial statements.

Payment of Benefits: Benefits are recorded when paid.

Subsequent Events: Plan management has evaluated subsequent events for recognition and disclosure through October 14, 2025, which is the date the financial statements were available to be issued.

NOTE 3 – FUNDING POLICY AND PLAN TERMINATION

The Company's funding policy has been to at least meet the Employee Retirement Income Security Act of 1974 ("ERISA") minimum required contribution amount as determined by the Plan's actuary. The Plan has met the minimum funding requirements of ERISA for the year ended December 31, 2024. The Company contributed \$224,000 in September 2024 relating to the 2023 plan year. The Company contributed \$370,272 throughout 2025 relating to the 2024 plan year.

The Company anticipates that the Plan will continue without interruption but reserves the right to discontinue the Plan at any time. In the event the Plan is discontinued:

- A. The Plan provides that the net assets of the Plan be allocated among the participants and beneficiaries in the order provided for in ERISA, and
- B. To the extent unfunded vested benefits exist, ERISA provides that such benefits are payable by the Pension Benefit Guaranty Corporation ("PBGC") to participants, up to specified limitations as described in ERISA.

(Continued)

DOMETIC CORPORATION PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2024 and 2023

NOTE 3 – FUNDING POLICY AND PLAN TERMINATION (Continued)

Whether all participants would receive their benefits in the event of termination would depend on both the priority of those benefits and the sufficiency, at that time, of the Plan's net assets and the level of benefits guaranteed by the PBGC.

NOTE 4 – CERTIFIED INVESTMENTS

Certain information related to investments disclosed in the accompanying financial statements and ERISA-required supplemental schedules, including investments held at December 31, 2024 and 2023, and net appreciation in fair value of investments and interest and dividends for the years ended December 31, 2024 and 2023, was obtained by management and agreed to or derived from information certified as complete and accurate by State Street Bank and Trust Company, the trustee of the Plan.

NOTE 5 – FAIR VALUE MEASUREMENTS

Fair value is the price that would be received by the Plan for an asset or paid by the Plan to transfer a liability (an exit price) in an orderly transaction between market participants on the measurement date in the Plan's principal or most advantageous market for the asset or liability. Fair value measurements are determined by maximizing the use of observable inputs and minimizing the use of unobservable inputs. The hierarchy places the highest priority on unadjusted quoted market prices in active markets for identical assets or liabilities (Level 1 measurements) and gives the lowest priority to unobservable inputs (Level 3 measurements). The three levels of inputs within the fair value hierarchy are defined as follows:

Level 1: Quoted prices (unadjusted) for identical assets or liabilities in active markets that the Plan has the ability to access as of the measurement date.

Level 2: Significant other observable inputs other than Level 1 prices such as quoted prices for similar assets or liabilities; quoted prices in markets that are not active; or other inputs that are observable or can be corroborated by observable market data.

Level 3: Significant unobservable inputs that reflect the Plan's own assumptions about the assumptions that market participants would use in pricing an asset or liability.

In some cases, a valuation technique used to measure fair value may include inputs from multiple levels of the fair value hierarchy. The lowest level of significant input determines the placement of the entire fair value measurement in the hierarchy.

The following descriptions of the valuation methods and assumptions used by the Plan to estimate the fair values of investments apply to investments held directly by the Plan.

Collective Trusts: The fair values of participation units held in collective trusts are based on the net asset values per unit as reported by the fund managers. The collective trusts provide for redemptions within 30 days by the Plan at reported net asset values per share, with no advance notice requirement.

Money Market Deposit Accounts: Fair value is estimated to approximate the cost basis of the deposit account balance, based upon the liquidity of the account and the credit quality of the issuer (Level 1 inputs).

(Continued)

DOMETIC CORPORATION PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2024 and 2023

NOTE 5 - FAIR VALUE MEASUREMENTS (Continued)

The Plan's investments in the money market deposit account occasionally exceed the federally insured balance.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while 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.

Investments measured at fair value on a recurring basis are summarized below:

	Fair Value Measurements at December 31 Using			
	<u>Total</u>	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
<u>2024</u>				
Investments				
Money market deposit accounts	\$ 130,000	\$ 130,000	\$ -	\$ -
Collective trusts* Investments, at fair value	<u>28,362,865</u>	<u>-</u>	<u>-</u>	<u>-</u>
	<u>\$ 28,492,865</u>	<u>\$ 130,000</u>	<u>\$ -</u>	<u>\$ -</u>
<u>2023</u>				
Investments				
Money market deposit accounts	\$ 125,314	\$ 125,314	\$ -	\$ -
Collective trusts* Investments, at fair value	<u>28,313,167</u>	<u>-</u>	<u>-</u>	<u>-</u>
	<u>\$ 28,438,481</u>	<u>\$ 125,314</u>	<u>\$ -</u>	<u>\$ -</u>

*Investments measured at fair value using net asset value per share (or its equivalent) as a practical expedient have not been classified in the fair value hierarchy. The fair value amounts presented in this table for such investments are intended to permit reconciliation of the fair value hierarchy to the investments at fair value line item presented in the statements of net assets available for benefits.

NOTE 6 – ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS

The actuarial present value of accumulated plan benefits has been determined by an actuary from Mercer as of December 31, 2023 and is the amount that results from applying actuarial assumptions 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.

(Continued)

DOMETIC CORPORATION PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2024 and 2023

NOTE 6 – ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS (Continued)

The significant actuarial assumptions used in the latest valuation, as of December 31, 2023 are as follows:

Retirement age	Graded from ages 55 to 67
Mortality basis	Based on Pri-2012 Annuity Mortality Table projected with MP 2021 improvement scale.
Assumed rate of return	6.85% per annum

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated Plan benefits.

The total actuarial present value of accumulated Plan benefits as of December 31, 2023 is as follows:

Actuarial present value of accumulated plan benefits	
Vested benefits	
Participants currently receiving payments	\$ 14,152,995
Other participants	<u>12,979,908</u>
Total vested benefits	27,132,903
Nonvested benefits	<u>67,298</u>
Total actuarial present value of accumulated plan benefits	<u>\$ 27,200,201</u>

The changes in total actuarial present value of accumulated plan benefits for the year ended December 31, 2023 are as follows:

Actuarial present value of accumulated plan benefits as of beginning of year	\$ 26,081,228
Increase (decrease) during the year due to	
Benefits paid	(1,457,634)
Increase for interest due to the decrease in discount period	1,757,771
Change in actuarial assumptions	289,235
Benefits accumulated and other actuarial experience	<u>529,601</u>
Actuarial present value of accumulated plan benefits as of end of year	<u>\$ 27,200,201</u>

The increase in the actuarial present value of accumulated plan benefits related to the change in actuarial assumptions is attributable to the change in the assumed rate of return from 6.95% to 6.85%.

(Continued)

DOMETIC CORPORATION PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2024 and 2023

NOTE 7 – PARTY-IN-INTEREST TRANSACTIONS

Parties-in-interest are defined under Department of Labor regulations as any fiduciary of the Plan, any party rendering service to the Plan, the employer and certain others. Certain plan investments are issued by Mercer Global Investments who is an affiliate of Mercer which is the actuary of the Plan. As such, these investments qualify as party-in-interest transactions. Certain professional fees for the administration and audit of the Plan were paid by the Company. Administrative fees and investment management fees were paid by the Plan to State Street Bank and Trust Company, the Plan recordkeeper and trustee, which qualify as party-in-interest transactions. Various administrative functions are performed by officers or employees of the Company. No such officer or employee receives compensation from the Plan.

The Plan holds a portion of its investments in a money market deposit account managed by the trustee of the Plan.

NOTE 8 – INCOME TAX STATUS

The Internal Revenue Service has determined and informed the Company by a letter dated September 24, 2015, that the Plan is designed in accordance with applicable sections of the Internal Revenue Code (the “Code”). Although the Plan has been amended since receiving the opinion letter, Plan management believes that the Plan is designed and being operated in compliance with the applicable requirements of the Code. Therefore, they believe that the Plan was qualified, and the related trust was tax-exempt as of December 31, 2024 and 2023.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan. 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 asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing authorities; however, there are currently no audits for any tax periods in progress. The plan administrator believes it is no longer subject to income tax examinations for years prior to 2021.

NOTE 9 – DECEMBER 31, 2024 ACTUARIAL VALUATION (UNAUDITED)

The December 31, 2024 actuarial valuation was completed prior to the release of the financial statements. A summary of the actuarial valuation information provided by the Plan’s actuary, which has not been audited by independent accountants, is provided below for informational purposes.

The total actuarial present value of accumulated plan benefits as of December 31, 2024 is as follows:

Actuarial present value of accumulated plan benefits	
Vested benefits	
Participants currently receiving payments	\$ 14,783,795
Other participants	<u>12,348,020</u>
Total vested benefits	27,131,815
Nonvested benefits	<u>59,661</u>
Total actuarial present value of accumulated plan benefits	<u>\$ 27,191,476</u>

(Continued)

DOMETIC CORPORATION PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2024 and 2023

NOTE 9 – DECEMBER 31, 2024 ACTUARIAL VALUATION (UNAUDITED) (Continued)

The changes in total actuarial present value of accumulated plan benefits for the year ended December 31, 2024 are as follows:

Actuarial present value of accumulated plan benefits as of December 31, 2023	\$ 27,200,201
Increase (decrease) during the year due to	
Benefits paid	(1,640,505)
Increase for interest due to the decrease in discount period	1,802,344
Change in actuarial assumptions	(272,935)
Benefits accumulated and other actuarial experience	<u>102,371</u>
Actuarial present value of accumulated plan benefits as of December 31, 2024	<u>\$ 27,191,476</u>

SUPPLEMENTAL SCHEDULES

THE DOMETIC CORPORATION PENSION PLAN
SCHEDULE H, LINE 4j – SCHEDULE OF REPORTABLE TRANSACTIONS
Year ended December 31, 2024

Plan Sponsor: Dometic Corporation
Employer Identification Number: 32-0145464
Plan Number: 001

(a) Identity of <u>Party Involved</u>	(b) Description of Asset (Include Interest Rate and <u>Maturity in Case of a Loan</u>)	(c) Purchase <u>Price</u>	(d) Selling <u>Price</u>	(e) Cost <u>Basis</u>	(f) Current Value of Asset on <u>Transaction Date</u>	(g) Net Gain or <u>Loss</u>
Category (i) : A single transaction in excess of 5% of the current value of Plan assets.						
Mercer	Long Duration Investment Grade	\$ 1,426,477	\$ -	\$ -	\$ 1,426,477	\$ -
Mercer	US Large Cap Core Passive Equity	1,618,360	-	-	1,618,360	-
Mercer	US Large Cap Core Passive Equity	-	2,938,132	1,700,672	2,938,132	1,237,460
Mercer	US Large Cap Core Passive Equity	1,684,524	-	-	1,684,524	-
Mercer	Long Corp Fixed Income Mutual Fund	3,440,044	-	-	3,440,044	-

(Continued)

THE DOMETIC CORPORATION PENSION PLAN
SCHEDULE H, LINE 4j – SCHEDULE OF REPORTABLE TRANSACTIONS
Year ended December 31, 2024

Plan Sponsor: Dometic Corporation
Employer Identification Number: 32-0145464
Plan Number: 001

(a) Identity of <u>Party Involved</u>	(b) Description of Asset (Include Interest Rate and <u>Maturity in Case of a Loan</u>)	(c) <u>Purchase</u> Price	(d) <u>Selling</u> Price	(e) <u>Cost</u> Basis	(f) Current Value of Asset on <u>Transaction Date</u>	(g) Net Gain or Loss
Category (iii): A series of transactions in the same security in excess of 5% of the current value of Plan assets.						
Mercer	US Core Opportunistic Fixed Income	\$ 264,922	\$ -	\$ 264,922	\$ 264,922	\$ -
Mercer	US Core Opportunistic Fixed Income	-	1,937,430	991,481	1,937,430	945,949
Mercer	Long Duration Investment Grade	1,426,477	-	1,426,477	1,426,477	-
Mercer	Long Duration Investment Grade	-	21,427	20,673	21,427	754
Mercer	US Large Cap Core Passive Equity	3,756,140	-	3,756,140	3,756,140	-
Mercer	US Large Cap Core Passive Equity	-	3,895,881	2,264,969	3,895,881	1,630,912
Mercer	Non-US Core Equity Port Collective Trust	172,761	-	172,761	172,761	-
Mercer	Non-US Core Equity Port Collective Trust	-	1,616,122	977,881	1,616,122	638,241
Mercer	Long Corp Fixed Income Mutual Fund	3,563,490	-	3,563,490	3,563,490	-
Mercer	Long Corp Fixed Income Mutual Fund	-	167,152	164,530	167,152	2,622
SSC	Short-Term Investment Fund	1,635,768	-	1,635,768	1,635,768	-
SSC	Short-Term Investment Fund	-	1,631,082	1,631,082	1,631,082	-

See Independent Auditor's Report.

Schedule SB, line 26 — Schedule of Active Participant Data

Attained age	Years of credited service										Total
	Under 1	1–4	5–9	10–14	15–19	20–24	25–29	30–34	35–39	40 & up	
Under 25											
25–29											
30–34											
35–39				1							1
40–44						1					1
45–49				1			1				2
50–54							4				4
55–59			1		1		4	2			8
60–64							1	2	1		4
65–69											
70 & up											
Total			1	2	1	1	10	4	1		20

In each cell, the number is the count of active participants for each age/service combination.

Schedule SB, Part V — Statement of Actuarial Assumptions/Methods**Actuarial assumptions for January 1, 2024 funding valuation**

Discount rate sponsor elections		
• Segment rates or full yield curve	Segment	
• Look-back months	4	
	<u>Stabilized</u>	<u>Nonstabilized</u>
• First 5 years	4.75%	3.62%
• Next 15 years	4.87%	4.46%
• Over 20 years	5.59%	4.52%
• PBGC interest rate basis	Alternative basis using nonstabilized rates	
Mortality sponsor elections		
• All participants	Section 430(h)(3) prescribed generational annuitant and nonannuitant mortality tables. These tables are based on the Pri-2012 mortality tables projected with mortality improvement using Scale MP-2021 adjusted in accordance with IRS regulations.	
• 417(e) lump sums	Liabilities are determined based on the underlying annuity used by the plan to determine the lump sum amount, rather than valuing the lump sum payment. This annuity is valued based on funding interest rates rather than 417(e) rates and current year 417(e) unisex mortality.	
Other economic assumptions		
• Expected investment return	6.35% per year for 2022; 6.95% per year for 2023; 6.85% for 2024	
• Expenses	\$25,000 added to current year normal cost	
• Salary increases for plan compensation	2.50% per year	
• Salary increases for Social Security wages	2.50% per year	
• Social security wage base	2.50% per year	
• Inflation	2.50% per year	
Demographic assumptions		
• Withdrawal	See table of sample rates.	
• Disability incidence	1985 Pension Disability Study Class 3 rates for Elkhart and LaGrange Union participants and Class 1 rates for Salaried participants. See table of sample rates.	
• Retirement age	See tables of sample rates.	
• Benefit commencement age for		
— Future vested deferred	65	
— Current vested deferred	65 (62 for Salaried employees who terminate after 10 years of vesting service)	

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

• Spouse assumptions	Male participants	Female participants	
– Percentage married	85%	85%	
– Spouse age difference	3 years younger (2 years younger for Salaried participants)	3 years older (2 years older for Salaried participants)	
Form of payment — LaGrange Union	Single life	55% J&S	
• Current vested deferred	100%	0%	
Form of payment – Elkhart Union	Lump sum	10 year Certain & Life	50% J&S
• Active retirements	100%	0%	0%
• Future vested deferred	0%	100%	0%
• Future disabilities	0%	100%	0%
• Future deaths	0%	0%	100%
• Current vested deferred	0%	100%	0%
Form of payment – Salaried	Lump sum	Single Life	50% J&S
• Active retirements	0%	100%	0%
• Future vested deferred	0%	100%	0%
• Future disabilities	0%	100%	0%
• Future deaths	0%	0%	100%
• Current vested deferred	0%	100%	0%

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

Table of sample rates

Attained age	Percentage			
	Withdrawal – Elkhart union		Withdrawal - Salaried	
	Male	Female	Male	Female
20	21.95%	31.96%	14.95%	24.96%
25	16.94	21.95	9.94	14.95
30	13.91	16.94	6.91	9.94
35	11.88	13.91	4.88	6.91
40	9.82	11.88	2.82	4.88
45	8.67	9.82	1.67	2.82
50	7.40	8.67	0.40	1.67
55	0.00	7.40	0.00	0.40

Attained age	Percentage			
	Disability – Elkhart union		Disability - Salaried	
	Male	Female	Male	Female
20	0.15%	0.09%	0.03%	0.03%
25	0.22	0.15	0.04	0.05
30	0.31	0.25	0.05	0.08
35	0.43	0.39	0.07	0.14
40	0.60	0.55	0.12	0.21
45	0.83	0.78	0.20	0.32
50	1.22	1.20	0.36	0.53
55	2.12	1.96	0.72	0.95
60	3.24	2.33	1.26	1.16

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

Attained age	Percentage	
	Retirement – Elkhart Union	Retirement – Salaried
55	1%	5%
56	1	3
57	1	3
58	2	4
59	2	4
60	2	5
61	3	5
62	35	40
63	25	20
64	25	20
65	80	70
66	70	50
67 and above	100	100

Rationale for Economic Assumptions

- Salary increases – This assumption was selected based on discussion with management regarding their expectation for future salary increases.
- Social Security taxable wage base increases – This assumption was selected based on discussion with management regarding their expectation for future salary increases.
- Inflation – This assumption is based on the inflation assumption periodically published by Mercer Investment Consulting in their Capital Markets Outlook, rounded down to the nearest 25 bps.
- Expected investment return – The expected rate of return on plan assets is based on the median simulated investment return using capital market assumptions published in Mercer's Investment Consulting's Capital Markets Outlook for the plan's current asset mix plus incremental return due to active management net of fees.
- Expenses – Assumes that the administrative expenses to be paid for 2024 will equal those paid in 2023.

Rationale for Demographic Assumptions

- Withdrawal rates – The withdrawal rates for the Elkhart Union were increased by 7 percentage points at each age based on recent experience for the 2013 and 2014 plan years and the plan sponsor's belief that this period will be representative of anticipated future experience. The withdrawal rates for the Salaried employees were not updated based on recent experience for the 2013 and 2014 plan years due to the plan sponsor's belief that there were non-recurring events during that time period and that the current rates are representative of future experience.
- Retirement rates – The current retirement rates for all groups were reviewed based on experience for the 2013 and 2014 plan years and found to be in line with current rates. The expectation is that future retirement patterns will not differ significantly from the current rates and the period studied.

Schedule SB, Part V — Statement of Actuarial Assumptions/Methods**Actuarial methods for funding****Asset Methods**

The asset valuation method is an average of the adjusted market value for each quarter during the last 8 quarters preceding the valuation date. The adjusted market value is the market value at each determination date adjusted to the valuation date based on actual cash flows and expected interest at the lesser of the expected rate of return and the third segment rate. This amount is adjusted to be no greater than 110% and no less than 90% of the fair market value, as defined in IRC Section 430

A characteristic of this asset method is that, over time, it is slightly more likely to produce an actuarial value of assets that is less than the market value of assets than an actuarial value that is greater than the market value.

Participant Methods

Participants or former participants are included or excluded from the valuation as described below:

- **Participants included:** The plan sponsor provides us with data on eligible employees as of the valuation date.
- **Participants excluded:** No actuarial liability is included for nonvested participants who terminated prior to the valuation date. For this purpose, participants with a break in service on the valuation date are treated as terminated participants.
- **Insurance contracts:** The plan does not have any insurance contracts.

Minimum Funding Methods

The funding target for minimum funding calculations is computed using the traditional unit credit method of funding. The objective under this method is to fund each participant's benefits under the plan as they accrue. Thus, the total pension to which each participant is expected to become entitled at retirement is broken down into units, each associated with a year of past or future credited service.

A detailed description of the calculation follows:

- The plan's valuation date is the beginning of the plan year.
- An individual's **funding target** is the present value of future benefits based on credited service and average pay (if applicable) as of the beginning of the plan year, and an individual's **target normal cost** is the present value of the benefit expected to accrue in the plan year. If multiple decrements are used, the funding target and the target normal cost for an individual is the sum of the component funding targets and target normal costs associated with the various anticipated separation dates.
- The plan provides disability benefits (salaried participants) that are only partially based on a participant's accrued benefit or years of service. This benefit is allocated to funding target based on the accrued benefit on the valuation date plus a portion of the excess of the benefit over the accrued benefit multiplied by the ratio of the participant's service at the beginning of the plan year to their service at each decrement age. This benefit is allocated to target normal cost based on the proportionate benefit attributable to the increase in the participant's service and compensation during the plan year.
- The plan's **target normal cost** is the sum of the individual target normal costs, and the plan's **funding target** is the sum of the individual funding targets for all participants under the plan.

THE DOMETIC CORPORATION PENSION PLAN
SCHEDULE H, LINE 4j – SCHEDULE OF REPORTABLE TRANSACTIONS
Year ended December 31, 2024

Plan Sponsor: Dometic Corporation
Employer Identification Number: 32-0145464
Plan Number: 001

(a) Identity of <u>Party Involved</u>	(b) Description of Asset (Include Interest Rate and <u>Maturity in Case of a Loan</u>)	(c) Purchase <u>Price</u>	(d) Selling <u>Price</u>	(e) Cost <u>Basis</u>	(f) Current Value of Asset on <u>Transaction Date</u>	(g) Net Gain or <u>Loss</u>
Category (i) : A single transaction in excess of 5% of the current value of Plan assets.						
Mercer	Long Duration Investment Grade	\$ 1,426,477	\$ -	\$ -	\$ 1,426,477	\$ -
Mercer	US Large Cap Core Passive Equity	1,618,360	-	-	1,618,360	-
Mercer	US Large Cap Core Passive Equity	-	2,938,132	1,700,672	2,938,132	1,237,460
Mercer	US Large Cap Core Passive Equity	1,684,524	-	-	1,684,524	-
Mercer	Long Corp Fixed Income Mutual Fund	3,440,044	-	-	3,440,044	-

(Continued)

THE DOMETIC CORPORATION PENSION PLAN
SCHEDULE H, LINE 4j – SCHEDULE OF REPORTABLE TRANSACTIONS
Year ended December 31, 2024

Plan Sponsor: Dometic Corporation
Employer Identification Number: 32-0145464
Plan Number: 001

(a) Identity of <u>Party Involved</u>	(b) Description of Asset (Include Interest Rate and <u>Maturity in Case of a Loan</u>)	(c) <u>Purchase</u> Price	(d) <u>Selling</u> Price	(e) <u>Cost</u> Basis	(f) Current Value of Asset on <u>Transaction Date</u>	(g) Net Gain or Loss
Category (iii): A series of transactions in the same security in excess of 5% of the current value of Plan assets.						
Mercer	US Core Opportunistic Fixed Income	\$ 264,922	\$ -	\$ 264,922	\$ 264,922	\$ -
Mercer	US Core Opportunistic Fixed Income	-	1,937,430	991,481	1,937,430	945,949
Mercer	Long Duration Investment Grade	1,426,477	-	1,426,477	1,426,477	-
Mercer	Long Duration Investment Grade	-	21,427	20,673	21,427	754
Mercer	US Large Cap Core Passive Equity	3,756,140	-	3,756,140	3,756,140	-
Mercer	US Large Cap Core Passive Equity	-	3,895,881	2,264,969	3,895,881	1,630,912
Mercer	Non-US Core Equity Port Collective Trust	172,761	-	172,761	172,761	-
Mercer	Non-US Core Equity Port Collective Trust	-	1,616,122	977,881	1,616,122	638,241
Mercer	Long Corp Fixed Income Mutual Fund	3,563,490	-	3,563,490	3,563,490	-
Mercer	Long Corp Fixed Income Mutual Fund	-	167,152	164,530	167,152	2,622
SSC	Short-Term Investment Fund	1,635,768	-	1,635,768	1,635,768	-
SSC	Short-Term Investment Fund	-	1,631,082	1,631,082	1,631,082	-

See Independent Auditor's Report.

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.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

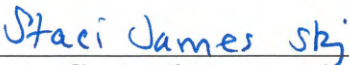
▶ **Round off amounts to nearest dollar.**

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

A Name of plan DOMETIC CORPORATION 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 DOMETIC CORPORATION	D Employer Identification Number (EIN) 32-0145464	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

Part I Basic Information			
1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>			
2 Assets:			
a Market value	2a		28,654,742
b Actuarial value	2b		28,767,912
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	246	16,079,482	16,079,482
b For terminated vested participants	296	13,423,036	13,423,036
c For active participants	20	2,655,364	2,727,514
d Total	562	32,157,882	32,230,032
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)	<input type="checkbox"/>		
a Funding target disregarding prescribed at-risk assumptions	4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5 Effective interest rate	5		5.16 %
6 Target normal cost			
a Present value of current plan year accruals	6a		1,396
b Expected plan-related expenses	6b		25,000
c Target normal cost	6c		26,396

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>10/13/2025</u> Date
	STACI JAMES Type or print name of actuary	2306060 Most recent enrollment number
	MERCER Firm name	502-561-4500 Telephone number (including area code)
	400 WEST MARKET STREET SUITE 500 LOUISVILLE KY 40202 Address of the firm	

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

21 Discount rate:				
a Segment rates:	1st segment: 4.75%	2nd segment: 4.87%	3rd segment: 5.59%	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code).....				21b 4
22 Weighted average retirement age				22 62
23 Mortality table(s) (see instructions)	<input type="checkbox"/> Prescribed - combined	<input checked="" 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 checked="" type="checkbox"/> Yes	<input 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	26,396	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	3,462,843	322,932	
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		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)....	34	349,328	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0
36 Additional cash requirement (line 34 minus line 35).....	36	349,328	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37	350,162	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	834	
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
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Schedule SB, line 22 — Description of Weighted Average Retirement Age

Each employee is assumed to retire in accordance with the table of retirement rates. The proportion of employees expected to retire at each potential retirement age is shown below (for each division). The average retirement age, which is the weighted average age for all divisions based on the number of active members in each division, is 62.

Weighted average retirement age for Elkhart:

(A) Retirement age	(B) Retirement percent	(C) Lx	(D) Number of employees expected to retire (B) x (C)	(E) (A) x (D)
55	1.0%	10,000	100	5,500
56	1.0%	9,900	99	5,544
57	1.0%	9,801	98	5,586
58	2.0%	9,703	194	11,252
59	2.0%	9,509	190	11,210
60	2.0%	9,319	186	11,160
61	3.0%	9,133	274	16,714
62	35.0%	8,859	3,101	192,262
63	25.0%	5,758	1,440	90,720
64	25.0%	4,319	1,080	69,120
65	80.0%	3,239	2,590	168,350
66	70.0%	648	454	29,964
67	100.0%	194	194	12,998
Total			10,000	630,380
Average				63.04

Schedule SB, line 22 — Description of Weighted Average Retirement Age

Weighted average retirement age for Salaried:

(A) Retirement age	(B) Retirement percent	(C) Lx	(D) Number of employees expected to retire (B) x (C)	(E) (A) x (D)
55	5.0%	10,000	500	27,500
56	3.0%	9,500	285	15,960
57	3.0%	9,215	276	15,732
58	4.0%	8,939	358	20,764
59	4.0%	8,581	343	20,237
60	5.0%	8,238	412	24,720
61	5.0%	7,826	391	23,851
62	40.0%	7,435	2,974	184,388
63	20.0%	4,461	892	56,196
64	20.0%	3,569	714	45,696
65	70.0%	2,855	1,999	129,935
66	50.0%	856	428	28,248
67	100.0%	428	428	28,676
Total			10,000	621,903
Average				62.19

Schedule SB, Part V — Summary of Plan Provisions

Summary of Major Plan Provisions

Significant event	Effective December 31, 2015, the Salaried Plan and the Elkhart Plan were merged into the LaGrange Plan and the merged plan was renamed the Dometic Corporation Pension Plan.
Lagrange union plan provisions	
Effective date and plan year	Original plan: October 1, 1965 Restated plan: January 1, 2014 Plan year: Calendar year
Status of the plan	All LaGrange union participants are inactive
Definitions	
<ul style="list-style-type: none"> Covered employees 	An employee at any age shall become a member of the plan on the first day on which he is employed in Covered Employment (covered by a collective bargaining agreement between the company and the union). No employees hired or rehired on or after July 8, 2014 will become participants.
<ul style="list-style-type: none"> Participation 	Immediate
<ul style="list-style-type: none"> Vesting service 	A participant is credited with a full year of Vesting Service for each year in which they are credited with 870 or more hours of service. Partial vesting service is granted in increments of one-tenth of a year for each 170 hours of service, with any remaining hours, if 85 or more, counting as one-tenth of a year.
<ul style="list-style-type: none"> Credited service 	A participant is credited with one year of Credited Service for each plan year in which the participant works at least 1,700 hours. Partial service is granted in increments of one-tenth of a year for each 170 hours of service, with any remaining hours, if 85 or more, counting as one-tenth of a year. Credited Service is frozen as of December 31, 2014 for participants who made the one-time election to participate in the Dometic Corporation 401(k) Savings Plan.
Normal retirement	
<ul style="list-style-type: none"> Eligibility 	First of the month coinciding with or next following the attainment of age 65.

Schedule SB, Part V — Summary of Plan Provisions

- Benefit

The accrued benefit earned as of the participant’s termination date is determined by multiplying the years of Credited Service by the dollar multiplier in effect when employment ends.

A table of dollar multipliers is provided below:

<u>Date of Termination</u>	<u>Dollar Multiplier</u>
01/01/1989 – 02/12/1989	\$12.50
02/13/1989 – 12/01/1989	\$13.00
12/02/1989 – 07/08/1991	\$14.00
07/09/1991 – 07/08/1992	\$14.50
07/09/1992 – 11/20/1992	\$15.00
11/21/1992 – 07/08/1994	\$15.50
07/09/1994 – 07/08/1995	\$16.00
07/09/1995 – 11/15/1995	\$16.50
11/16/1995 – 10/18/1998	\$17.50
10/19/1998 – 06/30/1999	\$18.50
07/01/1999 – 06/30/2000	\$19.00
07/01/2000 – 05/31/2002	\$19.50
06/01/2002 – 07/07/2003	\$20.00
07/08/2003 – 07/07/2004	\$20.50
07/08/2004 – 06/30/2005	\$21.00
07/01/2005 – 06/29/2006	\$21.50
07/01/2006 – 06/29/2007	\$22.00
07/01/2007 – 06/30/2008	\$22.50
07/01/2008 – 07/07/2011	\$22.75
07/08/2011 – 07/07/2014	\$23.00
On and after 7/8/2014	\$23.25

Schedule SB, Part V — Summary of Plan Provisions

Early retirement	
• Eligibility	Members with attained age 60 and at least ten years of Credited Service may elect to retire before his or her Normal Retirement Date.
• Benefit	Monthly annuity equal to the Normal Retirement Benefit based on service as of early retirement, reduced by 0.556% for each full month by which the Early Retirement Date precedes age 65. Benefits are unreduced if age at commencement is 65 or over. A Temporary Supplement benefit is payable for participants retiring directly from active status between the participant’s 60th and 62nd birthday with 10 years of Credited Service, in the amount of \$96, reduced by 0.556% for each month retirement precedes age 62. This amount is payable until age 62.
Late retirement	
• Eligibility	A member who continues in service after his or her Normal Retirement Date may elect to have annuity payments begin at a deferred commencement age.
• Benefit	Monthly annuity equal to the Normal Retirement Benefit based on the service through the retirement date.
Deferred vested	
• Eligibility	After completion of 5 years of Vesting Service.
• Benefit	Accrued benefit payable at Normal Retirement or reduced benefit payable at Early Retirement.
Disability Retirement	
• Eligibility	Participants who become permanently and totally disabled and terminate employment with at least 10 years of Credited Service before Normal Retirement Date will be eligible for a Disability Benefit.
• Benefit	The monthly Disability Benefit is equal to \$13.70 multiplied by years of credited service (up to a maximum of 25 years) plus the applicable dollar multiplier (under Normal Retirement) multiplied by the years of Credited Service in excess of 25. The Disability Benefit is unreduced for commencement prior to Normal Retirement Date. When reaching Normal Retirement Date, this disabled participant would start receiving an adjusted benefit which is no less than what he would receive under his Normal Retirement Benefit.

Schedule SB, Part V — Summary of Plan Provisions

**Medicare supplement benefit
 (special age 65 benefit)**

- Eligibility Available only if directly retired from active status.
- Benefit An eligible participant shall receive a Medicare supplement benefit of \$14.20 per month. The benefit will be payable as a life annuity from age 65, or the date the participant becomes eligible to enroll in Medicare Part B, if earlier. No benefit is payable to the surviving spouse upon death of the participant.

Pre-retirement surviving spouse coverage

- Eligibility Participants, who have been married one year, are eligible for a pre-retirement spouse’s benefit after completion of 5 years of Vesting Service.
- Benefit If participant has at least 10 years of service, Qualified Joint and 55% Survivor Annuity payable at the participant’s Early Retirement Date or date of death, if later. If the participant has at least 5, but not more than 10 years of service, Qualified Joint and 55% Survivor Annuity payable at the participant’s Normal Retirement Date.

Form of benefits

- Normal form for unmarried participants Life only
- Normal form for married participants Joint and 55% spouse annuity
- Optional forms Joint and 75% survivor annuity
- Optional form conversion factors An interest rate of 7% and mortality rates prescribed by the Secretary of the Treasury under Internal Revenue Code (IRC) Section 417(e)(3) for the current plan year.

Miscellaneous

- Maximum benefits Annual benefits may not exceed the limits in IRC Section 415. This limit is indexed annually. For 2024, the limit is \$275,000.

Elkhart union plan provisions

Effective date and plan year Original plan: January 1, 1976
 Restated plan: January 1, 2014
 Last amended: October 1, 2015
 Plan year: Calendar Year

Schedule SB, Part V — Summary of Plan Provisions

Status of the plan	The plan has ongoing benefit accruals; however, no employee who is initially hired on or after October 1, 2015 shall become a participant. A former employee who is rehired on or after October 1, 2015 but was never a participant shall not become a participant upon rehire. Any former participant in the plan who is rehired on or after October 1, 2015 shall again become an active participant in the plan upon rehire.
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Definitions

<ul style="list-style-type: none"> • Covered employees 	An employee shall become a member of the plan on the January 1 following the attainment of age 20 and one year of participation eligibility service. See status of plan above for additional information regarding participants/employees hired or rehired on or after October 1, 2015.
<ul style="list-style-type: none"> • Participation eligibility service 	An employee will be credited with a year of participation eligibility service for each eligibility computation period ending after his hire date in which he is credited with 500 or more hours of service, but no participation eligibility service will be credited for any eligibility computation period in which the employee has fewer than 500 hours of service. The eligibility computation period is the period of 6 consecutive months beginning on the date of hire or rehire date(s) (if any).
<ul style="list-style-type: none"> • Vesting service 	A participant is credited with one year of vesting service for each plan year in which the participant works at least 1,000 hours. No partial service is granted except in the case of the first plan year and last plan year of employment. The increment for partial service is the actual hours less than 1,000 hours divided by 1,000, and rounded to nearest 1/10.
<ul style="list-style-type: none"> • Credited service 	A participant is credited with one year of benefit service for each plan year in which the participant works at least 1 hour.
<ul style="list-style-type: none"> • Final Average Credited Compensation 	The participant’s credited compensation for all years of credited service, divided by the participant’s total months of credited service.
<ul style="list-style-type: none"> • Primary Social Security benefit 	The annual amount of old age insurance benefit (Primary Insurance Amount) expected to be paid to the participant by Social Security, prorated by years of credited service at the time of determination over the total expected years of credited service at the participant’s normal retirement date. For purpose of computing the amount expected to be paid by social security, earnings are projected forward from date of determination to age 65, and all earnings are constrained by the definition of eligible social security wages as put forth by law. Effective April 1, 2013, the proration on the primary insurance amount has been removed from the calculation of the normal retirement benefit.

Schedule SB, Part V — Summary of Plan Provisions

<ul style="list-style-type: none"> Credited Compensation 	<p>The aggregate basic compensation, including commissions, paid to an active participant by the employer or a related company during the plan year but excluding bonuses, overtime pay, other extra compensation, reimbursement for expenses and employer contributions paid under the plan or any other plan of deferred compensation or any welfare plan. The maximum salary used to determine plan benefits is limited as required by IRC Section 401(a)(17).</p>
Normal retirement	
<ul style="list-style-type: none"> Eligibility 	<p>First of the month coinciding with or next following the attainment of age 65.</p>
<ul style="list-style-type: none"> Benefit 	<p>The monthly accrued benefit earned as of the participant's termination date is defined as one-twelfth of the formula below: 75% of the Participant's Final Average Credited Compensation minus 66% of the Participant's Primary Social Security, and the difference is multiplied by the ratio of Credited Service to date divided by 20 years, if total Credited Service is less than 20. The resulting accrued benefit cannot be less than the accrued benefit calculated under the formula above as of March 31, 2013.</p>
Early retirement	
<ul style="list-style-type: none"> Eligibility 	<p>Attained age 55 and at least 10 years of Credited Service.</p>
<ul style="list-style-type: none"> Benefit 	<p>Monthly annuity equal to the Normal Retirement benefit based on service as of Early Retirement, reduced by 0.556% for each month by which the Early Retirement date precedes the participant's Normal Retirement Date, up to 60 months. An additional reduction of 0.278% per month is made for each additional month that retirement precedes the participant's Normal Retirement Date.</p>
Late retirement	
<ul style="list-style-type: none"> Eligibility 	<p>A member who continues in service after his or her Normal Retirement Date may elect to have annuity payments begin at a deferred commencement date.</p>
<ul style="list-style-type: none"> Benefit 	<p>Monthly annuity equal to the Normal Retirement Benefit based on service through the Late Retirement Date or an actuarially increased Normal Retirement Benefit, whichever is greater.</p>
Deferred vested	
<ul style="list-style-type: none"> Eligibility 	<p>After completion of 3 years of Vesting Service.</p>
<ul style="list-style-type: none"> Benefit 	<p>Accrued benefit payable at Normal Retirement or reduced benefit payable at Early Retirement if has 10 years of credited service.</p>

Schedule SB, Part V — Summary of Plan Provisions

Disability

- **Eligibility** Participants who become permanently and totally disabled after attaining age 45 and terminate employment with at least 10 years of Credited Service before Normal Retirement Date will be eligible for a Disability Benefit.

 - **Benefit** Same as for Early Retirement prior to Normal Retirement Date. When reaching Normal Retirement Date, a disabled participant would start receiving an adjusted benefit which is no less than his accrued benefit at his date of termination.
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Pre-retirement Death

- **Eligibility** Participants, who have been married one year, are eligible for a pre-retirement spouse's benefit after completion of 3 years of Vesting Service.

 - **Benefit** If participant has at least 10 years of service, Qualified Joint and 50% Survivor Annuity payable at the participant's earliest retirement date or date of death, if later. If the participant has at least 3, but not more than 10 years of service, Qualified Joint and 50% Survivor Annuity payable at the participant's normal retirement date.
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Form of benefits

- **Automatic form for unmarried participants** Ten-year certain and life annuity.

 - **Automatic form for married participants** Joint and 50% Survivor annuity.

 - **Optional forms** Life annuity
 5 Year Certain and Life Annuity
 Joint and 50% Survivor Annuity
 Joint and 75% Survivor Annuity
 Joint and 100% Survivor Annuity
 Actuarially equivalent Lump Sum at retirement eligibility

 - **Optional form conversion factors** For purposes of determining the amount of any optional form of retirement income payable other than a lump sum distribution, an interest rate of 7% and mortality rates prescribed by the Secretary of the Treasury under Internal Revenue Code (IRC) Section 417(e)(3) for the current plan year. For lump sums, the interest rates are the prescribed rates by the Secretary of the Treasury under IRC Section 417(e)(3) for the second calendar month preceding the plan year of distribution.
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Schedule SB, Part V — Summary of Plan Provisions

Miscellaneous

- **Maximum compensation** Compensation for any 12-month period used to determine accrued benefits may not exceed the limits in IRC Section 401(a)(17) for the calendar year in which the 12-month period begins. This limit is indexed annually. For 2024, the limit is \$345,000.
- **Maximum benefits** Annual benefits may not exceed the limits in IRC Section 415. This limit is indexed annually. For 2024, the limit is \$275,000.

Salaried plan provisions

- Effective date and plan year** Original plan: August 1, 2001
 Restated plan: January 1, 2014
 Plan year: Calendar year
- Status of the plan** Participation in the plan was limited to those employees who were participating as of December 31, 2005. Benefit accruals were frozen as of December 31, 2021.

Definitions

- **Covered employees** An employee shall become a member of the plan on the January 1 following the attainment of age 21 and one year of Vesting Service. Participation is limited to those employees who were participating in this plan as of December 31, 2005.
 - **Vesting service** A participant shall be credited with Vesting Service for all Periods of Service (computed in years and months), regardless of whether such Periods of Service are completed consecutively. Periods of Service shall be aggregated on the basis that 30 days shall equal a full one-month Period of Service and 12 one-month Periods of Service shall equal a full Year of Vesting Service. Fractional Years of Vesting Service shall be rounded to the nearest one month Period of Service.
 - **Credited service** A participant shall be credited with Credited Service for all Periods of Service (computed in years and months), regardless of whether such Periods of Service are completed consecutively. Periods of Service shall be aggregated on the basis that 30 days shall equal a full one-month Period of Service and 12 one-month Periods of Service shall equal a full Year of Credited Service. Fractional Years of Credited Service shall be rounded to the nearest one month Period of Service.
 No Credited Service will be credited after December 31, 2021.
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Schedule SB, Part V — Summary of Plan Provisions

<ul style="list-style-type: none"> Final average compensation 	<p>Average of the greater of (i) and (ii): (i) the participant's highest 60 consecutive months of pay during the last 120 months of service, and (ii) the participant's highest 5 consecutive calendar years out of the last 10 consecutive full calendar years.</p> <p>Final average compensation will not increase after December 31, 2021.</p>
<ul style="list-style-type: none"> Average social security earnings 	<p>The lesser of (a) the average monthly compensation of a Participant (up to the Taxable Wage Base in effect at the beginning of such calendar year) during the last three consecutive calendar years of his Credited Service, or during all of the years of his Credited Service if less than three, or (b) the Participant's Covered Compensation.</p>
<ul style="list-style-type: none"> Compensation 	<p>Base salary or wages; Compensation includes, but is not limited to, commissions, overtime pay and incentive bonuses but excludes reimbursements and other expense allowances, fringe benefits (cash and noncash), moving expenses, stock options, phantom stock options, stock appreciation rights, deferred stock, long-term incentive bonus payments, other deferred or extra compensation, welfare benefits, severance payments, Company contributions to any Company profit-sharing plan and amounts credited under any other qualified or non-qualified plan of deferred compensation, other than salary deferrals attributable to other than long-term incentive bonus payments pursuant to a salary reduction agreement under Code Section 401 (k). The maximum salary used to determine Plan benefits is limited as required by IRC Section 401 (a)(17).</p>
<p>Normal retirement</p>	
<ul style="list-style-type: none"> Eligibility 	<p>First of the month coinciding with or next following the attainment of age 65.</p>

Schedule SB, Part V — Summary of Plan Provisions

<ul style="list-style-type: none"> • Benefit 	<p>The accrued benefit earned as of the participant's termination date is defined based upon the formula below:</p> <ol style="list-style-type: none"> 1) 1.35% of the Participant's Final Average Compensation minus 2) The lesser of the following: <ol style="list-style-type: none"> a) the Participant's Average Social Security Earnings multiplied by whichever of the following is applicable: (1) 0.6% in the case of a Participant whose Social Security Retirement Age is 65, (2) 0.57% in the case of a Participant whose Social Security Retirement Age is 66 or (3) 0.52% in the case of a Participant whose Social Security Retirement Age is 67 b) 0.6% of his Final Average Compensation the resulting quantity of which is multiplied by 3) The number of his Years of Credited Service not in excess of 35 plus 4) 1% of the Participant's Final Average Compensation multiplied by the number of his Years of Credited Service in excess of 35 minus 5) The Participant's benefit under the prior plan.
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Early retirement

<ul style="list-style-type: none"> • Eligibility 	<p>Members with attained age 55 and at least 10 years of Vesting Service may elect to retire before his or her Normal Retirement Date.</p>
<ul style="list-style-type: none"> • Benefit 	<p>Monthly annuity equal to the Normal Retirement Benefit based on service as of early retirement, reduced by 0.6% for each month by which the Early Retirement Date precedes age 62. Benefits are unreduced if age at commencement is 62 or over.</p>

Supplement Benefit

<ul style="list-style-type: none"> • Eligibility 	<p>If a participant retires after age 62 with at least 10 years of Vesting Service from active service and begins receiving monthly benefits before age 65, he or she will receive a Temporary Supplement Pension payable monthly from his or her date of retirement until age 65.</p>
<ul style="list-style-type: none"> • Benefit 	<p>If completed 10 years of vesting service prior to August 1, 2008, \$400 per month multiplied by years of vesting service after August 1, 2001 and divided by all years of vesting service. If completed 10 years of vesting service on or after August 1, 2008, \$400 per month.</p>

Schedule SB, Part V — Summary of Plan Provisions

Late retirement	
• Eligibility	A member who continues in service after his or her normal retirement date may elect to have annuity payments begin at a deferred commencement date.
• Benefit	Monthly annuity equal to the benefit calculated in the same manner as described in Normal Retirement above, based on service and salary history at actual retirement date.
Deferred vested	
• Eligibility	After completion of 5 years of Vesting Service.
• Benefit	Accrued benefit payable at Normal Retirement or reduced benefit payable at Early Retirement.
Disability	
• Eligibility	Participants who become permanently and totally disabled at any age and terminate employment with at least 5 years of Vesting Service before Normal Retirement Date shall be eligible to retire on a normal Pension or an early Pension.
• Benefit	Same as Early Retirement or Normal Retirement, except (i) Vesting Service and Credited Service shall continue to be granted during the period of Disability until the Participant's Annuity Starting Date, (ii) the period over which the Participant's Average Social Security Earnings are determined shall be the last three consecutive calendar years of his Credited Service ending on or before the end of the first 22 consecutive weeks of the Participant's Disability, and (iii) the Participant's Final Average Compensation shall be determined over the period of consecutive calendar months ending at the end of the first 22 consecutive weeks of the Participant's Disability.
Pre-retirement surviving spouse coverage	
• Eligibility	Participants, who have been married one year, are eligible for a pre-retirement spouse's benefit after completion of 5 years of Vesting Service.
• Benefit	If participant has at least 10 years of service, Qualified Joint and 50% Survivor Annuity payable at the participant's earliest retirement date or date of death, if later. If the participant has at least 5, but not more than 10 years of service, Qualified Joint and 50% Survivor Annuity payable at the participant's Normal Retirement Date.
Form of benefits	
• Automatic form for unmarried participants	Life only

Schedule SB, Part V — Summary of Plan Provisions

<ul style="list-style-type: none"> Automatic form for married participants 	Joint and 50% survivor annuity
<ul style="list-style-type: none"> Optional forms 	10 year certain and life annuity Joint and 50% survivor annuity Joint and 75% survivor annuity Joint and 100% survivor annuity
<ul style="list-style-type: none"> Optional form conversion factors 	An interest rate of 7% and mortality rates prescribed by the Secretary of the Treasury under IRC Section 417(e)(3) for the current plan year.
Miscellaneous	
<ul style="list-style-type: none"> Maximum benefits 	Annual benefits may not exceed the limits in IRC Section 415. This limit is indexed annually. For 2024, the limit is \$275,000.

Schedule SB, Part V — Summary of Plan Provisions

Benefits Included or Excluded

Unless noted below, all benefits provided by the plan, as restated and amended through the valuation date, are included in this valuation:

- **Plan amendments excluded:** None
- **Late retirement increases:**
 - *Active participants:* The plan provides benefit suspension notices to Salaried participants who work beyond normal retirement; therefore, late retirement actuarial increases only apply to participants who defer retirement beyond age 70½. There are no Salaried participants currently over age 70½. For Elkhart participants, late retirement increases apply for all participants who defer retirement beyond their normal retirement date and this valuation includes those increases.
 - *Deferred vested participants:* Current deferred vested participants over normal retirement age are valued including the late retirement actuarial increase.
- **Internal Revenue Code limitations:** The limitations of Internal Revenue Code Section 415(b) and 401(a)(17) have been incorporated into our calculations.
- **IRC Section 416 rules for top-heavy plans:** We did not test whether this plan is top-heavy (when the present value of benefits for key employees equals or exceeds 60% of the present value for all participants). However, we expect that the plan is not top-heavy due to the large number of rank-and-file participants; therefore, the funding target and target normal cost do not reflect any liability for top-heavy benefit accruals.

Plan provisions specific to funding

Additional benefits included or excluded

- **IRC Section 436 benefit restrictions:**
 - *Unpredictable contingent event benefits:* This valuation excludes restricted contingent event benefits that occurred before the valuation date but includes contingent event benefits which are expected to occur on or after the valuation date regardless of anticipated funding-based limitations.
 - *Plan amendments:* See above.
 - *Prohibited payments:* Limitations on prohibited benefits (if any) are reflected for annuity starting dates before the valuation date but are ignored for annuity starting dates on or after the valuation date.
 - *Benefit accruals:* The plan's funding target does not reflect any limitation on benefit accruals. The target normal cost does not reflect any limitation on benefit accruals.
- **Unpredictable contingent event benefits:** The plan does not have any unpredictable contingent event benefits.

Plan provision changes since prior valuation

Maximum benefit and compensation amounts under IRS rules were updated from 2023 to 2024.

Schedule SB, line 32 — Schedule of Amortization Bases

The total shortfall amortization charge is the sum of the individual shortfall amortization installments for each plan year since the IRC Section 430 changes made by ARPA took effect for the plan. Although an individual shortfall amortization installment can be negative, the combined shortfall amortization charge cannot be less than \$0.

Shortfall bases					
Year established		Outstanding balance	Years remaining		2024 installment
2023	\$	1,766,156	14	\$	168,567
2024		1,696,687	15		154,365
Total	\$	3,462,843		\$	322,932

Schedule SB, line 24 — Change in Actuarial Assumptions

Actuarial assumption changes since prior valuation

- Interest discounts and mortality rates were updated from 2023 to 2024 in accordance with PPA and plan sponsor elections.
- The expected investment return was updated from 6.95% to 6.85% to reflect the plan's asset allocation and capital market expectations as of the valuation date.
- Expenses included in the target normal cost changed from \$31,224 to \$25,000 to reflect our expectations for the current plan year.
- The inflation assumption was updated from 2.00% to 2.50%.