

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

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

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

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

- A This return/report is for: [X] a single-employer plan [ ] a multiple-employer plan (not multiemployer) (Pension Plan filers checking this box must attach Schedule MEP. Other plans must attach a list of participating employer information in accordance with the form instructions.)
B This return/report is [ ] the first return/report [ ] the final return/report [ ] an amended return/report [ ] a short plan year return/report (less than 12 months)
C Check box if filing under: [X] Form 5558 [ ] automatic extension [ ] DFVC program [ ] special extension (enter description)
D If the plan is a collectively-bargained plan, check here [ ]
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here [ ]

Part II Basic Plan Information—enter all requested information

1a Name of plan SPARTON CORPORATION PENSION PLAN
1b Three-digit plan number (PN) 001
1c Effective date of plan 06/01/1963
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) SPARTON CORPORATION 5612 JOHNSON LAKE ROAD DE LEON SPRINGS, FL 32130
2b Employer Identification Number (EIN) 38-1054690
2c Sponsor's telephone number 386-985-4631
2d Business code (see instructions) 334410
3a Plan administrator's name and address [X] Same as Plan Sponsor.
3b Administrator's EIN
3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report.
a Sponsor's name
c Plan Name
4b EIN
4d PN
5a Total number of participants at the beginning of the plan year 94
b Total number of participants at the end of the plan year 90
c(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)
c(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)
d(1) Total number of active participants at the beginning of the plan year 57
d(2) Total number of active participants at the end of the plan year 53
e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested 0

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Row 1: Filed with authorized/valid electronic signature, 01/29/2026, MICHELLE FIGURSKI. Row 2: Signature of employer/plan sponsor, Date, Enter name of individual signing as employer or plan sponsor.

- 6a** Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) .....  Yes  No
  - b** Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) .....  Yes  No
- If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.**
- c** If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? .....  Yes  No  Not determined
- If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 568613. (See instructions.)

<b>Part III Financial Information</b>			
<b>7 Plan Assets and Liabilities</b>		<b>(a) Beginning of Year</b>	<b>(b) End of Year</b>
<b>a</b> Total plan assets .....	<b>7a</b>	3188782	3057680
<b>b</b> Total plan liabilities .....	<b>7b</b>	4783	
<b>c</b> Net plan assets (subtract line 7b from line 7a) .....	<b>7c</b>	3183999	3057680
<b>8 Income, Expenses, and Transfers for this Plan Year</b>		<b>(a) Amount</b>	<b>(b) Total</b>
<b>a</b> Contributions received or receivable from:			
(1) Employers .....	<b>8a(1)</b>		
(2) Participants .....	<b>8a(2)</b>		
(3) Others (including rollovers) .....	<b>8a(3)</b>		
<b>b</b> Other income (loss) .....	<b>8b</b>	191838	
<b>c</b> Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) .....	<b>8c</b>		191838
<b>d</b> Benefits paid (including direct rollovers and insurance premiums to provide benefits) .....	<b>8d</b>	197284	
<b>e</b> Certain deemed and/or corrective distributions (see instructions) .	<b>8e</b>		
<b>f</b> Administrative service providers (salaries, fees, commissions) .....	<b>8f</b>	48373	
<b>g</b> Other expenses .....	<b>8g</b>	72500	
<b>h</b> Total expenses (add lines 8d, 8e, 8f, and 8g) .....	<b>8h</b>		318157
<b>i</b> Net income (loss) (subtract line 8h from line 8c) .....	<b>8i</b>		-126319
<b>j</b> Transfers to (from) the plan (see instructions) .....	<b>8j</b>		

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

<b>Part V Compliance Questions</b>		<b>Yes</b>	<b>No</b>	<b>Amount</b>
<b>10</b>	During the plan year:			
<b>a</b>	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program) .....		X	
<b>b</b>	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) .....		X	
<b>c</b>	Was the plan covered by a fidelity bond? .....	X		5000000
<b>d</b>	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....		X	
<b>e</b>	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.) .....		X	
<b>f</b>	Has the plan failed to provide any benefit when due under the plan? .....		X	
<b>g</b>	Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) .....		X	
<b>h</b>	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) .....			
<b>i</b>	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3 .....			

**Part VI Pension Funding Compliance**

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

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

**b PBGC missed contribution reporting requirements.** If the plan is covered by PBGC and the amount reported on line 11a is greater than \$0, has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:  
 Yes.  
 No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.  
 No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.  
 No. Other. Provide explanation \_\_\_\_\_

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

**a** If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver. .... Month Day Year

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

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

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

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

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

**Part VII Plan Terminations and Transfers of Assets**

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

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

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

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

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

**Part VIII IRS Compliance Questions**

**14a** Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules?  Yes  No

**14b** If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).

- Design-based safe harbor method
- "Prior year" ADP test
- "Current year" ADP test
- N/A

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

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

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

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

<b>A</b> Name of plan <u>SPARTON CORPORATION PENSION PLAN</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>001</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>SPARTON CORPORATION</u>	<b>D</b> Employer Identification Number (EIN) <u>38-1054690</u>	
<b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	<b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input checked="" type="checkbox"/> 101-500 <input type="checkbox"/> More than 500	

**Part I Basic Information**

<b>1</b> Enter the valuation date:	Month <u>07</u> Day <u>01</u> Year <u>2024</u>		
<b>2</b> Assets:			
<b>a</b> Market value .....	<b>2a</b>		<u>3189273</u>
<b>b</b> Actuarial value .....	<b>2b</b>		<u>2990398</u>
<b>3</b> Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
<b>a</b> For retired participants and beneficiaries receiving payment .....	<u>29</u>	<u>983184</u>	<u>983184</u>
<b>b</b> For terminated vested participants .....	<u>8</u>	<u>105426</u>	<u>105426</u>
<b>c</b> For active participants .....	<u>57</u>	<u>937318</u>	<u>938381</u>
<b>d</b> Total .....	<u>94</u>	<u>2025928</u>	<u>2026991</u>
<b>4</b> If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>			
<b>a</b> Funding target disregarding prescribed at-risk assumptions .....	<b>4a</b>		
<b>b</b> Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor .....	<b>4b</b>		
<b>5</b> Effective interest rate .....	<b>5</b>		<u>5.12 %</u>
<b>6</b> Target normal cost			
<b>a</b> Present value of current plan year accruals .....	<b>6a</b>		<u>0</u>
<b>b</b> Expected plan-related expenses .....	<b>6b</b>		<u>37000</u>
<b>c</b> Target normal cost .....	<b>6c</b>		<u>37000</u>

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

<b>SIGN HERE</b>			
	Signature of actuary	<u>01/29/2026</u>	Date
	<u>ELISABETH AGOSTINIS</u>	<u>23-07356</u>	Most recent enrollment number
	<u>WILLIS TOWERS WATSON US LLC</u>	<u>248-936-7700</u>	Telephone number (including area code)
	<u>TRAVELERS TOWER 26555 EVERGREEN ROAD SUITE 1600 SOUTHFIELD, MI 48076</u>		
	Address of the firm		

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

<b>Part II Beginning of Year Carryover and Prefunding Balances</b>		(a) Carryover balance	(b) Prefunding balance
<b>7</b>	Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....	0	0
<b>8</b>	Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....	0	0
<b>9</b>	Amount remaining (line 7 minus line 8) .....	0	0
<b>10</b>	Interest on line 9 using prior year's actual return of <u>14.17</u> % .....	0	0
<b>11</b>	Prior year's excess contributions to be added to prefunding balance:		
<b>a</b>	Present value of excess contributions (line 38a from prior year) .....		0
<b>b(1)</b>	Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.06</u> % .....		0
<b>b(2)</b>	Interest on line 38b from prior year Schedule SB, using prior year's actual return .....		0
<b>c</b>	Total available at beginning of current plan year to add to prefunding balance .....		0
<b>d</b>	Portion of (c) to be added to prefunding balance .....		
<b>12</b>	Other reductions in balances due to elections or deemed elections .....	0	0
<b>13</b>	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) .....	0	0

<b>Part III Funding Percentages</b>			
<b>14</b>	Funding target attainment percentage .....	<b>14</b>	147.52 %
<b>15</b>	Adjusted funding target attainment percentage .....	<b>15</b>	147.52 %
<b>16</b>	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement .....	<b>16</b>	144.11 %
<b>17</b>	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage .....	<b>17</b>	%

<b>Part IV Contributions and Liquidity Shortfalls</b>							
<b>18</b> Contributions made to the plan for the plan year by employer(s) and employees:							
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees		
			<b>Totals ▶</b>	<b>18(b)</b>	0	<b>18(c)</b>	0

<b>19</b>	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:	
<b>a</b>	Contributions allocated toward unpaid minimum required contributions from prior years .....	<b>19a</b> 0
<b>b</b>	Contributions made to avoid restrictions adjusted to valuation date .....	<b>19b</b> 0
<b>c</b>	Contributions allocated toward minimum required contribution for current year adjusted to valuation date .....	<b>19c</b> 0
<b>20</b>	Quarterly contributions and liquidity shortfalls:	
<b>a</b>	Did the plan have a "funding shortfall" for the prior year? .....	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>b</b>	If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>c</b>	If line 20a is "Yes," see instructions and complete the following table as applicable:	
Liquidity shortfall as of end of quarter of this plan year		
(1) 1st	(2) 2nd	(3) 3rd
(4) 4th		

<b>Part V Assumptions Used to Determine Funding Target and Target Normal Cost</b>				
<b>21</b> Discount rate:				
<b>a</b> Segment rates:	1st segment: 4.75 %	2nd segment: 5.12 %	3rd segment: 5.59 %	<input type="checkbox"/> N/A, full yield curve used
<b>b</b> Applicable month (enter code) .....				<b>21b</b> 4
<b>22</b> Weighted average retirement age .....				<b>22</b> 66
<b>23</b> Mortality table(s) (see instructions)	<input checked="" type="checkbox"/> Prescribed - combined <input type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute			

<b>Part VI Miscellaneous Items</b>				
<b>24</b> Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
<b>25</b> Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
<b>26</b> Demographic and benefit information				
<b>a</b> Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. .... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
<b>b</b> Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
<b>27</b> If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....				<b>27</b>

<b>Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years</b>				
<b>28</b> Unpaid minimum required contributions for all prior years .....				<b>28</b> 0
<b>29</b> Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....				<b>29</b> 0
<b>30</b> Remaining amount of unpaid minimum required contributions (line 28 minus line 29).....				<b>30</b> 0

<b>Part VIII Minimum Required Contribution For Current Year</b>				
<b>31</b> Target normal cost and excess assets (see instructions):				
<b>a</b> Target normal cost (line 6c) .....				<b>31a</b> 37000
<b>b</b> Excess assets, if applicable, but not greater than line 31a .....				<b>31b</b> 37000
<b>32</b> Amortization installments:	Outstanding Balance		Installment	
<b>a</b> Net shortfall amortization installment .....	0		0	
<b>b</b> Waiver amortization installment .....	0		0	
<b>33</b> If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount .....				<b>33</b>
<b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....				<b>34</b> 0
	Carryover balance	Prefunding balance	Total balance	
<b>35</b> Balances elected for use to offset funding requirement .....	0	0	0	
<b>36</b> Additional cash requirement (line 34 minus line 35) .....				<b>36</b> 0
<b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) .....				<b>37</b> 0
<b>38</b> Present value of excess contributions for current year (see instructions)				
<b>a</b> Total (excess, if any, of line 37 over line 36)				<b>38a</b> 0
<b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....				<b>38b</b> 0
<b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....				<b>39</b> 0
<b>40</b> Unpaid minimum required contributions for all years .....				<b>40</b> 0

<b>Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)</b>				
<b>41</b> If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. <input type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input checked="" type="checkbox"/> 2021				

# SCHEDULE SB ATTACHMENTS

## Schedule SB, Line 26a Schedule of Active Participant Data as of July 1, 2024

Attained Age	Attained Years of Credited Service <sup>1</sup>										Total	
	Under 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40 & Over		
Under 25	0	0	0	0	0	0	0	0	0	0	0	0
25-29	0	0	0	0	0	0	0	0	0	0	0	0
30-34	0	0	0	0	0	0	0	0	0	0	0	0
35-39	0	1	0	0	0	0	0	0	0	0	0	1
40-44	0	3	1	0	0	0	0	0	0	0	0	4
45-49	0	0	1	0	0	0	0	0	0	0	0	1
50-54	0	4	0	3	0	0	0	0	0	0	0	7
55-59	0	3	2	0	2	5	0	0	0	0	0	12
60-64	0	1	5	6	1	3	2	1	0	0	0	19
65-69	0	0	1	0	2	5	3	0	0	0	0	11
70 & over	0	1	0	0	0	0	0	0	1	0	0	2
Total	0	13	10	9	5	13	5	1	1	0	0	57

<sup>1</sup> Age and service for purposes of determining category are based on exact (not rounded) values.

Plan Name: Sparton Corporation Pension Plan  
 EIN / PN: 38-1054690/001  
 Plan Sponsor: Sparton Corporation  
 Valuation Date: July 1, 2024

# SCHEDULE SB ATTACHMENTS

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

### Economic Assumptions

#### Interest rate basis

- Applicable month: March
- Interest rate basis: Segment Rates from 4<sup>th</sup> Month Preceding Valuation Date

Interest rates	Reflecting Stabilization	Not Reflecting Stabilization
• First segment rate	4.75%	4.64%
• Second segment rate	5.12%	5.12%
• Third segment rate	5.59%	5.10%
• Effective interest rate	5.12%	5.04%

#### Annual rates of increase

- Compensation: N/A
- Future Social Security wage bases: N/A
- Statutory limits on compensation: N/A
- Cash balance interest crediting rate: 3.850%

**Plan-related expenses** \$37,000; 2024 plan year PBGC premiums plus prior year expenses, rounded to nearest \$1,000.

As permitted by law, rates reflecting stabilization are used to determine the funding target and target normal cost, and thus the minimum required contribution under IRC §430 for the plan. Because these assumptions are subject to a corridor based on average interest rates over a 25-year period, they may differ from (and currently are higher than) current market interest rates, and may be inconsistent with other economic assumptions used in the valuation.

Plan Name: Sparton Corporation Pension Plan  
EIN / PN: 38-1054690/001  
Plan Sponsor: Sparton Corporation  
Valuation Date: July 1, 2024

# SCHEDULE SB ATTACHMENTS

---

**Employee contributions**

Employee Contributions accumulated per IRC §411(c) using historical rates through the valuation date and grading to 8% over 4 years thereafter as shown in the following table:

Year	Interest Rate %
1990	10.53
1991	9.66
1992	8.25
1993	6.67
1994	8.22
1995	7.56
1996	8.12
1997	8.00
1998	6.83
1999	7.01
2000	7.96
2001	6.16
2002	5.53
2003	3.06
2004	4.94
2005	4.63
2006	6.08
2007	5.96
2008	4.14
2009	3.32
2010	2.83
2011	2.40
2012	1.10
2013	1.47
2014	2.18
2015	2.12
2016	1.71
2017	2.27
2018	3.45
2019	2.50
2020	0.54
2021	1.20
2022	3.59
2023	4.62
2024	5.40
2025	6.05
2026	6.70
2027	7.35
2028 and after	8.00

---

Plan Name: Sparton Corporation Pension Plan  
EIN / PN: 38-1054690/001  
Plan Sponsor: Sparton Corporation  
Valuation Date: July 1, 2024

# SCHEDULE SB ATTACHMENTS

## Demographic Assumptions

**Inclusion date** The valuation date coincident with or next following the date on which the employee becomes a participant.

**New or rehired employees** It was assumed there will be no new or rehired employees.

**Mortality**

- **Healthy** Single blended table of rates for non-annuitants and annuitants based on PRI-2012 “Employees” and “Healthy Annuitants” (participants and beneficiaries combined) tables, respectively, without collar or amount adjustments, and then projected forward with a static projection as specified in the regulations under §1.430(h)(3)-1 using the IRS adjusted Scale MP-2021 (i.e. MP-2021 with no mortality improvement for 2020-2023 and future mortality improvement capped at 0.78% for years after 2024).
- **Disabled** Same as described above for Healthy Mortality.

**Termination** Rates varying by age and gender

**Representative Termination Rates**

Percentage leaving during the year		
Attained Age	Males	Females
20	22.4%	37.4%
25	14.9%	22.4%
30	10.4%	14.9%
35	7.4%	10.4%
40	4.3%	7.4%
45	2.7%	4.3%
50	0.9%	2.7%
55	0.0%	0.9%
60	0.0%	0.0%
65	0.0%	0.0%

Plan Name: Sparton Corporation Pension Plan  
 EIN / PN: 38-1054690/001  
 Plan Sponsor: Sparton Corporation  
 Valuation Date: July 1, 2024

# SCHEDULE SB ATTACHMENTS

---

**Disability**

40% of disability incidence under the 1972-1976 OASDI study. Sample rates which at participants are assumed to become disabled by age and gender are shown below:

Percentage becoming disabled during the year		
Age	Males	Females
30	0.09%	0.07%
40	0.17%	0.16%
50	0.43%	0.37%
60	1.09%	0.74%

**Retirement**

For purposes of determining the Funding Target and Target Normal Cost, the rates at which participants retire by age are shown below.

Percentage retiring during the year	
Age	Males and Females
55-59	5%
60	10%
61	10%
62	15%
63	12%
64	12%
65	25%
66	25%
67	25%
68	50%
69	50%
70	100%

**Benefit commencement date:**

- Preretirement death benefit      Upon death of the active participant
- Deferred vested benefit      The later of age 65 or current age for monthly annuities; upon termination of employment for lump sum benefits
- Disability benefit      Upon disablement
- Retirement benefit      Upon termination of employment

Plan Name:            Sparton Corporation Pension Plan  
 EIN / PN:            38-1054690/001  
 Plan Sponsor:      Sparton Corporation  
 Valuation Date:    July 1, 2024

# SCHEDULE SB ATTACHMENTS

---

## Form of payment

It was assumed that 80% of active participants would receive their benefit in the form of a lump sum and that the lump sum rate at time of settlement would be the valuation interest rate. The remaining 20% of active participants are assumed to receive their benefit in the normal form for a single participant (life annuity with 10 years guaranteed).

The same election assumption was used for terminated vested participants, with the following exceptions:

- Continuing terminated vested participants are assumed to receive their benefit in the form of an annuity at normal retirement age.
- Terminated vested participants with lump sums less than the cash-out limit of \$5,000 are assumed to receive their benefit in the form of a lump sum.

Disability benefits are assumed to commence as a life annuity with 10 years guaranteed.

Death benefits are assumed to be paid in the form of a lump sum.

The valuation interest rate as of July 1, 2024 is the 2024 ARPA segment rates.

## Percent married

85% of males; 85% of females. Used to value pre-retirement surviving spouse benefits.

## Spouse age

Wife three years younger than husband

## Covered pay

Not applicable

## Loads

None

## Timing of benefit payments

Annuity payments are payable monthly at the beginning of the month and lump sum payments are payable on date of decrement.

Plan Name: Sparton Corporation Pension Plan  
EIN / PN: 38-1054690/001  
Plan Sponsor: Sparton Corporation  
Valuation Date: July 1, 2024

# SCHEDULE SB ATTACHMENTS

---

## Methods

<b>Valuation date</b>	First day of plan year
<b>Funding target</b>	Present value of accrued benefits as required by regulations under IRC §430
<b>Target normal cost</b>	Present value of benefits expected to accrue during the plan year plus plan-related expenses expected to be paid from plan assets during the plan year as required by regulations under IRC §430
<b>Decrement timing</b>	<p>The approach used is called rounded middle of year (rounded MOY) decrement timing. Most events are assumed to occur at the middle of year during which the eligibility condition will be met or the start/end date will occur. For death and disability decrements, the rate applied is based on the participant's rounded age (nearest integer age) at the beginning of the year, to align with the methodology generally used to create those rate tables. For retirement and withdrawal decrements: the age is generally the participant's rounded age at the middle of the year.</p>
<b>Actuarial value of assets</b>	<p>Average of the fair market value of assets on the valuation date and 12 and 24 months preceding the valuation date, adjusted for contributions, benefits, administrative expenses and expected earnings (with such expected earnings limited as described in IRS Notice 2009-22). The average asset value must be within 10% of market value, including discounted contributions receivable (discounted using the effective interest rate for the 2021 plan year).</p> <p>The method of computing the actuarial value of assets complies with rules governing the calculation of such values under the Pension Protection Act of 2006 (PPA). These rules produce smoothed values that reflect the underlying market value of plan assets but fluctuate less than the market value. As a result, the actuarial value of assets will be lower than the market value in some years and greater in other years. However, over the long term under PPA's smoothing rules, the method has a significant bias to produce an actuarial value of assets that is below the market value of assets.</p>

Plan Name: Sparton Corporation Pension Plan  
EIN / PN: 38-1054690/001  
Plan Sponsor: Sparton Corporation  
Valuation Date: July 1, 2024

# SCHEDULE SB ATTACHMENTS

---

**Benefits not valued**

All benefits described in the Plan Provisions section of this report were valued based on discussions with the plan sponsor regarding the likelihood that these benefits will be paid. WTW has reviewed the plan provisions with the plan sponsor and, based on that review, is not aware of any significant benefits required to be valued that were not.

Plan Name: Sparton Corporation Pension Plan  
EIN / PN: 38-1054690/001  
Plan Sponsor: Sparton Corporation  
Valuation Date: July 1, 2024

# SCHEDULE SB ATTACHMENTS

## Sources of Data and Other Information

The plan sponsor furnished participant data as of July 1, 2024. Information on assets, contributions and plan provisions was supplied by the plan sponsor. Data and other information were reviewed for reasonableness and consistency, but no audit was performed. We made no adjustments to the data and are not aware of any adjustments made by the data provider. We have assumed beneficiary sex to be opposite of participant sex where omitted.

We are not aware of any errors or omissions in the data that would have a significant effect on the results of our calculations.

## Assumptions Rationale – Significant Economic Assumptions

<b>Discount rate</b>	The basis chosen was selected by the plan sponsor from among choices prescribed by law, all of which are based on observed market data over certain periods of time.
<b>Cash Balance Interest crediting rate</b>	The plan credits interest to cash balance accounts using the 30-year Treasury rate for May. Our long term estimate of the 30-year Treasury rate is 3.850%. This is the average of the 30-year Treasuries in effect for the three May 1 <sup>sts</sup> ending with May 1, 2024.
<b>Lump sum conversion rate</b>	As required by IRC §430, lump sum benefits are valued using “annuity substitution”, so that the interest rates assumed are effectively the same as described above for the discount rate.
<b>Plan-related expenses</b>	As required by regulations, plan-related expenses are calculated by estimating the expenses to be paid from the trust during the coming year (including, for example, expected PBGC premiums and actuarial, accounting, legal, administration and trustee fees to be paid from the trust).
<b>Rates of increase in:</b>	
<ul style="list-style-type: none"><li>Assumed return for asset smoothing</li></ul>	The assumed return of 5.74% (for the 2023 plan year) used for asset smoothing is the third segment rate. Although we have not explicitly determined an expected return on assets, based on an analysis of the plan sponsor’s investment policy we believe the rate to be above the third segment rate.

Plan Name: Sparton Corporation Pension Plan  
EIN / PN: 38-1054690/001  
Plan Sponsor: Sparton Corporation  
Valuation Date: July 1, 2024

# SCHEDULE SB ATTACHMENTS

---

## Assumptions Rationale – Significant Demographic Assumptions

<b>Healthy Mortality</b>	Assumptions used for funding purposes are as prescribed by IRC §430(h).
<b>Disabled Mortality</b>	Assumptions used for funding purposes are as prescribed by IRC §430(h).
<b>Termination</b>	Assumed termination rates differ by age and gender because of expected differences in termination rates by gender.
<b>Disability</b>	Assumed disability rates differ by age and gender because of expected differences in disability rates by gender.
<b>Retirement</b>	<p>Retirement rates were based on an experience study conducted in 2010, with annual consideration of whether any conditions have changed that would be expected to produce different results in the future.</p> <p>Assumed retirement rates differ by gender because of observed differences in retirement rates by gender.</p>
<b>Benefit commencement date for deferred benefits</b>	Deferred vested participants are assumed to begin monthly annuity benefits at age 65 (or current age if later) because the plan's experience is not considered to be credible, but deferred vested early commencement factors are not subsidized so that the difference between this approach and using assumed commencement rates at earlier ages is not expected to be significant.
<b>Form of payment</b>	The percentage of retiring participants assumed to take lump sums is based on observed experience since 2000, when the Plan converted to a Cash Balance formula.

Plan Name: Sparton Corporation Pension Plan  
EIN / PN: 38-1054690/001  
Plan Sponsor: Sparton Corporation  
Valuation Date: July 1, 2024

# SCHEDULE SB ATTACHMENTS

---

## Source of Prescribed Methods

### Funding methods

The methods used for funding purposes as described in Appendix A, including the method of determining plan assets, are “prescribed methods set by law,” as defined in the actuarial standards of practice (ASOPs). These methods are required by IRC §430, or were selected by the plan sponsor from a range of methods permitted by IRC §430.

Plan Name: Sparton Corporation Pension Plan  
EIN / PN: 38-1054690/001  
Plan Sponsor: Sparton Corporation  
Valuation Date: July 1, 2024

# SCHEDULE SB ATTACHMENTS

---

## Changes in Assumptions and Methods

### Change in assumptions and methods since prior valuation

The segment interest rates used to calculate the funding target and target normal cost were updated to the current valuation date as required by IRC 430.

The mortality table used to calculate the funding target was changed from using separate tables with static projection of mortality improvement to using a single combined table with static projection of mortality as permitted under IRC §430 for small plans. Additionally, the mortality projection scale was updated to reflect the latest mortality improvement scale, as required by guidance issues by IRS under IRC §430.

The mortality table used for lump sum conversion was updated from the PPA Optional Combined Mortality Unisex Table for 2023 to the PPA Optional Combined Mortality Unisex Table for 2024.

While the underlying assumption methodology did not change for the following, these additional adjustments were made in the valuation:

- The cash balance interest crediting rate was increased from 3.080% to 3.850%.
- The interest rates to accumulate employee contributions were updated to 5.40% starting in 2024.
- The assumed expenses were updated from \$11,000 to \$37,000.

Plan Name: Sparton Corporation Pension Plan  
EIN / PN: 38-1054690/001  
Plan Sponsor: Sparton Corporation  
Valuation Date: July 1, 2024

# SCHEDULE SB ATTACHMENTS

---

## Schedule SB – Statement by Enrolled Actuary

<b>Plan Sponsor</b>	Sparton Corporation
<b>EIN/PN</b>	38-1054690/001
<b>Plan Name</b>	Sparton Corporation Pension Plan
<b>Valuation Date</b>	July 1, 2024
<b>Enrolled Actuary</b>	Elisabeth Agostinis
<b>Enrollment Number</b>	23-07356

The actuarial assumptions that are not mandated by IRC § 430 and regulations, represent the enrolled actuary's best estimate of anticipated experience under the plan, subject to the following conditions:

The actuarial valuation, on which the information in this Schedule SB is based, has been prepared in reliance upon the employee and financial data furnished by the plan administrator and the trustee. The enrolled actuary has not made a rigorous check of the accuracy of this information but has accepted it after reviewing it and concluding it is reasonable in relation to similar information furnished in previous years. The amounts of contributions and dates paid shown in Item 18 of Schedule SB were listed in reliance on information provided by the plan administrator and/or trustee.

**Form 5500-SF**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security Administration  
Pension Benefit Guaranty Corporation

**Short Form Annual Return/Report of Small Employee Benefit Plan**

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

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

OMB Nos. 1210-0110  
1210-0089

**2024**

**This Form is Open to Public Inspection**

**Part I Annual Report Identification Information**

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

**A** This return/report is for:  a single-employer plan  a multiple-employer plan (not multiemployer) (Pension Plan filers checking this box must attach Schedule MEP. Other plans must attach a list of participating employer information in accordance with the form instructions.)

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

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

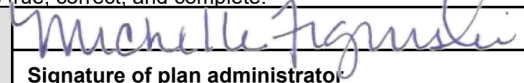
**D** If the plan is a collectively-bargained plan, check here ..... ▶

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

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

<b>1a</b> Name of plan SPARTON CORPORATION PENSION PLAN	<b>1b</b> Three-digit plan number (PN) ▶ 001
<b>2a</b> Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) SPARTON CORPORATION  5612 JOHNSON LAKE ROAD  DE LEON SPRINGS FL 32130	<b>1c</b> Effective date of plan 06/01/1963
	<b>2b</b> Employer Identification Number (EIN) 38-1054690
	<b>2c</b> Sponsor's telephone number 386-985-4631
<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor.	<b>2d</b> Business code (see instructions)  334410
	<b>3b</b> Administrator's EIN
<b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>3c</b> Administrator's telephone number
	<b>4b</b> EIN
<b>5a</b> Total number of participants at the beginning of the plan year ..... <b>b</b> Total number of participants at the end of the plan year..... <b>c(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)..... <b>c(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)..... <b>d(1)</b> Total number of active participants at the beginning of the plan year..... <b>d(2)</b> Total number of active participants at the end of the plan year..... <b>e</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<b>4d</b> PN
	<b>5a</b> 94
	<b>5b</b> 90
	<b>5c(1)</b>
	<b>5c(2)</b>
<b>5d(1)</b> 57	
<b>5d(2)</b> 53	
<b>5e</b> 0	

**Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.**  
Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

<b>SIGN HERE</b>		1/29/2026	MICHELLE FIGURSKI
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

**SCHEDULE SB  
(Form 5500)**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security Administration  
Pension Benefit Guaranty Corporation

**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**

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

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

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


<b>A</b> Name of plan Sparton Corporation Pension Plan		<b>B</b> Three-digit plan number (PN) ▶	001
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Sparton Corporation		<b>D</b> Employer Identification Number (EIN) 38-1054690	
<b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B		<b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input checked="" type="checkbox"/> 101-500 <input type="checkbox"/> More than 500	

**Part I Basic Information**

<b>1</b> Enter the valuation date: Month <u>07</u> Day <u>01</u> Year <u>2024</u>			
<b>2</b> Assets:			
<b>a</b> Market value .....	<b>2a</b>	3,189,273	
<b>b</b> Actuarial value .....	<b>2b</b>	2,990,398	
<b>3</b> Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
<b>a</b> For retired participants and beneficiaries receiving payment .....	29	983,184	983,184
<b>b</b> For terminated vested participants .....	8	105,426	105,426
<b>c</b> For active participants .....	57	937,318	938,381
<b>d</b> Total .....	94	2,025,928	2,026,991
<b>4</b> If the plan is in at-risk status, check the box and complete lines (a) and (b) .....	<input type="checkbox"/>		
<b>a</b> Funding target disregarding prescribed at-risk assumptions .....	<b>4a</b>		
<b>b</b> Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor .....	<b>4b</b>		
<b>5</b> Effective interest rate .....	<b>5</b>	5.12%	
<b>6</b> Target normal cost			
<b>a</b> Present value of current plan year accruals .....	<b>6a</b>	0	
<b>b</b> Expected plan-related expenses .....	<b>6b</b>	37,000	
<b>c</b> Target normal cost .....	<b>6c</b>	37,000	

**Statement by Enrolled Actuary**

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

<b>SIGN HERE</b>	Elisabeth Agostinis 	<u>1/29/2026</u>
	Signature of actuary	Date
Elisabeth Agostinis	Type or print name of actuary	2307356
		Most recent enrollment number
Willis Towers Watson US LLC	Firm name	248-936-7700
		Telephone number (including area code)
Travelers Tower 26555 Evergreen Road, Suite 1600 Southfield MI 48076	Address of the firm	

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

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

**Schedule SB (Form 5500) 2024  
v. 240311**

<b>Part II</b>		<b>Beginning of Year Carryover and Prefunding Balances</b>	
		(a) Carryover balance	(b) Prefunding balance
<b>7</b>	Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....	0	0
<b>8</b>	Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....	0	0
<b>9</b>	Amount remaining (line 7 minus line 8) .....	0	0
<b>10</b>	Interest on line 9 using prior year's actual return of <u>14.17%</u> .....	0	0
<b>11</b>	Prior year's excess contributions to be added to prefunding balance:		
	<b>a</b> Present value of excess contributions (line 38a from prior year) .....		0
	<b>b(1)</b> Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.06%</u> .....		0
	<b>b(2)</b> Interest on line 38b from prior year Schedule SB, using prior year's actual return .....		0
	<b>c</b> Total available at beginning of current plan year to add to prefunding balance .....		0
	<b>d</b> Portion of (c) to be added to prefunding balance .....		0
<b>12</b>	Other reductions in balances due to elections or deemed elections .....	0	0
<b>13</b>	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) .....	0	0

<b>Part III</b>		<b>Funding Percentages</b>	
<b>14</b>	Funding target attainment percentage .....	<b>14</b>	147.52 %
<b>15</b>	Adjusted funding target attainment percentage .....	<b>15</b>	147.52 %
<b>16</b>	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement .....	<b>16</b>	144.11 %
<b>17</b>	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage .....	<b>17</b>	%

**Part IV Contributions and Liquidity Shortfalls**

**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	
<b>Totals ▶</b>			<b>18(b)</b>	0	<b>18(c)</b>	0

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

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

**20** Quarterly contributions and liquidity shortfalls:

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

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

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

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

<b>Part V Assumptions Used to Determine Funding Target and Target Normal Cost</b>			
<b>21</b> Discount rate:			
<b>a</b> Segment rates:	1st segment: 4.75 %	2nd segment: 5.12 %	<input type="checkbox"/> N/A, full yield curve used
<b>b</b> Applicable month (enter code).....		<b>21b</b>	4
<b>22</b> Weighted average retirement age .....		<b>22</b>	66
<b>23</b> Mortality table(s) (see instructions) <input checked="" type="checkbox"/> Prescribed - combined <input type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute			

<b>Part VI Miscellaneous Items</b>			
<b>24</b> Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. .... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<b>25</b> Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. .... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<b>26</b> Demographic and benefit information			
<b>a</b> Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. .... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
<b>b</b> Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<b>27</b> If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....		<b>27</b>	

<b>Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years</b>			
<b>28</b> Unpaid minimum required contributions for all prior years .....		<b>28</b>	0
<b>29</b> Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....		<b>29</b>	0
<b>30</b> Remaining amount of unpaid minimum required contributions (line 28 minus line 29) .....		<b>30</b>	0

<b>Part VIII Minimum Required Contribution For Current Year</b>			
<b>31</b> Target normal cost and excess assets (see instructions):			
<b>a</b> Target normal cost (line 6c).....		<b>31a</b>	37,000
<b>b</b> Excess assets, if applicable, but not greater than line 31a .....		<b>31b</b>	37,000
<b>32</b> Amortization installments:	Outstanding Balance	Installment	
<b>a</b> Net shortfall amortization installment .....	0	0	
<b>b</b> Waiver amortization installment .....	0	0	
<b>33</b> If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____ ) and the waived amount .....		<b>33</b>	
<b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)....		<b>34</b>	0
	Carryover balance	Prefunding balance	Total balance
<b>35</b> Balances elected for use to offset funding requirement .....	0	0	0
<b>36</b> Additional cash requirement (line 34 minus line 35).....		<b>36</b>	0
<b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....		<b>37</b>	0
<b>38</b> Present value of excess contributions for current year (see instructions)			
<b>a</b> Total (excess, if any, of line 37 over line 36)		<b>38a</b>	0
<b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....		<b>38b</b>	0
<b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37).....		<b>39</b>	0
<b>40</b> Unpaid minimum required contributions for all years .....		<b>40</b>	0

<b>Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)</b>			
<b>41</b> If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. <input type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input checked="" type="checkbox"/> 2021			

# SCHEDULE SB ATTACHMENTS

---

**Schedule SB, Line 22**  
**Description of Weighted Average Retirement Age**  
**as of July 1, 2024**

See Schedule SB, Part V - Statement of Actuarial Assumptions/Methods for retirement rates. The average retirement age for Line 22 was calculated by determining the average age at retirement for those current active participants expected to reach retirement, based on all current decrements assumed.

Plan Name: Sparton Corporation Pension Plan  
EIN / PN: 38-1054690/001  
Plan Sponsor: Sparton Corporation  
Valuation Date: July 1, 2024

# SCHEDULE SB ATTACHMENTS

---

## Schedule SB, Part V Summary of Plan Provisions

### Plan Provisions

June 1, 1963 (replaces prior programs effective November 1, 1950 and June 1, 1944) as amended July 1, 1984, January 1, 1988, January 1, 1989, July 1, 1989, September 1, 1989, July 1, 1990, and July 1, 1992. Amended and restated effective April 1, 2000. Amended January 1, 2002, July 1, 2002, July 1, 2004, July 1, 2005, July 1, 2007, July 1, 2008 and April 1, 2009. Amended and restated effective July 1, 2015.

**Covered employees** Age 20 with six months of service on July 1 following calendar year of hire

**Participation date** The plan was closed to new hires effective April 1, 2009.

### Definitions

**Vesting service** For service prior to July 1, 1976, a participant is credited with one year or portion thereof of service based on elapsed time from date of hire to July 1, 1976. For service on or after July 1, 1976, a participant is credited with one year of service for each plan year in which he performs an hour of service.

**Pension service** Frozen as of March 31, 2009

**Normal retirement date (NRD)** First of month coinciding with or next following the attainment of age 65

Plan Name: Sparton Corporation Pension Plan  
EIN / PN: 38-1054690/001  
Plan Sponsor: Sparton Corporation  
Valuation Date: July 1, 2024

# SCHEDULE SB ATTACHMENTS

---

## Monthly pension benefit

Benefit formula:

For service prior to April 1, 2000

Monthly benefit is \$2.25 per year of credited service, maximum 40 years; plus, if a Contributing Participant, 1½% of Average Monthly Earnings per year of "Contributory Credited Service" after July 1, 1992 as defined in the Plan, maximum 30 years (subject to minimum benefit due to participation in prior Plan). The maximum service is reduced for Contributory Service before July 1, 1992. The benefit payable for Contributory Service earned prior to July 1, 1992 is 1½% of Average Monthly Earnings in excess of \$400 per year of such service, maximum 30 years.

For service post March 31, 2000

Monthly benefit is determined under a Cash Balance benefit formula. Principle Credits equal to 2% of Salary and Interest Credits based on 30-year Treasury bill interest rates are accrued annually from April 1, 2000 (or date of hire if later). The sum of Interest and Principal Credits are converted to a monthly benefit using the lump sum assumption. Normal form of benefit is life with 120 payments certain.

The plan was closed to future benefit accruals effective April 1, 2009.

## Monthly preretirement death benefit

2/3% of the monthly pension benefit as of the date of death, reduced for the 2/3% joint and survivor election and reduced for payment as early as the participant's 55th birthday

## Eligibility for Benefits

### Normal retirement

Retirement on NRD

### Early retirement

Retirement before NRD and after attaining age 60 with 3 years of Vesting Service or Age 55 with 10 years of Vesting Service

### Postponed retirement

Retirement after NRD

### Deferred vested termination

3 years of Vesting Service; Participants terminating prior to July 1, 2008, 5 years of Vesting Service. All participants at April 1, 2009 became 100% vested.

Plan Name: Sparton Corporation Pension Plan  
EIN / PN: 38-1054690/001  
Plan Sponsor: Sparton Corporation  
Valuation Date: July 1, 2024

# SCHEDULE SB ATTACHMENTS

---

<b>Disability</b>	Disabled after attaining age 50 with 15 years of Vesting Service
<b>Preretirement death benefit</b>	Upon the death of a participant eligible for a vested retirement benefit before the commencement of such benefit

## Benefits Paid Upon the Following Events

<b>Normal retirement</b>	The monthly pension benefit determined as of NRD
<b>Early retirement</b>	Accrued portion of normal formula reduced by 6/10 of 1% for each of the first 60 complete calendar months by which benefit commencement precedes age 65 plus 3/10 of 1% for each of the next 60 complete calendar months preceding age 65
<b>Postponed retirement</b>	The monthly pension benefit determined as of the actual retirement date, with actuarial factors applied for commencement after NRD
<b>Deferred vested termination</b>	A vested Participant is entitled to his monthly pension benefit commencing at age 65. On or after age 60 (or age 55 and 10 years of Vesting Service), the Participant may elect to receive a benefit in the amount of his monthly pension benefit reduced by 6/10 of 1% for each calendar month preceding age 65 plus 3/10 of 1% for each calendar month preceding age 60.
<b>Disablement</b>	The monthly pension benefit is determined as of the date of disablement and unreduced for early commencement. Upon attainment of NRD, the disability benefit will be recomputed as a Normal Retirement Benefit.

Plan Name: Sparton Corporation Pension Plan  
EIN / PN: 38-1054690/001  
Plan Sponsor: Sparton Corporation  
Valuation Date: July 1, 2024

# SCHEDULE SB ATTACHMENTS

---

## Preretirement death

A qualified preretirement survivor annuity (QPSA) is provided to the survivor of an active or terminated Participant who dies after having earned at least 3 years of Vesting Service. The QPSA, payable on the first day of the month following the Participant's 60th (or age 55 with 10 years of Vesting Service) birthday (or date of death if later), is equal to the survivor annuity otherwise payable as if the Participant had, on the day before his death, retired and elected to have his benefits commence immediately under the Qualified Joint and Survivor Annuity, and then died the next day.

In lieu of the monthly benefit detailed above, a survivor may elect to commence the benefit as a lump sum equal to the lump sum otherwise payable to the participant as of his date of death.

## Other Plan Provisions

### Forms of payment

Monthly pension benefits are paid as a life annuity with 10 years guaranteed, if the participant has no spouse as of the date payments begin, or if the participant so elects. Otherwise, benefits are paid in the form of a 2/3% joint and survivor annuity with a 10 year payment guarantee or, if the participant elects and the spouse consents, another actuarially equivalent optional form offered by the plan. Optional forms are a 75% joint and survivor annuity with a 10 year payment guarantee, a life annuity, or a lump sum. For joint and survivor annuities, reduction occurs at the first death of the participant or beneficiary, and the guaranteed payments are based upon the reduced amount.

Actuarial equivalence is based on the applicable mortality table pursuant to Internal Revenue Code Section 417(e)(3)(B) and the applicable interest rate pursuant to Internal Revenue Code Section 417(e)(3)(C). Lump sums are determined as the present value of the deferred to normal retirement benefit.

### Pension Increases

None

### Plan participants' contributions

Effective April 1, 2000, participant contributions are no longer required or allowed.

Plan Name: Sparton Corporation Pension Plan  
EIN / PN: 38-1054690/001  
Plan Sponsor: Sparton Corporation  
Valuation Date: July 1, 2024

# SCHEDULE SB ATTACHMENTS

---

**Maximum limits on benefits and pay**

All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes take effect. Increases in the dollar limits are assumed for determining pension cost.

## Future Plan Changes

No future plan changes were recognized in determining funding requirements. WTW is not aware of any future plan changes that are required to be reflected.

## Changes in Benefits Valued Since Prior Year

There have been no changes in benefits valued since the prior year.

## Significant Events

Sparton has initiated the process for a standard plan termination with a proposed June 30, 2025 Date of Plan Termination. This is not a significant event from a plan year 2024 valuation perspective; however, if the termination is initiated with this proposed date, the plan would cease to require PPA valuations after this date. To the best of our knowledge there have been no other significant events during the year.

Plan Name: Sparton Corporation Pension Plan  
EIN / PN: 38-1054690/001  
Plan Sponsor: Sparton Corporation  
Valuation Date: July 1, 2024