

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 05/01/2024 and ending 04/30/2025

- 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 SUBURBAN MANUFACTURING COMPANY RETIREMENT PLAN
1b Three-digit plan number (PN) 008
1c Effective date of plan 10/01/1983
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) SUBURBAN MANUFACTURING COMPANY, A DIVISION OF AIRXCEL, INC.
676 BROADWAY STREET DAYTON, TN 37321
2b Employer Identification Number (EIN) 48-1071795
2c Sponsor's telephone number 423-775-2131
2d Business code (see instructions) 333410
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 75
b Total number of participants at the end of the plan year 75
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 6
d(2) Total number of active participants at the end of the plan year 5
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, 02/17/2026, KATHRYN KORDICS. 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: 566155. (See instructions.)

Part III Financial Information			
7 Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
a Total plan assets	7a	5318715	5113493
b Total plan liabilities	7b		
c Net plan assets (subtract line 7b from line 7a)	7c	5318715	5113493
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
a Contributions received or receivable from:			
(1) Employers	8a(1)	32550	
(2) Participants	8a(2)		
(3) Others (including rollovers)	8a(3)		
b Other income (loss)	8b	397567	
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		430117
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	609339	
e Certain deemed and/or corrective distributions (see instructions) .	8e		
f Administrative service providers (salaries, fees, commissions)	8f	26000	
g Other expenses	8g		
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		635339
i Net income (loss) (subtract line 8h from line 8c)	8i		-205222
j Transfers to (from) the plan (see instructions)	8j		

Part IV Plan Characteristics	
9a	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 1A 1E 3H
b	If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Part V Compliance Questions				
10 During the plan year:		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X	
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X	
c Was the plan covered by a fidelity bond?	10c	X		1000000
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		X	
e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e		X	
f Has the plan failed to provide any benefit when due under the plan?	10f		X	
g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	10g		X	
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		X	
i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i			

Part VI Pension Funding Compliance

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

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

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

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

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

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

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

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

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

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

Part VII Plan Terminations and Transfers of Assets

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

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

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

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

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

Part VIII IRS Compliance Questions

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

14b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).
 Design-based safe harbor method
 "Prior year" ADP test
 "Current year" ADP test
 N/A

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

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

For calendar plan year 2024 or fiscal plan year beginning 05/01/2024 and ending 04/30/2025

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

A Name of plan <u>SUBURBAN MANUFACTURING COMPANY RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶	<u>008</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>SUBURBAN MANUFACTURING COMPANY, A DIVISION OF AIRXCEL, INC.</u>	D Employer Identification Number (EIN) <u>48-1071795</u>	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input checked="" type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input type="checkbox"/> More than 500	

Part I Basic Information

1	Enter the valuation date: Month <u>05</u> Day <u>01</u> Year <u>2024</u>		
2	Assets:		
	a Market value	2a	<u>5318715</u>
	b Actuarial value	2b	<u>5554728</u>
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	<u>61</u>	<u>4811477</u>
	b For terminated vested participants	<u>9</u>	<u>419583</u>
	c For active participants	<u>6</u>	<u>537163</u>
	d Total	<u>76</u>	<u>5768223</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>5.28 %</u>
6	Target normal cost		
	a Present value of current plan year accruals	6a	<u>0</u>
	b Expected plan-related expenses	6b	<u>10000</u>
	c Target normal cost	6c	<u>10000</u>

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

SIGN HERE		
	Signature of actuary	<u>02/17/2026</u>
	<u>DYLAN RIEKEMAN, F.S.A.</u>	Date
	Type or print name of actuary	<u>23-08506</u>
	<u>USI CONSULTING GROUP</u>	Most recent enrollment number
	Firm name	<u>629-895-7845</u>
	<u>5301 VIRGINIA WAY, SUITE 400</u> <u>BRENTWOOD, TN 37027</u>	Telephone number (including area code)
	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 V Assumptions Used to Determine Funding Target and Target Normal Cost				
21	Discount rate:			
a	Segment rates:	1st segment: 4.84 %	2nd segment: 5.24 %	3rd segment: 5.59 %
				<input type="checkbox"/> N/A, full yield curve used
b	Applicable month (enter code)			21b 0
22	Weighted average retirement age			22 64
23	Mortality table(s) (see instructions) <input checked="" type="checkbox"/> Prescribed - combined <input type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute			

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

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

Part VIII Minimum Required Contribution For Current Year				
31	Target normal cost and excess assets (see instructions):			
a	Target normal cost (line 6c)			31a 10000
b	Excess assets, if applicable, but not greater than line 31a			31b 0
32	Amortization installments:		Outstanding Balance	Installment
a	Net shortfall amortization installment		213495	19802
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 29802
35		Carryover balance	Prefunding balance	Total balance
	Balances elected for use to offset funding requirement	0	0	0
36	Additional cash requirement (line 34 minus line 35)			36 29802
37	Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)			37 30739
38	Present value of excess contributions for current year (see instructions)			
a	Total (excess, if any, of line 37 over line 36)			38a 937
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 type="checkbox"/> 2021			

Attained Age	Years of Credited Service								Total
	0-4	5-9	10-14	15-19	20-24	25-29	30-34	35+	
Under 25	0	0	0	0	0	0	0	0	0
25-29	0	0	0	0	0	0	0	0	0
30-34	0	0	0	0	0	0	0	0	0
35-39	0	0	0	0	0	0	0	0	0
40-44	0	0	0	0	0	0	0	0	0
45-49	0	0	0	0	0	0	0	0	0
50-54	0	0	0	0	0	0	0	0	0
55-59	0	0	0	0	1	2	0	0	3
60-64	0	0	0	0	1	0	0	2	3
65-69	0	0	0	0	0	0	0	0	0
70+	0	0	0	0	0	0	0	0	0
Total	0	0	0	0	2	2	0	2	6

Statement of Actuarial Assumptions and Methods

Minimum Funding Annual Interest Rates	24-month segment rates averaged through the end of April 2024 and published in May 2024 (as prescribed by IRC 430) and adjusted to reflect ARPA: <ul style="list-style-type: none"> • Segment 1 (0 – 5 years) 4.84% • Segment 2 (5 to 20 years) 5.24% • Segment 3 (more than 20 years) 5.59% • Effective Interest Rate 5.28%
Maximum Deductible Annual Interest Rates	24-month segment rates averaged through the end of April 2024 and published in May 2024 (as prescribed by IRC 430) as follows: <ul style="list-style-type: none"> • Segment 1 (0 – 5 years) 4.84% • Segment 2 (5 to 20 years) 5.24% • Segment 3 (more than 20 years) 5.22% • Effective Interest Rate 5.19%
Annual Expected Return on Assets	Interest Rate for developing Actuarial Value of Assets; limited to third segment rate 5.25%
PBGC and LDRM Annual Interest Rates	Segment rates averaged published in May 2024 using the Standard Method (as prescribed by IRC 430) as follows: <ul style="list-style-type: none"> • Segment 1 (0 – 5 years) 5.24% • Segment 2 (5 to 20 years) 5.48% • Segment 3 (more than 20 years) 5.61% • Effective Interest Rate 5.48%
ASC 960 Discount Rate	Discount Rate 5.75% Rationale: as selected by the Plan Sponsor to align with ASC 715 results
Salary Scale	Not applicable
Mortality	Funding: 2024 IRS Generational with Adjusted Scale MP-2021 Rates (as prescribed by IRC 430) ASC 960-20: Pri-2012 Blue Collar Mortality Tables for Males and Females with Fully Generational Improvements using Scale MP-2021 Rationale: as selected by Plan Sponsor to reflect the most recent mortality assumption published.

Rates of Retirement

Actives are assume to retire based on age as follows:

Age	Rate
55	5%
56 – 61	2%
62	15%
63 – 64	2%
65	66.67%
66 – 67	20%
68+	100%

Terminated Vested participants and Deferred Beneficiaries are assumed to commence at Normal Retirement Date.

Rationale: as selected by Plan Sponsor to meet historical experience.

Weighted Average Retirement Age is 64. This is the average retirement age for someone eligible to retire at all ages using the assumed retirement rates and no other decrements.

Rates of Turnover

Rates based on age and service (per 1,000 lives)

Age	Service (in years)			
	<1	1-2	2-3	>3
20-	357.60	300.00	252.00	223.20
25	333.60	270.00	222.00	163.20
30	309.60	240.00	192.00	121.20
35	285.60	213.60	165.60	94.80
40	261.60	189.60	141.60	78.00
45	237.60	169.20	121.20	66.00
50	213.60	151.20	103.20	54.00
55+	194.40	136.80	88.80	44.40

Rationale: as selected by Plan Sponsor to meet historical experience.

Rates of Disability

None

Assumptions Made In Valuing Spouse’s Benefit

90% of employees included in the valuation are assumed to be married. This percentage is used as the probability that survivor benefits will be payable due to preretirement deaths. The wife is assumed to be four years younger than the husband.

Optional Form Selection

All employees are assumed to elect the life annuity form of benefit.

Provision for Expenses	\$10,000 per year (the amount of expenses paid out of the plan for the prior year rounded to the nearest hundred).
Standing Elections	The client has not signed an election that provides for the automatic use of the Carryover Balance and/or Prefunding Balance if necessary to meet the minimum funding requirement.
Asset Method	<p>Funding: Market Value of Assets plus interest adjusted accrued but unpaid contributions as of the valuation date plus an adjustment to defer full recognition of investment losses and gains over a two-year period. The investment (gain)/loss for every year equals the market value at the beginning of the year projected to the end of the year using the interest rate above, but no greater than the third segment rate for the plan year, minus the end of the year actual market value. The actuarial value of assets will be no less than 90% and no more than 110% of the market value (including interest-adjusted accrued but unpaid contributions). Note that due to the regulatory constraint on the interest rate, a characteristic of this asset valuation method is that, over time, it may be more likely to produce an actuarial value of assets that is less than the market value of assets.</p> <p>ASC 960-20: Market Value of Assets plus, any contributions for prior plan years that will be made in this plan year.</p>
Funding Method	<p>Pure Unit Credit</p> <p>The actuarial liabilities shown in this report are determined using software purchased from an outside vendor which was developed for this purpose. Certain information is entered into this model in order to generate the liabilities. These inputs include economic and non-economic assumptions, plan provisions, and census information. We rely on the coding within the software to value the liabilities using the actuarial methods and assumptions selected. Both the input to and the output from the model is checked for accuracy and reviewed for reasonableness.</p>
Employees Valued	Only participants as of the valuation date were valued.
Changes in Assumptions and Methods since the Last Actuarial Valuation	The interest rates used for determining the 2023 funding target were 4.75%, 5.00%, and 5.74%. These rates were updated to the rates required for the current plan year, 4.84%, 5.24%, and 5.59%.
Justification for Changes in Actuarial Assumptions	The only funding assumption changes were to prescribed actuarial assumptions or as a result of At-Risk status. Therefore, the plan did not need IRS approval to change assumptions and there is no need to disclose any "Change in Actuarial Assumptions."

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
---	--	--


For calendar plan year 2024 or fiscal plan year beginning 05/01/2024 and ending 04/30/2025

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

A Name of plan SUBURBAN MANUFACTURING COMPANY RETIREMENT PLAN	B Three-digit plan number (PN) ▶	008
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF SUBURBAN MANUFACTURING COMPANY, A DIVISION OF AIRXCEL, INC.	D Employer Identification Number (EIN) 48-1071795	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input checked="" type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input type="checkbox"/> More than 500	

Part I Basic Information			
1 Enter the valuation date:	Month <u>05</u> Day <u>01</u> Year <u>2024</u>		
2 Assets:			
a Market value	2a	5,318,715	
b Actuarial value	2b	5,554,728	
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	61	4,811,477	4,811,477
b For terminated vested participants	9	419,583	419,583
c For active participants	6	537,163	537,163
d Total	76	5,768,223	5,768,223
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	5.28%	
6 Target normal cost			
a Present value of current plan year accruals	6a	0	
b Expected plan-related expenses	6b	10,000	
c Target normal cost	6c	10,000	

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.

SIGN HERE	 Signature of actuary	<u>02/17/2026</u> Date <u>2308506</u> Most recent enrollment number <u>629-895-7845</u> Telephone number (including area code)
	<u>DYLAN RIEKEMAN, F.S.A.</u> Type or print name of actuary <u>USI CONSULTING GROUP</u> Firm name <u>5301 VIRGINIA WAY, SUITE 400</u> <u>BRENTWOOD TN 37027</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 V Assumptions Used to Determine Funding Target and Target Normal Cost				
21 Discount rate:				
a Segment rates:	1st segment: 4.84%	2nd segment: 5.24%	3rd segment: 5.59%	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code).....				21b 0
22 Weighted average retirement age				22 64
23 Mortality table(s) (see instructions)	<input checked="" type="checkbox"/> Prescribed - combined <input type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute			

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

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

Part VIII Minimum Required Contribution For Current Year				
31 Target normal cost and excess assets (see instructions):				
a Target normal cost (line 6c).....				31a 10,000
b Excess assets, if applicable, but not greater than line 31a				31b 0
32 Amortization installments:	Outstanding Balance		Installment	
a Net shortfall amortization installment	213,495		19,802	
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 29,802
	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 29,802
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....				37 30,739
38 Present value of excess contributions for current year (see instructions)				
a Total (excess, if any, of line 37 over line 36)				38a 937
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 type="checkbox"/> 2021				

Date	Amount	Year Applied	Effective Rate	Late Quarterly Rate	Late Quarterly Period	Interest Adjusted Contribution
06/11/2025	32,550	2024	5.28%	N/A	N/A	30,739

Total: 32,550

Total: 30,739

Description of Weighted Average Retirement Age:

Age	Rate of Retirement	Population at Beginning of Year	Number Retired	(Age * Number Retired) / 1000
55	0.05	1000.00	50.00	2.75
56	0.02	950.00	19.00	1.06
57	0.02	931.00	18.62	1.06
58	0.02	912.38	18.25	1.06
59	0.02	894.13	17.88	1.06
60	0.02	876.25	17.52	1.05
61	0.02	858.72	17.17	1.05
62	0.15	841.55	126.23	7.83
63	0.02	715.32	14.31	0.90
64	0.02	701.01	14.02	0.90
65	0.67	686.99	457.99	29.77
66	0.20	229.00	45.80	3.02
67	0.20	183.20	36.64	2.45
68	1.00	146.56	146.56	9.97
				63.93

Weighted Average Retirement Age:

64

Summary of Principal Plan Provisions

Plan Sponsor	Suburban Manufacturing Company
EIN/PN	48-1071795/008
Effective Date	October 1, 1983; amended and restated effective May 1, 2010.
Plan Year	The 12-month period beginning each May 1.
Participation	<p>Employees who are salesmen or compensated on a salaried basis, and effective May 1, 1994 non-union hourly employees, are eligible to participate in the plan and shall enter the plan on the first day of month coincident with or next following the written agreement to contribute to the plan. Employees are eligible to begin contributing to the plan on the first of the month following six months of service. No employees hired after December 31, 2004 are eligible to participate in the plan.</p>
Benefit and Vesting Service	<p>Service credited for benefit purposes is 1/12 of a year of benefit service for each month during which the employee was employed and contributing. Service for vesting purposes means a plan year in which an employee has 1,000 hours. An employee is credited with 190 hours of service for each month he works at least one hour. Service is not credited for years in which the employee was eligible to make employee contributions for the entire year but declined to make any mandatory contributions.</p> <p>Benefit service under the plan was frozen as of December 31, 2004.</p>
Compensation	<p>A participant's compensation for purposes of the plan shall mean base pay plus commissions.</p> <p>Average compensation is defined as the average of the participant's compensation over a period equal to the greater of 5 years or years of benefit service earned after May 1, 1994.</p> <p>Compensation after December 31, 2004 will not be included in the determination of Average Compensation.</p>

Normal Retirement

Condition:

The normal retirement date of a member shall be the first day of the month coinciding with or immediately following the member's 65th birthday.

Benefit:

Annual benefit equal to (1) plus (2):

- (1) 1.5% of average compensation up to \$4,800 times benefit service (not to exceed 30 years).
- (2) 2.15% of average compensation in excess of \$4,800 times benefit service (not to exceed 30 years).

Early Retirement

Condition:

A participant may retire early after attainment of age 55 and completion of 5 years of Service, or attainment of age 60.

Benefit:

The deferred benefit, commencing at age 65, is computed as in Normal Retirement above, using benefit service and average compensation calculated as of the date of determination.

Retirement benefits may commence immediately upon early retirement; in that event, the benefit determined above shall be actuarially reduced to take account of the period of time between the member's actual retirement date and his normal retirement date.

Delayed Retirement

A member who continues employment beyond his normal retirement date will begin receiving monthly retirement benefits upon actual termination of employment. The benefit shall be computed as in Normal Retirement above, with average monthly compensation and years of benefit service calculated at his actual retirement date.

The delayed retirement benefit shall be no less than the actuarial equivalent of the benefit that would have been payable beginning on the Normal Retirement Date.

Death Prior to Retirement

Condition:

In the event of the death of a participant after completion of 5 years of vesting service, a monthly survivorship benefit shall be payable to the participant's surviving spouse.

Benefit:

The monthly benefit, payable on the first day of the calendar month following the later of the participant's death and his earliest retirement date and continuing for the lifetime of the surviving spouse, is determined as the amount the surviving spouse would have received if, on the earlier of the participant's date of death and the date of his termination, the participant elected a 50% joint and survivor annuity to commence on the later of his date of death and his earliest retirement date, survived to that date, and then died.

**Termination of
Employment after 5
Years of Vesting Service**

If a participant terminates employment before retirement after completion of 5 years of vesting service, he receives a deferred retirement benefit, payable at his normal retirement date, computed as in Normal Retirement above based on earnings and service as of his date of termination.

**Other Termination of
Employment**

If employment is otherwise terminated before retirement, no benefits are provided under the plan.

**Optional Methods of
Benefit Payment**

Subject to the applicable plan conditions, a member may select an optional method of benefit payment, which is actuarially equivalent to the normal form of payment (a life annuity). The purpose of the optional method is to permit the guarantee of retirement income payments for a different period of time or to provide a continued life income to a surviving beneficiary after the death of the member. Available methods of payment are:

1. Life Annuity (normal form).
2. 50% Joint and Survivor Annuity.
3. 75% Joint and Survivor Annuity.
4. Life Annuity with 120 payments guaranteed.
5. Lump Sum if less than \$5,000 will be paid automatically.
6. Lump Sum between \$5,000 and \$10,000 (plus employee contributions with interest) will be paid at the participant's request. Lump sum calculations are based on GATT mortality and interest rate.

**Contributions by
Employer**

The employer contributes actuarially determined amounts to finance the plan benefits.

**Contributions by
Employees**

Monthly contributions are required to participate. The amount is 1% of compensation up to \$6,000, plus 1.5% of compensation over \$6,000, rounded to the nearest \$.50 per month. Employee contributions are required only for the first 30 years of benefit service.

The plan is frozen as of December 31, 2004, and no further employee contributions will be permitted.

Investment of Funds

The assets of the pension plan are invested by the trustee in accordance with the terms of the trust agreement.

Benefits Available As Lump Sums	This plan pays only small benefit amounts (lump sum less than \$10,000).
Maximum Benefit Limit	The Internal Revenue Code Section 415 Maximum Benefit payable as a life annuity at Social Security Normal Retirement Age.
Plan Compensation Limit	The Section 401(a)(17) Maximum Compensation that can be recognized for benefit calculation purposes.
Changes in Plan Provisions	The automatic changes, if any, in the plan compensation limit and maximum benefit limit were recognized as amendments for funding purposes.

Schedule SB, line 32 - Schedule of Amortization bases

Plan Year: 2024

Plan Name: Suburban Manufacturing Company Retirement Plan

EIN/PN: 48-1071795/008

Type of Base	Present Value of Installments	Date Established	Years Reamaining	Amortizaion Installment
Shortfall	\$ 213,495	05/01/2024	15	\$ 19,802
Total	\$ 213,495			\$ 19,802