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| <div>Form 5500</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security<br/>Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Annual Return/Report of Employee Benefit Plan</div> <div>This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</div> <div>▶ Complete all entries in accordance with the instructions to the Form 5500.</div> | <div>OMB Nos. 1210-0110<br/>1210-0089</div> <div>2024</div> <div>This Form is Open to Public Inspection</div> |
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|                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                               |
|--------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 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: <div><div><input type="checkbox"/> a multiemployer plan</div><div><input type="checkbox"/> a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)</div><div><input checked="" type="checkbox"/> a single-employer plan</div><div><input type="checkbox"/> a DFE (specify) _____</div></div> |
| B                                                                                          | This return/report is: <div><div><input type="checkbox"/> the first return/report</div><div><input type="checkbox"/> the final return/report</div><div><input type="checkbox"/> an amended return/report</div><div><input type="checkbox"/> a short plan year return/report (less than 12 months)</div></div>                                                                                                 |
| C                                                                                          | If the plan is a collectively-bargained plan, check here. .... ▶ <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                     |
| D                                                                                          | Check box if filing under: <div><div><input checked="" type="checkbox"/> Form 5558</div><div><input type="checkbox"/> automatic extension</div><div><input type="checkbox"/> the DFVC program</div><div><input type="checkbox"/> special extension (enter description)</div></div>                                                                                                                            |
| E                                                                                          | If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. .... ▶ <input type="checkbox"/>                                                                                                                                                                                                                                                                                      |

|         |                                                                                                                                                                                                                                                                                                                                             |
|---------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Part II | Basic Plan Information—enter all requested information                                                                                                                                                                                                                                                                                      |
| 1a      | Name of plan<br>ARMSTRONG INTERNATIONAL, INC. EMPLOYEES' PENSION PLAN                                                                                                                                                                                                                                                                       |
| 1b      | Three-digit plan number (PN) ▶ 001                                                                                                                                                                                                                                                                                                          |
| 1c      | Effective date of plan<br>07/01/1973                                                                                                                                                                                                                                                                                                        |
| 2a      | Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br>ARMSTRONG INTERNATIONAL, INC.<br><br>900 MAPLE STREET<br>THREE RIVERS, MI 49093-2347 |
| 2b      | Employer Identification Number (EIN)<br>38-0308010                                                                                                                                                                                                                                                                                          |
| 2c      | Plan Sponsor's telephone number<br>269-273-1415                                                                                                                                                                                                                                                                                             |
| 2d      | Business code (see instructions)<br>332900                                                                                                                                                                                                                                                                                                  |

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

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

|           |                                                   |            |                                                              |
|-----------|---------------------------------------------------|------------|--------------------------------------------------------------|
| SIGN HERE | Filed with authorized/valid electronic signature. | 04/10/2026 | TYLER SHEERER                                                |
|           | Signature of plan administrator                   | Date       | Enter name of individual signing as plan administrator       |
| SIGN HERE |                                                   |            |                                                              |
|           | Signature of employer/plan sponsor                | Date       | Enter name of individual signing as employer or plan sponsor |
| SIGN HERE |                                                   |            |                                                              |
|           | Signature of DFE                                  | Date       | Enter name of individual signing as DFE                      |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                 |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>3b</b> Administrator's EIN<br><br><b>3c</b> Administrator's telephone number<br><br><div style="background-color: #cccccc; height: 40px; width: 100%;"></div>                                                                                                                                                |
| <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:<br><b>a</b> Sponsor's name<br><b>c</b> Plan Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>4b</b> EIN<br><br><b>4d</b> PN                                                                                                                                                                                                                                                                               |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>5</b> 110                                                                                                                                                                                                                                                                                                    |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).<br><b>a(1)</b> Total number of active participants at the beginning of the plan year .....<br><b>a(2)</b> Total number of active participants at the end of the plan year .....<br><b>b</b> Retired or separated participants receiving benefits .....<br><b>c</b> Other retired or separated participants entitled to future benefits .....<br><b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....<br><b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....<br><b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....<br><b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) .....<br><b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....<br><b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested..... | <div style="background-color: #cccccc; height: 20px; width: 100%;"></div> <div style="background-color: #cccccc; height: 20px; width: 100%;"></div> <b>6a(1)</b> 84<br><b>6a(2)</b> 0<br><b>6b</b> 0<br><b>6c</b> 0<br><b>6d</b> 0<br><b>6e</b> 0<br><b>6f</b> 0<br><b>6g(1)</b><br><b>6g(2)</b><br><b>6h</b> 0 |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>7</b>                                                                                                                                                                                                                                                                                                        |

**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

1I 3H

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

|                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                          |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>9a</b> Plan funding arrangement (check all that apply)<br>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor | <b>9b</b> Plan benefit arrangement (check all that apply)<br>(1) <input checked="" type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

**10** Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

**a Pension Schedules**

- (1) ☒ **R** (Retirement Plan Information)
- (2) ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3) ☒ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- (4) ☐ **DCG** (Individual Plan Information) – Number Attached \_\_\_\_\_
- (5) ☐ **MEP** (Multiple-Employer Retirement Plan Information)

**b General Schedules**

- (1) ☒ **H** (Financial Information)
- (2) ☐ **I** (Financial Information – Small Plan)
- (3) ☒ **A** (Insurance Information) – Number Attached 1
- (4) ☒ **C** (Service Provider Information)
- (5) ☐ **D** (DFE/Participating Plan Information)
- (6) ☐ **G** (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code \_\_\_\_\_

|                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                    |                                                                                                |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| <div>SCHEDULE A</div> <div>(Form 5500)</div> <div>Department of the Treasury</div> <div>Internal Revenue Service</div> <div>Department of Labor</div> <div>Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Insurance Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> <div>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</div> | <div>OMB No. 1210-0110</div> <div>2024</div> <div>This Form is Open to Public Inspection</div> |
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|                                                                                            |                                                      |     |
|--------------------------------------------------------------------------------------------|------------------------------------------------------|-----|
| For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025 |                                                      |     |
| A Name of plan<br>ARMSTRONG INTERNATIONAL, INC. EMPLOYEES' PENSION PLAN                    | B Three-digit plan number (PN) ▶                     | 001 |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>ARMSTRONG INTERNATIONAL, INC.    | D Employer Identification Number (EIN)<br>38-0308010 |     |

|        |                                                                           |                                                                                                                                                                    |
|--------|---------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Part I | Information Concerning Insurance Contract Coverage, Fees, and Commissions | Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A. |
|--------|---------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|

1 Coverage Information:

(a) Name of insurance carrier  
WESTERN-SOUTHERN LIFE ASSURANCE COMPANY

| (b) EIN    | (c) NAIC code | (d) Contract or identification number | (e) Approximate number of persons covered at end of policy or contract year | Policy or contract year |            |
|------------|---------------|---------------------------------------|-----------------------------------------------------------------------------|-------------------------|------------|
|            |               |                                       |                                                                             | (f) From                | (g) To     |
| 31-1000236 | 92622         | GLARMINTIC0125A                       | 0                                                                           | 06/11/2025              | 06/30/2025 |

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

|                                      |                               |
|--------------------------------------|-------------------------------|
| (a) Total amount of commissions paid | (b) Total amount of fees paid |
|                                      |                               |

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
|-----------------------------------------------|---------------------------------|-------------|-----------------------|
|                                               | (c) Amount                      | (d) Purpose |                       |
|                                               |                                 |             |                       |

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
|-----------------------------------------------|---------------------------------|-------------|-----------------------|
|                                               | (c) Amount                      | (d) Purpose |                       |
|                                               |                                 |             |                       |

---

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

---

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
|-----------------------------------------------|---------------------------------|-------------|-----------------------|
|                                               | (c) Amount                      | (d) Purpose |                       |
|                                               |                                 |             |                       |

---

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

---

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
|-----------------------------------------------|---------------------------------|-------------|-----------------------|
|                                               | (c) Amount                      | (d) Purpose |                       |
|                                               |                                 |             |                       |

---

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

---

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
|-----------------------------------------------|---------------------------------|-------------|-----------------------|
|                                               | (c) Amount                      | (d) Purpose |                       |
|                                               |                                 |             |                       |

---

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

---

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
|-----------------------------------------------|---------------------------------|-------------|-----------------------|
|                                               | (c) Amount                      | (d) Purpose |                       |
|                                               |                                 |             |                       |

---

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

---

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
|-----------------------------------------------|---------------------------------|-------------|-----------------------|
|                                               | (c) Amount                      | (d) Purpose |                       |
|                                               |                                 |             |                       |

**Part II Investment and Annuity Contract Information**

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

|                                                                                                                                                                                                                                                      |              |         |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|---------|
| <b>4</b> Current value of plan's interest under this contract in the general account at year end .....                                                                                                                                               | <b>4</b>     |         |
| <b>5</b> Current value of plan's interest under this contract in separate accounts at year end.....                                                                                                                                                  | <b>5</b>     |         |
| <b>6</b> Contracts With Allocated Funds:                                                                                                                                                                                                             |              |         |
| <b>a</b> State the basis of premium rates ▶                                                                                                                                                                                                          |              |         |
| <b>b</b> Premiums paid to carrier .....                                                                                                                                                                                                              | <b>6b</b>    | 1052299 |
| <b>c</b> Premiums due but unpaid at the end of the year .....                                                                                                                                                                                        | <b>6c</b>    |         |
| <b>d</b> If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. ....<br>Specify nature of costs ▶                                       | <b>6d</b>    |         |
| <b>e</b> Type of contract: (1) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity<br>(3) <input checked="" type="checkbox"/> other (specify) ▶ SINGLE PREMIUM NON-PARTICIPATING GROUP ANNUITY CONTRACT |              |         |
| <b>f</b> If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input checked="" type="checkbox"/>                                                                                                |              |         |
| <b>7</b> Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)                                                                                                                               |              |         |
| <b>a</b> Type of contract: (1) <input type="checkbox"/> deposit administration (2) <input type="checkbox"/> immediate participation guarantee<br>(3) <input type="checkbox"/> guaranteed investment (4) <input type="checkbox"/> other ▶             |              |         |
| <b>b</b> Balance at the end of the previous year .....                                                                                                                                                                                               | <b>7b</b>    |         |
| <b>c</b> Additions: (1) Contributions deposited during the year .....                                                                                                                                                                                | <b>7c(1)</b> |         |
| (2) Dividends and credits.....                                                                                                                                                                                                                       | <b>7c(2)</b> |         |
| (3) Interest credited during the year.....                                                                                                                                                                                                           | <b>7c(3)</b> |         |
| (4) Transferred from separate account .....                                                                                                                                                                                                          | <b>7c(4)</b> |         |
| (5) Other (specify below).....<br>▶                                                                                                                                                                                                                  | <b>7c(5)</b> |         |
| (6) Total additions .....                                                                                                                                                                                                                            | <b>7c(6)</b> | 0       |
| <b>d</b> Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....                                                                                                                                                                | <b>7d</b>    | 0       |
| <b>e</b> Deductions:                                                                                                                                                                                                                                 |              |         |
| (1) Disbursed from fund to pay benefits or purchase annuities during year .....                                                                                                                                                                      | <b>7e(1)</b> |         |
| (2) Administration charge made by carrier.....                                                                                                                                                                                                       | <b>7e(2)</b> |         |
| (3) Transferred to separate account .....                                                                                                                                                                                                            | <b>7e(3)</b> |         |
| (4) Other (specify below).....<br>▶                                                                                                                                                                                                                  | <b>7e(4)</b> |         |
| (5) Total deductions .....                                                                                                                                                                                                                           | <b>7e(5)</b> | 0       |
| <b>f</b> Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ).....                                                                                                                                               | <b>7f</b>    | 0       |

**Part III Welfare Benefit Contract Information**

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

**8** Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)     
**b** ☐ Dental     
**c** ☐ Vision     
**d** ☐ Life insurance  
**e** ☐ Temporary disability (accident and sickness)     
**f** ☐ Long-term disability     
**g** ☐ Supplemental unemployment     
**h** ☐ Prescription drug  
**i** ☐ Stop loss (large deductible)     
**j** ☐ HMO contract     
**k** ☐ PPO contract     
**l** ☐ Indemnity contract  
**m** ☐ Other (specify) ▶

**9** Experience-rated contracts:

|                                                                                                                                                    |                 |                 |   |
|----------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------|---|
| <b>a</b> Premiums: (1) Amount received .....                                                                                                       | <b>9a(1)</b>    |                 |   |
| (2) Increase (decrease) in amount due but unpaid .....                                                                                             | <b>9a(2)</b>    |                 |   |
| (3) Increase (decrease) in unearned premium reserve .....                                                                                          | <b>9a(3)</b>    |                 |   |
| (4) Earned ((1) + (2) - (3)) .....                                                                                                                 |                 | <b>9a(4)</b>    | 0 |
| <b>b</b> Benefit charges (1) Claims paid .....                                                                                                     | <b>9b(1)</b>    |                 |   |
| (2) Increase (decrease) in claim reserves .....                                                                                                    | <b>9b(2)</b>    |                 |   |
| (3) Incurred claims (add (1) and (2)) .....                                                                                                        |                 | <b>9b(3)</b>    | 0 |
| (4) Claims charged .....                                                                                                                           |                 | <b>9b(4)</b>    |   |
| <b>c</b> Remainder of premium: (1) Retention charges (on an accrual basis) --                                                                      |                 |                 |   |
| (A) Commissions .....                                                                                                                              | <b>9c(1)(A)</b> |                 |   |
| (B) Administrative service or other fees .....                                                                                                     | <b>9c(1)(B)</b> |                 |   |
| (C) Other specific acquisition costs .....                                                                                                         | <b>9c(1)(C)</b> |                 |   |
| (D) Other expenses .....                                                                                                                           | <b>9c(1)(D)</b> |                 |   |
| (E) Taxes .....                                                                                                                                    | <b>9c(1)(E)</b> |                 |   |
| (F) Charges for risks or other contingencies .....                                                                                                 | <b>9c(1)(F)</b> |                 |   |
| (G) Other retention charges .....                                                                                                                  | <b>9c(1)(G)</b> |                 |   |
| (H) Total retention .....                                                                                                                          |                 | <b>9c(1)(H)</b> | 0 |
| (2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.) ..... |                 | <b>9c(2)</b>    |   |
| <b>d</b> Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement .....                                |                 | <b>9d(1)</b>    |   |
| (2) Claim reserves .....                                                                                                                           |                 | <b>9d(2)</b>    |   |
| (3) Other reserves .....                                                                                                                           |                 | <b>9d(3)</b>    |   |
| <b>e</b> Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).) .....                                           |                 | <b>9e</b>       |   |

**10** Nonexperience-rated contracts:

|                                                                                                                                                                                                                                 |            |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--|
| <b>a</b> Total premiums or subscription charges paid to carrier .....                                                                                                                                                           | <b>10a</b> |  |
| <b>b</b> If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. .... | <b>10b</b> |  |

Specify nature of costs.

**Part IV Provision of Information**

**11** Did the insurance company fail to provide any information necessary to complete Schedule A? ..... ☒ Yes ☐ No

**12** If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE A WAS NOT PROVIDED

|                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                   |                                                                                                |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| <div>SCHEDULE SB<br/>(Form 5500)<br/><br/>Department of the Treasury<br/>Internal Revenue Service<br/><br/>Department of Labor<br/>Employee Benefits Security Administration<br/><br/>Pension Benefit Guaranty Corporation</div> | <div>Single-Employer Defined Benefit Plan<br/>Actuarial Information</div> <div>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).</div> <div>► File as an attachment to Form 5500 or 5500-SF.</div> | <div>OMB No. 1210-0110</div> <div>2024</div> <div>This Form is Open to Public Inspection</div> |
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|                                                                                                                                    |                                                                                                                                                  |
|------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|
| For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025                                         |                                                                                                                                                  |
| ► Round off amounts to nearest dollar.                                                                                             |                                                                                                                                                  |
| ► Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.            |                                                                                                                                                  |
| A Name of plan<br>ARMSTRONG INTERNATIONAL, INC. EMPLOYEES' PENSION PLAN                                                            | B Three-digit plan number (PN) ► 001                                                                                                             |
| C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br>ARMSTRONG INTERNATIONAL, INC.                                 | D Employer Identification Number (EIN)<br>38-0308010                                                                                             |
| E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B | F Prior year plan size: <input type="checkbox"/> 100 or fewer <input checked="" type="checkbox"/> 101-500 <input type="checkbox"/> More than 500 |

|        |                                                                                                                                                                                                  |                            |                           |                          |
|--------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|---------------------------|--------------------------|
| Part I | Basic Information                                                                                                                                                                                |                            |                           |                          |
| 1      | Enter the valuation date: Month 07 Day 01 Year 2024                                                                                                                                              |                            |                           |                          |
| 2      | Assets:                                                                                                                                                                                          |                            |                           |                          |
| a      | Market value                                                                                                                                                                                     | 2a                         | 6987369                   |                          |
| b      | Actuarial value                                                                                                                                                                                  | 2b                         | 6906827                   |                          |
| 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                                                                                                                                     | 12                         | 1021411                   | 1021411                  |
| b      | For terminated vested participants                                                                                                                                                               | 15                         | 161659                    | 161659                   |
| c      | For active participants                                                                                                                                                                          | 82                         | 5700219                   | 5831162                  |
| d      | Total                                                                                                                                                                                            | 109                        | 6883289                   | 7014232                  |
| 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                          | 5.33 %                    |                          |
| 6      | Target normal cost                                                                                                                                                                               |                            |                           |                          |
| a      | Present value of current plan year accruals                                                                                                                                                      | 6a                         | 0                         |                          |
| b      | Expected plan-related expenses                                                                                                                                                                   | 6b                         | 100000                    |                          |
| c      | Target normal cost                                                                                                                                                                               | 6c                         | 100000                    |                          |

**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.

|                          |                                                                                                                                                                                                                                                       |                                                                                                                                                                              |
|--------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <div>SIGN<br/>HERE</div> | <div>Signature of actuary</div> <div>ANDREW WITTE</div> <div>Type or print name of actuary</div> <div>AON CONSULTING, INC.</div> <div>Firm name</div> <div>4220 DUNCAN AVENUE, SUITE 401<br/>ST. LOUIS, MO 63110</div> <div>Address of the firm</div> | <div>12/01/2025</div> <div>Date</div> <div>23-05764</div> <div>Most recent enrollment number</div> <div>314-725-9966</div> <div>Telephone number (including area code)</div> |
|--------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

**Part II Beginning of Year Carryover and Prefunding Balances**

|             |                                                                                                                                                          | (a) Carryover balance | (b) Prefunding balance |
|-------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|------------------------|
| <b>7</b>    | Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....                                                          | 0                     | 419415                 |
| <b>8</b>    | Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....                                                       |                       |                        |
| <b>9</b>    | Amount remaining (line 7 minus line 8) .....                                                                                                             | 0                     | 419415                 |
| <b>10</b>   | Interest on line 9 using prior year's actual return of <u>5.87</u> % .....                                                                               | 0                     | 24620                  |
| <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>5.23</u> % ..... |                       | 0                      |
| <b>b(2)</b> | Interest on line 38b from prior year Schedule SB, using prior year's actual return .....                                                                 |                       |                        |
| <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                     | 444035                 |

**Part III Funding Percentages**

|           |                                                                                                                                                                  |           |          |
|-----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------|
| <b>14</b> | Funding target attainment percentage .....                                                                                                                       | <b>14</b> | 92.13 %  |
| <b>15</b> | Adjusted funding target attainment percentage .....                                                                                                              | <b>15</b> | 92.13 %  |
| <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> | 101.33 % |
| <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<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees | (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees |
|--------------------------|-----------------------------------|---------------------------------|--------------------------|-----------------------------------|---------------------------------|
| 06/10/2025               | 350000                            | 0                               |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
| <b>Totals ▶</b>          |                                   |                                 | <b>18(b)</b>             | 350000                            | <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> | 333283 |

**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</b> | <b>Assumptions Used to Determine Funding Target and Target Normal Cost</b> |
|---------------|----------------------------------------------------------------------------|

|           |                                                                                                                                                                                    |                   |                   |                                                                                  |
|-----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|-------------------|----------------------------------------------------------------------------------|
| <b>21</b> | Discount rate:                                                                                                                                                                     |                   |                   |                                                                                  |
| <b>a</b>  | Segment rates:                                                                                                                                                                     | 1st segment:<br>% | 2nd segment:<br>% | 3rd segment:<br>% <input checked="" type="checkbox"/> N/A, full yield curve used |
| <b>b</b>  | Applicable month (enter code) .....                                                                                                                                                |                   |                   | <b>21b</b>                                                                       |
| <b>22</b> | Weighted average retirement age .....                                                                                                                                              |                   |                   | <b>22</b> 66                                                                     |
| <b>23</b> | Mortality table(s) (see instructions) <input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute |                   |                   |                                                                                  |

|                |                            |
|----------------|----------------------------|
| <b>Part VI</b> | <b>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</b> | <b>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</b> | <b>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>          | 100000               |
| <b>b</b>  | Excess assets, if applicable, but not greater than line 31a .....                                                                                                          | <b>31b</b>          | 0                    |
| <b>32</b> | Amortization installments:                                                                                                                                                 | Outstanding Balance | Installment          |
| <b>a</b>  | Net shortfall amortization installment .....                                                                                                                               | 551440              | 51045                |
| <b>b</b>  | Waiver amortization installment .....                                                                                                                                      |                     |                      |
| <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> 151045     |
| <b>35</b> | Balances elected for use to offset funding requirement .....                                                                                                               | Carryover balance 0 | Prefunding balance 0 |
| <b>36</b> | Additional cash requirement (line 34 minus line 35) .....                                                                                                                  |                     | <b>36</b> 151045     |
| <b>37</b> | Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) .....                                                  |                     | <b>37</b> 333283     |
| <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> 182238    |
| <b>b</b>  | Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....                                                               |                     | <b>38b</b> 151045    |
| <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</b> | <b>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 type="checkbox"/> 2021 |  |  |
|-----------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|

|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                             |                                         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|
| <div>SCHEDULE C</div> <div>(Form 5500)</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Service Provider Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> | 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

|                                                                                                                       |                                                                                    |
|-----------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|
| <div>A</div> <div>Name of plan</div> <div>ARMSTRONG INTERNATIONAL, INC. EMPLOYEES' PENSION PLAN</div>                 | <div>B</div> <div>Three-digit plan number (PN)</div> <div>▶</div> <div>001</div>   |
| <div>C</div> <div>Plan sponsor's name as shown on line 2a of Form 5500</div> <div>ARMSTRONG INTERNATIONAL, INC.</div> | <div>D</div> <div>Employer Identification Number (EIN)</div> <div>38-0308010</div> |

|        |                                                 |
|--------|-------------------------------------------------|
| Part I | Service Provider Information (see instructions) |
|--------|-------------------------------------------------|

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a

Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).....

Yes

☒

No
- b

If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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**2. Information on Other Service Providers Receiving Direct or Indirect Compensation.** Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

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

AON CONSULTING, INC.

4220 DUNCAN AVENUE, SUITE 401  
ST. LOUIS, MO 63110

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 11 16 17 50            | N/A                                                                                               | 232773                                                                 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

BDO USA, P.C.

13-5381590

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 10 50                  | N/A                                                                                               | 34936                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

CHARLES SCHWAB TRUST BANK

2360 CORPORATE CIRCLE  
HENDERSON, NV 89074

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 21 50                  | N/A                                                                                               | 26650                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

**Part I Service Provider Information (continued)**

**3.** If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
|                                                                     |                                                                                                                                                                    |                                           |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
|                                                                     |                                                                                                                                                                    |                                           |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|                                                                     |                                                                                                                                                                    |                                           |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
|                                                                     |                                                                                                                                                                    |                                           |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|                                                                     |                                                                                                                                                                    |                                           |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
|                                                                     |                                                                                                                                                                    |                                           |

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                   |                                        |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|
| <div>SCHEDULE H</div> <div>(Form 5500)</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Financial Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).</div> <div>▶ File as an attachment to Form 5500.</div> | 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

|                                                                                                                       |                                                                                    |
|-----------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|
| <div>A</div> <div>Name of plan</div> <div>ARMSTRONG INTERNATIONAL, INC. EMPLOYEES' PENSION PLAN</div>                 | <div>B</div> <div>Three-digit plan number (PN)</div> <div>001</div>                |
| <div>C</div> <div>Plan sponsor's name as shown on line 2a of Form 5500</div> <div>ARMSTRONG INTERNATIONAL, INC.</div> | <div>D</div> <div>Employer Identification Number (EIN)</div> <div>38-0308010</div> |

| Part I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Asset and Liability Statement |                       |                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|-----------------------|-----------------|
| <b>1</b> Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. <b>Round off amounts to the nearest dollar.</b> MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions. |                               |                       |                 |
| Assets                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                               | (a) Beginning of Year | (b) End of Year |
| <b>a</b> Total noninterest-bearing cash .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>1a</b>                     | 13437                 | 32617           |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                               |                       |                 |
| <b>(1)</b> Employer contributions .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1b(1)</b>                  |                       |                 |
| <b>(2)</b> Participant contributions.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>1b(2)</b>                  |                       |                 |
| <b>(3)</b> Other .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>1b(3)</b>                  | 0                     | 1040            |
| <b>c</b> General investments:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                               |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>1c(1)</b>                  | 6173294               | 84424           |
| <b>(2)</b> U.S. Government securities .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>1c(2)</b>                  | 800637                | 0               |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                               |                       |                 |
| <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(3)(A)</b>               |                       |                 |
| <b>(B)</b> All other .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(3)(B)</b>               |                       |                 |
| <b>(4)</b> Corporate stocks (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                               |                       |                 |
| <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(4)(A)</b>               |                       |                 |
| <b>(B)</b> Common .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1c(4)(B)</b>               |                       |                 |
| <b>(5)</b> Partnership/joint venture interests .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>1c(5)</b>                  |                       |                 |
| <b>(6)</b> Real estate (other than employer real property) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>1c(6)</b>                  |                       |                 |
| <b>(7)</b> Loans (other than to participants) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>1c(7)</b>                  |                       |                 |
| <b>(8)</b> Participant loans .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>1c(8)</b>                  |                       |                 |
| <b>(9)</b> Value of interest in common/collective trusts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>1c(9)</b>                  |                       |                 |
| <b>(10)</b> Value of interest in pooled separate accounts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>1c(10)</b>                 |                       |                 |
| <b>(11)</b> Value of interest in master trust investment accounts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1c(11)</b>                 |                       |                 |
| <b>(12)</b> Value of interest in 103-12 investment entities .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>1c(12)</b>                 |                       |                 |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>1c(13)</b>                 |                       |                 |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>1c(14)</b>                 |                       |                 |
| <b>(15)</b> Other.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>1c(15)</b>                 |                       |                 |

| <b>1d</b> Employer-related investments:                                   |              | (a) Beginning of Year | (b) End of Year |
|---------------------------------------------------------------------------|--------------|-----------------------|-----------------|
| (1) Employer securities .....                                             | <b>1d(1)</b> |                       |                 |
| (2) Employer real property .....                                          | <b>1d(2)</b> |                       |                 |
| <b>e</b> Buildings and other property used in plan operation .....        | <b>1e</b>    |                       |                 |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e) .....      | <b>1f</b>    | 6987368               | 118081          |
| <b>Liabilities</b>                                                        |              |                       |                 |
| <b>g</b> Benefit claims payable .....                                     | <b>1g</b>    |                       |                 |
| <b>h</b> Operating payables .....                                         | <b>1h</b>    | 0                     | 114906          |
| <b>i</b> Acquisition indebtedness .....                                   | <b>1i</b>    |                       |                 |
| <b>j</b> Other liabilities .....                                          | <b>1j</b>    |                       |                 |
| <b>k</b> Total liabilities (add all amounts in lines 1g through 1j) ..... | <b>1k</b>    | 0                     | 114906          |
| <b>Net Assets</b>                                                         |              |                       |                 |
| <b>l</b> Net assets (subtract line 1k from line 1f) .....                 | <b>1l</b>    | 6987368               | 3175            |

**Part II Income and Expense Statement**

**2** Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

| <b>Income</b>                                                                                              |                 | (a) Amount | (b) Total |
|------------------------------------------------------------------------------------------------------------|-----------------|------------|-----------|
| <b>a Contributions:</b>                                                                                    |                 |            |           |
| (1) Received or receivable in cash from: <b>(A)</b> Employers .....                                        | <b>2a(1)(A)</b> | 335273     |           |
| <b>(B)</b> Participants .....                                                                              | <b>2a(1)(B)</b> |            |           |
| <b>(C)</b> Others (including rollovers) .....                                                              | <b>2a(1)(C)</b> |            |           |
| (2) Noncash contributions .....                                                                            | <b>2a(2)</b>    |            |           |
| (3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    |            | 335273    |
| <b>b Earnings on investments:</b>                                                                          |                 |            |           |
| <b>(1) Interest:</b>                                                                                       |                 |            |           |
| <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit) .....       | <b>2b(1)(A)</b> | 1366       |           |
| <b>(B)</b> U.S. Government securities .....                                                                | <b>2b(1)(B)</b> | 12044      |           |
| <b>(C)</b> Corporate debt instruments .....                                                                | <b>2b(1)(C)</b> |            |           |
| <b>(D)</b> Loans (other than to participants) .....                                                        | <b>2b(1)(D)</b> |            |           |
| <b>(E)</b> Participant loans .....                                                                         | <b>2b(1)(E)</b> |            |           |
| <b>(F)</b> Other .....                                                                                     | <b>2b(1)(F)</b> |            |           |
| <b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                              | <b>2b(1)(G)</b> |            | 13410     |
| <b>(2) Dividends:</b>                                                                                      |                 |            |           |
| <b>(A)</b> Preferred stock .....                                                                           | <b>2b(2)(A)</b> |            |           |
| <b>(B)</b> Common stock .....                                                                              | <b>2b(2)(B)</b> |            |           |
| <b>(C)</b> Registered investment company shares (e.g. mutual funds) .....                                  | <b>2b(2)(C)</b> | 269230     |           |
| <b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....                  | <b>2b(2)(D)</b> |            | 269230    |
| (3) Rents .....                                                                                            | <b>2b(3)</b>    |            |           |
| <b>(4) Net gain (loss) on sale of assets:</b>                                                              |                 |            |           |
| <b>(A)</b> Aggregate proceeds .....                                                                        | <b>2b(4)(A)</b> | 7933510    |           |
| <b>(B)</b> Aggregate carrying amount (see instructions) .....                                              | <b>2b(4)(B)</b> | 7915659    |           |
| <b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....                  | <b>2b(4)(C)</b> |            | 17851     |
| <b>(5) Unrealized appreciation (depreciation) of assets:</b>                                               |                 |            |           |
| <b>(A)</b> Real estate .....                                                                               | <b>2b(5)(A)</b> |            |           |
| <b>(B)</b> Other .....                                                                                     | <b>2b(5)(B)</b> | -18078     |           |
| <b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....         | <b>2b(5)(C)</b> |            | -18078    |

|                                                                                                 |               | (a) Amount | (b) Total |
|-------------------------------------------------------------------------------------------------|---------------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts .....                              | <b>2b(6)</b>  |            |           |
| (7) Net investment gain (loss) from pooled separate accounts .....                              | <b>2b(7)</b>  |            |           |
| (8) Net investment gain (loss) from master trust investment accounts .....                      | <b>2b(8)</b>  |            |           |
| (9) Net investment gain (loss) from 103-12 investment entities .....                            | <b>2b(9)</b>  |            |           |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) ..... | <b>2b(10)</b> |            |           |
| <b>c</b> Other income .....                                                                     | <b>2c</b>     |            |           |
| <b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....        | <b>2d</b>     |            | 617686    |

**Expenses**

|                                                                                             |               |         |         |
|---------------------------------------------------------------------------------------------|---------------|---------|---------|
| <b>e</b> Benefit payment and payments to provide benefits:                                  |               |         |         |
| (1) Directly to participants or beneficiaries, including direct rollovers .....             | <b>2e(1)</b>  | 6222326 |         |
| (2) To insurance carriers for the provision of benefits .....                               | <b>2e(2)</b>  | 1052299 |         |
| (3) Other .....                                                                             | <b>2e(3)</b>  |         |         |
| (4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....                 | <b>2e(4)</b>  |         | 7274625 |
| <b>f</b> Corrective distributions (see instructions) .....                                  | <b>2f</b>     |         |         |
| <b>g</b> Certain deemed distributions of participant loans (see instructions) .....         | <b>2g</b>     |         |         |
| <b>h</b> Interest expense .....                                                             | <b>2h</b>     |         |         |
| <b>i</b> Administrative expenses:                                                           |               |         |         |
| (1) Salaries and allowances .....                                                           | <b>2i(1)</b>  |         |         |
| (2) Contract administrator fees .....                                                       | <b>2i(2)</b>  |         |         |
| (3) Recordkeeping fees .....                                                                | <b>2i(3)</b>  |         |         |
| (4) IQPA audit fees .....                                                                   | <b>2i(4)</b>  | 34936   |         |
| (5) Investment advisory and investment management fees .....                                | <b>2i(5)</b>  |         |         |
| (6) Bank or trust company trustee/custodial fees .....                                      | <b>2i(6)</b>  | 26650   |         |
| (7) Actuarial fees .....                                                                    | <b>2i(7)</b>  | 232773  |         |
| (8) Legal fees .....                                                                        | <b>2i(8)</b>  |         |         |
| (9) Valuation/appraisal fees .....                                                          | <b>2i(9)</b>  |         |         |
| (10) Other trustee fees and expenses .....                                                  | <b>2i(10)</b> |         |         |
| (11) Other expenses .....                                                                   | <b>2i(11)</b> | 32895   |         |
| (12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....        | <b>2i(12)</b> |         | 327254  |
| <b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total ..... | <b>2j</b>     |         | 7601879 |

**Net Income and Reconciliation**

|                                                                               |              |  |          |
|-------------------------------------------------------------------------------|--------------|--|----------|
| <b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> ..... | <b>2k</b>    |  | -6984193 |
| <b>l</b> Transfers of assets:                                                 |              |  |          |
| (1) To this plan .....                                                        | <b>2l(1)</b> |  |          |
| (2) From this plan .....                                                      | <b>2l(2)</b> |  |          |

**Part III Accountant's Opinion**

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

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

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

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

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

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

(1) Name: **BDO USA, P.C.**

(2) EIN: **13-5381590**

**d** The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

(1) ☐ This form is filed for a CCT, PSA, DCG or MTIA. (2) ☐ It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

**Part IV Compliance Questions**

**4** CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

|                                                                                                                                                                                                                                                                                                                  | Yes                                 | No                                  | Amount |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|--------|
| <b>a</b> Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.) .....                 |                                     | <input checked="" type="checkbox"/> |        |
| <b>b</b> Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.) ..... |                                     | <input checked="" type="checkbox"/> |        |
| <b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.) .....                                                                                                                             |                                     | <input checked="" type="checkbox"/> |        |
| <b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.) .....                                                                                                                  |                                     | <input checked="" type="checkbox"/> |        |
| <b>e</b> Was this plan covered by a fidelity bond? .....                                                                                                                                                                                                                                                         | <input checked="" type="checkbox"/> |                                     | 500000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....                                                                                                                                                                          |                                     | <input checked="" type="checkbox"/> |        |
| <b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser? .....                                                                                                                                       |                                     | <input checked="" type="checkbox"/> |        |
| <b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser? .....                                                                                                                             |                                     | <input checked="" type="checkbox"/> |        |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) .....                                                                                                                                                   | <input checked="" type="checkbox"/> |                                     |        |
| <b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.) .....                                                                                     | <input checked="" type="checkbox"/> |                                     |        |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? .....                                                                                                                                              |                                     | <input checked="" type="checkbox"/> |        |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan? .....                                                                                                                                                                                                                               |                                     | <input checked="" type="checkbox"/> |        |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) .....                                                                                                                                                                                     |                                     |                                     |        |
| <b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. ....                                                                                                                         |                                     |                                     |        |

**5a** Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?..... ☒ Yes ☐ No  
If "Yes," enter the amount of any plan assets that reverted to the employer this year 0.

**5b** If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

| <b>5b(1)</b> Name of plan(s) | <b>5b(2)</b> EIN(s) | <b>5b(3)</b> PN(s) |
|------------------------------|---------------------|--------------------|
|                              |                     |                    |
|                              |                     |                    |
|                              |                     |                    |
|                              |                     |                    |

**5c** Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ..... ☒ Yes ☐ No ☐ Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 568270.

|                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| <div>SCHEDULE R<br/>(Form 5500)<br/><br/>Department of the Treasury<br/>Internal Revenue Service<br/><br/>Department of Labor<br/>Employee Benefits Security Administration<br/><br/>Pension Benefit Guaranty Corporation</div>                                                                                                                                       | <div>Retirement Plan Information</div> <div>This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).</div> <div>▶ File as an attachment to Form 5500.</div> | <div>OMB No. 1210-0110</div> <div>2024</div> <div>This Form is Open to Public Inspection.</div> |
| For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| A Name of plan<br>ARMSTRONG INTERNATIONAL, INC. EMPLOYEES' PENSION PLAN                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                  | B Three-digit plan number (PN) ▶ 001                                                            |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>ARMSTRONG INTERNATIONAL, INC.                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                  | D Employer Identification Number (EIN)<br>38-0308010                                            |
| Part I                                                                                                                                                                                                                                                                                                                                                                | Distributions                                                                                                                                                                                                                                                                                    |                                                                                                 |
| All references to distributions relate only to payments of benefits during the plan year.                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                  | 1 0                                                                                             |
| 2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):<br><br>EIN(s): 31-0966785                                                                                                                  |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year .....                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                  | 3 90                                                                                            |
| Part II                                                                                                                                                                                                                                                                                                                                                               | Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)                                                                                                                           |                                                                                                 |
| 4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A                                                                                                                                                        |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| If the plan is a defined benefit plan, go to line 8.                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____                                                                                                                                             |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                  | 6a                                                                                              |
| b Enter the amount contributed by the employer to the plan for this plan year .....                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                  | 6b                                                                                              |
| c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                  | 6c                                                                                              |
| If you completed line 6c, skip lines 8 and 9.                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| Part III                                                                                                                                                                                                                                                                                                                                                              | Amendments                                                                                                                                                                                                                                                                                       |                                                                                                 |
| 9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... <input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> Both <input checked="" type="checkbox"/> No          |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| Part IV                                                                                                                                                                                                                                                                                                                                                               | ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.                                                                                                                                                       |                                                                                                 |
| 10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 11 a Does the ESOP hold any preferred stock? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                        |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| For Paperwork Reduction Act Notice, see the Instructions for Form 5500.                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| Schedule R (Form 5500) 2024 v. 240311                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                  |                                                                                                 |

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

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

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

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

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

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

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

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

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

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

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

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

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

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

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

**a** The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....

**14a**

**b** The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

**14b**

**c** The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

**14c**

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

**a** The corresponding number for the plan year immediately preceding the current plan year.....

**15a**

**b** The corresponding number for the second preceding plan year.....

**15b**

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

**a** Enter the number of employers who withdrew during the preceding plan year.....

**16a**

**b** If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....

**16b**

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

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

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

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

**a** Enter the percentage of plan assets held as:

Public Equity: \_\_\_\_\_% Private Equity: \_\_\_\_\_% Investment-Grade Debt and Interest Rate Hedging Assets: \_\_\_\_\_%

High-Yield Debt: \_\_\_\_\_% Real Assets: \_\_\_\_\_% Cash or Cash Equivalents: \_\_\_\_\_% Other: \_\_\_\_\_%

**b** Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:

☐ 0-5 years ☐ 5-10 years ☐ 10-15 years ☐ 15 years or more

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

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

**b** If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation.....

## **Part VII IRS Compliance Questions**

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

- 21b** If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☒ N/A

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

# **Armstrong International, Inc. Employees' Pension Plan**

**Financial Statements and  
ERISA-Required Supplemental Schedules**  
As of June 30, 2025 (In Liquidation) and June 30, 2024  
(Ongoing) and for the Year Ended June 30, 2025  
(In Liquidation) and Year ended June 30, 2024 (Ongoing)

## **Armstrong International, Inc. Employees' Pension Plan**

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### **Financial Statements and ERISA-Required Supplemental Schedules**

As of June 30, 2025 (In Liquidation) and June 30, 2024 (Ongoing) and for the Year Ended June 30, 2025 (In Liquidation) and Year ended June 30, 2024 (Ongoing)

# Armstrong International, Inc. Employees' Pension Plan

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## Independent Auditor's Report

To the Plan Administrator  
Armstrong International, Inc. Employees' Pension Plan  
Three Rivers, Michigan

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

We have performed audits of the financial statements of Armstrong International, Inc. Employees' Pension Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C). The financial statements comprise the statements of net assets available for benefits and of accumulated plan benefits as of June 30, 2025 (in liquidation) and June 30, 2024 (ongoing), and the related statements of changes in net assets available for benefits and of changes in accumulated plan benefits for the year ended June 30, 2025 (in liquidation) and for the year ended June 30, 2024 (ongoing), and the related notes to the financial statements.

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

Management has obtained certifications from a qualified institution as of June 30, 2025 and 2024, and for the years then ended, stating that the certified investment information, as described in Note 4 to the financial statements, is complete and accurate.

### *Opinion*

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

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



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

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

### ***Emphasis of Matter – Plan Termination and Liquidation Basis of Accounting***

As further discussed in Note 1 to the financial statements, the Board of Directors of the Company approved a plan of liquidation effective on January 15, 2025, and management determined liquidation is imminent. As a result, the Plan changed its basis of accounting from the going-concern basis of accounting used in presenting the 2024 financial statements to the liquidation basis of accounting used in presenting the 2025 financial statements. Our opinion is not modified with respect to this matter.

### ***Responsibilities of Management for the Financial Statements***

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

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

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

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



In performing an audit in accordance with GAAS, we:

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

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

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

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

***Other Matter – Supplemental Schedules Required by ERISA***

The ERISA-required Supplemental Schedule H, line 4i- Schedule of Assets (Held at End of Year) as of June 30, 2025 (in liquidation) and the Schedule H, line 4j- Schedule of Reportable Transactions for the year ended June 30, 2025 (in liquidation) are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that



agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion

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

BDO USA, P.C.

April 9, 2026

## Financial Statements

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# Armstrong International, Inc. Employees' Pension Plan

## Statements of Net Assets Available for Benefits

| <i>June 30,</i>                                         | 2025<br>(In Liquidation) | 2024<br>(Ongoing)   |
|---------------------------------------------------------|--------------------------|---------------------|
| <b>Assets</b>                                           |                          |                     |
| Cash                                                    | \$ 32,617                | \$ 13,437           |
| Investments, at fair value                              | 84,424                   | 6,973,931           |
| Receivables:                                            |                          |                     |
| Accrued interest expected to be earned in liquidation   | 1,040                    | -                   |
| <b>Total Receivables</b>                                | <b>1,040</b>             | <b>-</b>            |
| <b>Total Assets</b>                                     | <b>118,081</b>           | <b>6,987,368</b>    |
| Liabilities:                                            |                          |                     |
| Accrued expenses expected to be incurred in liquidation | 114,906                  | -                   |
| <b>Total Liabilities</b>                                | <b>114,906</b>           | <b>-</b>            |
| <b>Net Assets Available for Benefits</b>                | <b>\$ 3,175</b>          | <b>\$ 6,987,368</b> |

*See accompanying notes to financial statements.*

# Armstrong International, Inc. Employees' Pension Plan

## Statements of Changes in Net Assets Available for Benefits

| <i>Year ended June 30,</i>                                   | <b>2025</b><br><b>(In Liquidation)</b> | <b>2024</b><br><b>(Ongoing)</b> |
|--------------------------------------------------------------|----------------------------------------|---------------------------------|
| <b>Additions</b>                                             |                                        |                                 |
| Investment income:                                           |                                        |                                 |
| Interest and dividend income                                 | \$ 282,640                             | \$ 270,802                      |
| Net appreciation (depreciation) in fair value of investments | (227)                                  | 140,627                         |
| <b>Total Investment Income</b>                               | <b>282,413</b>                         | <b>411,429</b>                  |
| Employer contribution                                        | 335,273                                | -                               |
| <b>Total Additions</b>                                       | <b>617,686</b>                         | <b>411,429</b>                  |
| <b>Deductions</b>                                            |                                        |                                 |
| Benefits paid to participants                                | 6,222,326                              | 907,267                         |
| Purchase of annuity contract                                 | 1,052,299                              | -                               |
| Administrative fees                                          | 327,254                                | 159,011                         |
| <b>Total Deductions</b>                                      | <b>7,601,879</b>                       | <b>1,066,278</b>                |
| <b>Net Decrease</b>                                          | <b>(6,984,193)</b>                     | <b>(654,849)</b>                |
| <b>Net Assets Available for Benefits, beginning of year</b>  | <b>6,987,368</b>                       | <b>7,642,217</b>                |
| <b>Net Assets Available for Benefits, end of year</b>        | <b>\$ 3,175</b>                        | <b>\$ 6,987,368</b>             |

*See accompanying notes to financial statements.*

# Armstrong International, Inc. Employees' Pension Plan

## Statements of Accumulated Plan Benefits

| <i>June 30,</i>                                                   | 2025<br>(Liquidation) | 2024<br>(Ongoing)   |
|-------------------------------------------------------------------|-----------------------|---------------------|
| <b>Actuarial Present Value of Accumulated Plan Benefits</b>       |                       |                     |
| Vested benefits:                                                  |                       |                     |
| Participants currently receiving payments                         | \$ -                  | \$ 1,059,846        |
| Other participants                                                | 11,785                | 6,124,429           |
| <b>Total Vested Benefits</b>                                      | <b>11,785</b>         | <b>7,184,275</b>    |
| Non-vested benefits                                               | -                     | 131,633             |
| <b>Total Actuarial Present Value of Accumulated Plan Benefits</b> | <b>\$ 11,785</b>      | <b>\$ 7,315,908</b> |

*See accompanying notes to financial statements.*

# Armstrong International, Inc. Employees' Pension Plan

## Statements of Changes in Accumulated Plan Benefits

| <i>Year ended June 30,</i>                                                        | <b>2025</b><br><b>(Liquidation)</b> | <b>2024</b><br><b>(Ongoing)</b> |
|-----------------------------------------------------------------------------------|-------------------------------------|---------------------------------|
| <b>Actuarial Present Value of Accumulated Plan Benefits,</b><br>beginning of year | <b>\$ 7,315,908</b>                 | <b>\$ 7,977,173</b>             |
| Increase (decrease) during the year attributable to:                              |                                     |                                 |
| Interest accumulated                                                              | <b>284,910</b>                      | 376,454                         |
| Benefits accumulated and other changes                                            | <b>(312,384)</b>                    | (130,452)                       |
| Benefits paid and purchase of annuity contract                                    | <b>(7,276,649)</b>                  | (907,267)                       |
| <b>Net Decrease</b>                                                               | <b>(7,304,123)</b>                  | (661,265)                       |
| <b>Actuarial Present Value of Accumulated Plan Benefits,</b><br>end of year       | <b>\$ 11,785</b>                    | <b>\$ 7,315,908</b>             |

*See accompanying notes to financial statements.*

# Armstrong International, Inc. Employees' Pension Plan

## Notes to Financial Statements

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### 1. Description of Plan

The following description of the Armstrong International, Inc. Employees' Pension Plan (the Plan) is provided for general information only. Participants should refer to the Plan Agreement for more complete information.

#### *General*

The Plan is a defined benefit pension plan established in 1973 covering substantially all employees of Armstrong International, Inc. (the Company) and certain affiliates. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

#### *Administration*

In May 2023, the Company appointed Charles Schwab Trust Bank as the trustee, effective July 1, 2023. The assets transferred from Huntington National Bank to Charles Schwab Trust Bank, on July 3, 2023.

#### *Plan Termination*

Effective January 15, 2025, the Plan was terminated. The decision to terminate the Plan resulted in the distribution of benefits through lump-sum payments and the purchase of an annuity contract (Note 9). The termination and settlement process, which preserves retirement benefits due to participants but changes the ultimate payor of such benefits, was completed in 2025. Upon termination of the Plan, all participants became 100% vested to the extent they were not already vested.

#### *Participation*

Effective July 31, 2006, the Company froze the Plan. As a result of the Plan freeze, no additional benefits or additional benefit service will be earned. Each participant's accrued benefits earned as of July 31, 2006 were allocated to the participant and frozen as of that date. Any employee who was not a participant of the Plan as of July 31, 2006 is not eligible to participate in the Plan.

A participant who meets the requirements for a normal pension or disability pension shall receive a monthly amount equal to 0.66% of the participant's final average monthly compensation up to the covered compensation level (the amount of compensation to which social security benefits would be provided) plus 1.31% of such earnings in excess of the covered compensation level multiplied by the years of benefit service, or may elect a lump-sum distribution to the current value of the accumulated benefits at the time of retirement. However, since this Plan has been frozen as of July 31, 2006, the average monthly compensation of the participant as of the date of the freezing will be the amount used to calculate the benefit.

A participant who elects to retire between ages 60 and 64 and has completed at least ten years of service may elect to commence benefit payments upon retirement. If the participant elects early retirement, the monthly benefit will be reduced by 0.4% for each month that the early retirement date precedes the normal retirement date.

A terminated participant who has completed at least three years of vesting service, as of the date of termination, is entitled to a retirement pension deferred to the normal retirement date. The

# Armstrong International, Inc. Employees' Pension Plan

## Notes to Financial Statements

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amount of the pension is equal to the participant's accrued benefit multiplied by the vesting percentage. However, a terminated participant who meets the conditions for early retirement may start receiving an early retirement benefit as previously disclosed.

### ***Contributions***

The Company contributes such amounts as are deemed necessary on an actuarial basis to provide sufficient assets to meet expected future benefits to be paid to Plan participants. The Plan met the minimum funding requirements of ERISA for the years ended June 30, 2025 and 2024.

### ***Vesting***

Vesting of the employers' contributions begins to occur after three years of service at a rate of 20% per year and is fully vested after seven years. Upon termination of the Plan, all participants became 100% vested to the extent they were not already vested.

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

Any pension payable under the Plan shall be paid in the form of a qualified joint and survivor pension. A participant also may elect the following optional forms of payment: Single Life Annuity; Joint and 50%, 66<sup>2</sup>/<sub>3</sub>%, 75%, or 100% Survivor Pension; Five-Year or Ten-Year Certain and Life Annuity; or Lump-Sum Distribution Option.

### ***Death Benefit***

If the death of a participant occurs prior to retiring, their beneficiary will receive a death benefit equal to the present value of the participant's accrued benefit.

There are no death benefits after a participant qualifies for retirement benefits.

## **2. Summary of Significant Accounting Policies**

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

The accompanying financial statements of the Plan are prepared on the accrual basis of accounting.

### ***Subsequent Events***

Subsequent events have been evaluated by management through April 9, 2026, the date these financial statements were available to be issued. Due to the termination of the Plan as described in Notes 1 and 6, the assets of the Plan were fully distributed by February 2026.

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

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

# Armstrong International, Inc. Employees' Pension Plan

## Notes to Financial Statements

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### ***Risks and Uncertainties***

The Plan utilizes various investment instruments, which are exposed to various risks, such as interest rate, credit, and overall market volatility. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in their values could occur in the near-term and such changes could materially affect the amounts reported in the financial statements.

As of June 30, 2025 and 2024, there was one and two investments held that individually accounted for more than 10% of total investments. See the supplemental Schedule of Assets (Held at End of Year) for a complete listing of investments held at June 30, 2025.

Plan contributions are made, and the actuarial present value of accumulated plan benefits is reported, based on certain assumptions pertaining to interest rates, inflation, and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near-term would be material to the financial statements.

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

The Plan's investments are stated at fair value. Fair value is the price that would be received to sell an asset (an exit price) in the principal or most advantageous market for the asset in an orderly transaction between market participants on the measurement date.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan's gains and losses on investments bought and sold, as well as held during the year.

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

Benefits are recorded when paid.

### ***Administrative Expenses***

Certain expenses incurred in connection with the general administration of the Plan that are paid by the Plan are recorded as deductions in the accompanying statements of changes in net assets available for benefits. All other administrative expenses of the Plan are paid by the Company and excluded from these financial statements. Certain investment-related expenses are included in net appreciation in fair value of investments.

## **3. Investments**

In accordance with Accounting Standards Codification (ASC) 820, *Fair Value Measurements and Disclosures*, the Plan utilizes a fair value hierarchy for valuation inputs that gives the highest priority to quoted prices in active markets for identical assets (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). A financial instrument's level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement.

# Armstrong International, Inc. Employees' Pension Plan

## Notes to Financial Statements

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The three levels of the fair value hierarchy are described as follows:

*Level 1* - These are inputs to the valuation methodology are unadjusted quoted prices for identical assets in active markets.

*Level 2* - These are inputs to the valuation methodology include quoted prices for similar assets in active markets, quoted prices for identical or similar assets or liabilities in inactive markets, or other inputs that are observable or can be corroborated by observable market data.

*Level 3* - These are inputs to the valuation methodology are both significant to the fair value measurement and unobservable.

A financial instrument's level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

There have been no changes in the methodologies used at June 30, 2025 or 2024. The following is a description of the valuation methodologies used for assets measured at fair value:

*Money Market Fund* - This is valued at the daily closing price as reported by the fund.

*Government Bond*- A government bond is valued using pricing models maximizing the use of observable inputs for similar securities. This includes basing value on yields currently available on comparable securities of issuers with similar credit ratings.

*U.S. Treasury Obligations* - U.S. Treasury obligations are valued based on quoted market prices of identical instruments in active markets.

The Plan's valuation methods may result in a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Although Plan management believes the valuation methods are appropriate and consistent with the market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following tables set forth by level, within the fair value hierarchy, the Plan's investments at fair value:

### *June 30, 2025*

|                                         |           | Level 1       |           | Level 2 |           | Level 3 |           | Total         |
|-----------------------------------------|-----------|---------------|-----------|---------|-----------|---------|-----------|---------------|
| Money market fund                       | \$        | 84,424        | \$        |         | \$        |         | \$        | 84,424        |
| <b>Total Investments, at fair value</b> | <b>\$</b> | <b>84,424</b> | <b>\$</b> |         | <b>\$</b> |         | <b>\$</b> | <b>84,424</b> |

# Armstrong International, Inc. Employees' Pension Plan

## Notes to Financial Statements

June 30, 2024

|                                         | Level 1             | Level 2       | Level 3     | Total               |
|-----------------------------------------|---------------------|---------------|-------------|---------------------|
| Money market fund                       | \$ 6,173,294        | \$ -          | \$ -        | \$ 6,173,294        |
| U.S. treasury obligations               | 800,000             | -             | -           | 800,000             |
| Government bond                         | -                   | 637           | -           | 637                 |
| <b>Total Investments, at fair value</b> | <b>\$ 6,973,294</b> | <b>\$ 637</b> | <b>\$ -</b> | <b>\$ 6,973,931</b> |

### 4. Information Certified by Qualified Institutions

Certain information disclosed in the accompanying financial statements and ERISA-required supplemental schedules, related to investments held at June 30, 2025 and 2024, and net appreciation (depreciation) in fair value of investments and interest and dividend income for the years ended June 30, 2025 and 2024, was obtained by management and agreed to or derived from information certified as complete and accurate by Charles Schwab Trust Bank, a qualified institution.

### 5. Plan Termination

The Company has the right under the Plan's provisions to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA.

As discussed in Note 1, the Company approved a standard termination of the Plan effective January 15, 2025. Upon termination, the net assets of the Plan were allocated to Plan participants and beneficiaries in accordance with the terms and provisions of the Plan in accordance with applicable provisions set forth in ERISA. Upon distribution of Plan assets either by the purchase of an irrevocable commitment from an insurer to provide an annuity or by a lump-sum payment, the PBGC's guarantee with respect to participant benefits ends.

### 6. Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those future benefit payments attributable under the Plan's provisions to the service that employees have rendered. Accumulated plan benefits include benefits expected to be paid to: (1) retired or terminated employees or their beneficiaries, (2) beneficiaries of employees who have died, and (3) present employees or their beneficiaries.

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

# Armstrong International, Inc. Employees' Pension Plan

## Notes to Financial Statements

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The significant assumptions and methods underlying the actuarial computations as of June 30, 2024 are as follows:

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|                                            |                                                                                                                        |
|--------------------------------------------|------------------------------------------------------------------------------------------------------------------------|
| Interest rate                              | 5.00%                                                                                                                  |
| Optional payment form election percentage  | 85% lump sum, 15% life annuity                                                                                         |
| Lump-sum conversion interest rate          | 1 <sup>st</sup> Segment Rate: 3.00%, 2 <sup>nd</sup> Segment Rate: 4.00%, 3 <sup>rd</sup> Segment Rate: 5.00%          |
| Optional payment form conversion mortality | Current 417(e) table for lump sums                                                                                     |
| Retirement age:                            |                                                                                                                        |
| Active participants                        | Range of probability from 15.00% at age 62 to 100.00% at age 70                                                        |
| Terminated vested participants             | Age 65                                                                                                                 |
| Mortality rates:                           |                                                                                                                        |
| Healthy and disabled                       | Pri-2012 mortality table for employees and healthy annuitants, projected generationally from 2012 using Scale MP-2021. |

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The remaining benefits as of July 1, 2025 relate to participants who did not participate in the lump sum window. Subsequently, in November 2025, approximately \$8,700 in Plan assets were remitted to the PBGC through the Missing Participants Program.

### 7. Related Party and Party-in-Interest Transactions

Certain Plan investments are managed by Charles Schwab Trust Company. As described in Note 2, the Plan paid certain expenses related to Plan operations and investment activity to various service providers. These transactions are party-in-interest transactions, which are exempt from prohibited transaction rules under ERISA.

### 8. Income Tax Status

The Internal Revenue Service (IRS) has determined and informed the Plan by a letter dated December 17, 2020 that the Plan is designed in accordance with applicable sections of the IRC. Although the Plan has been amended since the date of the determination letter, Plan management believes the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC and, therefore, believes that the Plan is qualified and tax-exempt. Therefore, no provision for income taxes has been included in the Plan's financial statements.

GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

The Plan sponsor filed an application for termination of the Plan with the IRS. A letter from the IRS, dated September 4, 2025, determined that the termination of the Plan did not impact the qualified status of the Plan under the IRC.

# Armstrong International, Inc. Employees' Pension Plan

## Notes to Financial Statements

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### 9. Purchase of Annuity Contract

On June 11, 2025, the Plan entered into a purchase agreement with Western-Southern Life Assurance Company (Western-Southern) to provide a standard single premium guaranteed annuity contract (GAC) in connection with the settlement of liabilities associated with certain benefits under the Plan. Under the terms of the GAC, the obligation to make future pension payments transferred to Western-Southern, and participants ceased to be participants in the Plan. Western-Southern will make all future benefit payments to the Plan's participants and beneficiaries. The GAC provides for the continued payment of the participants' pension benefit in the same form that was in effect under the Plan immediately before the annuity purchase, including any beneficiary designation and survivor benefit. The purchase price of the annuity contract was approximately \$1,052,000 and is reported in the accompanying statement of changes in net assets available for benefits for the year ended June 30, 2025. Under the terms of the GAC, the obligation to make future pension payments began on August 1, 2025.

**ERISA-Required Supplemental Schedules  
(in Liquidation)**

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# Armstrong International, Inc. Employees' Pension Plan

## Schedule H, Line 4i - Schedule of Assets (Held at End of Year) (in Liquidation)

EIN: 38-0308010

Plan Number: 001

June 30, 2025

| (a) | (b)                                                       | (c)                                                                                                               | (d)       | (e)              |
|-----|-----------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|-----------|------------------|
|     | Identity of Issuer, Borrower,<br>Lessor, or Similar Party | Description of Investment,<br>Including Maturity Date,<br>Rate of Interest, Collateral,<br>Par, or Maturity Value | Cost      | Current<br>Value |
|     | <b>Money Market Fund</b>                                  |                                                                                                                   |           |                  |
| *   | Charles Schwab                                            | Schwab Treasury Obligations<br>Money Fund - Ultra shares                                                          | \$ 84,424 | \$ 84,424        |
|     | <b>Total Investments</b>                                  |                                                                                                                   | \$ 84,424 | \$ 84,424        |

\* A party-in-interest, as defined by ERISA.

# Armstrong International, Inc. Employees' Pension Plan

## Schedule H, Line 4j - Schedule of Reportable Transactions (in Liquidation)

EIN: 38-0308010

Plan Number: 001

Year ended June 30, 2025

| (a)                                                                                          | (b)                                                                                | (c)               | (d)              | (f)                                        | (g)              | (h)                                                 | (i)      |
|----------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|-------------------|------------------|--------------------------------------------|------------------|-----------------------------------------------------|----------|
| Identity of Party Involved                                                                   | Description of Asset<br>(Include Interest Rate<br>and Maturity<br>in Case or Loan) | Purchase<br>Price | Selling<br>Price | Expense<br>Incurred<br>with<br>Transaction | Cost of<br>Asset | Current Value<br>of Asset on<br>Transaction<br>Date | Net Gain |
| <b>Category (i) - Single Transaction in Excess of the Current Value of 5% of Plan Assets</b> |                                                                                    |                   |                  |                                            |                  |                                                     |          |
| Charles Schwab Family of Funds                                                               | Schwab Treasury Obligations Fund                                                   | \$ -              | \$ 5,470,000     | \$ -                                       | \$ 5,470,000     | \$ 5,470,000                                        | \$ -     |
| Charles Schwab Family of Funds                                                               | Schwab Treasury Obligations Fund                                                   | 775,000           | -                | -                                          | 775,000          | 775,000                                             | -        |
| Charles Schwab Family of Funds                                                               | Schwab Treasury Obligations Fund                                                   | -                 | 475,000          | -                                          | 475,000          | 475,000                                             | -        |
| Charles Schwab Family of Funds                                                               | Schwab Treasury Obligations Fund                                                   | -                 | 400,000          | -                                          | 400,000          | 400,000                                             | -        |
| <b>Category (iii) - A Series of Transactions in Excess of 5% of Plan Assets</b>              |                                                                                    |                   |                  |                                            |                  |                                                     |          |
| Charles Schwab Family of Funds                                                               | Schwab Treasury Obligations Fund                                                   | \$ 1,044,230      | \$ -             | \$ -                                       | \$ 1,044,230     | \$ 1,044,230                                        | \$ -     |
| Charles Schwab Family of Funds                                                               | Schwab Treasury Obligations Fund                                                   | -                 | 7,133,100        | -                                          | 7,133,100        | 7,133,100                                           | -        |

\* There were no category (ii) or (iv) reportable transactions.

Schedule SB Attachment (Form 5500)—July 1, 2024 Plan Year  
 Armstrong International, Inc. Employees' Pension Plan  
 EIN: 380308010 PN: 001

Schedule SB, line 26a — Schedule of Active Participant Data  
 as of July 1, 2024

Number of Participants and Average Compensation

| Attained Age | Years of Credited Service |     |     |       |       |       |       |       |       |     |
|--------------|---------------------------|-----|-----|-------|-------|-------|-------|-------|-------|-----|
|              | <1                        | 1-4 | 5-9 | 10-14 | 15-19 | 20-24 | 25-29 | 30-34 | 35-39 | 40+ |
| <25          |                           |     |     |       |       |       |       |       |       |     |
| 25-29        |                           |     |     |       |       |       |       |       |       |     |
| 30-34        |                           |     |     |       |       |       |       |       |       |     |
| 35-39        |                           |     |     |       |       |       |       |       |       |     |
| 40-44        |                           |     |     |       | 2     | 2     | 1     |       |       |     |
| 45-49        |                           |     |     |       |       | 2     | 1     |       |       |     |
| 50-54        |                           |     |     |       | 1     | 4     | 6     | 4     |       |     |
| 55-59        |                           |     |     |       | 1     | 5     | 11    | 3     | 2     |     |
| 60-64        |                           |     |     |       | 1     | 1     | 6     | 2     | 7     | 3   |
| 65-69        |                           |     |     |       |       | 2     | 2     |       | 3     | 6   |
| 70+          |                           |     |     |       |       | 1     |       |       |       | 3   |

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Schedule SB Attachment (Form 5500)—July 1, 2024 Plan Year  
Armstrong International, Inc. Employees' Pension Plan  
EIN: 380308010 PN: 001

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

|                                                              |                                                                                                                                                                                                                                                      |
|--------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Interest Rates for Minimum Funding and Maximum Tax Purposes  | Full yield curve with no lookback (as of June 2024) with sample rates as follows:<br><br>Duration 0.5–5.53%<br>Duration 5.5–4.89%<br>Duration 10.5–5.23%<br>Duration 15.5–5.43%<br>Duration 20.5–5.49%<br>Duration 25.5–5.49%<br>Duration 30.5–5.50% |
| Optional Payment Form Election Percentage                    | 85% Lump Sum<br>15% Life Annuity                                                                                                                                                                                                                     |
| Optional Payment Form Conversion Interest Rate for lump sums | Same as funding interest rates above for lump sums                                                                                                                                                                                                   |
| Lump Sum Form Conversion Mortality                           | Funding interest rates                                                                                                                                                                                                                               |
| Retirement Age                                               |                                                                                                                                                                                                                                                      |
| Active Participants                                          | See Table 1                                                                                                                                                                                                                                          |
| Terminated Vested Participants                               | Age 65                                                                                                                                                                                                                                               |
| Mortality Rates                                              |                                                                                                                                                                                                                                                      |
| Healthy and Disabled                                         | 2023 static mortality table for annuitants and non-annuitants per §1.430(h)(3)-1(e) and IRS Notice 2019-26                                                                                                                                           |
| Withdrawal Rates                                             | See Table 2                                                                                                                                                                                                                                          |
| Disability Rates                                             | See Table 3                                                                                                                                                                                                                                          |
| Decrement Timing                                             | Middle of year decrements (except that retirement is assumed to occur at the beginning of the year for ages where the assumed retirement rate is 100%)                                                                                               |

Schedule SB Attachment (Form 5500)—July 1, 2024 Plan Year  
Armstrong International, Inc. Employees' Pension Plan  
EIN: 380308010 PN: 001

|                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|-----------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Surviving Spouse Benefit                      | It is assumed that 100% of males and 100% of females have an eligible spouse, and that males are four years older than their spouses.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Benefit Limits                                | Projected benefits are limited by the current IRC section 415 maximum benefit.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| Valuation of Plan Assets                      | <p>Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value.</p> <p>A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii).</p> |
| Expected Return on Assets                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| 2022 Plan Year                                | 5.92%                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| 2023 Plan Year                                | 5.74%                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Trust Expenses Included in Target Normal Cost | \$100,000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Actuarial Method                              | Standard unit credit cost method                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| Valuation Date                                | July 1, 2024                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |

Schedule SB Attachment (Form 5500)—July 1, 2024 Plan Year  
Armstrong International, Inc. Employees' Pension Plan  
EIN: 380308010 PN: 001

**Table 1**

**Retirement Rates**

| <b><u>Age</u></b> | <b><u>Rate</u></b> |
|-------------------|--------------------|
| 62                | 15.00%             |
| 63                | 20.00%             |
| 64                | 20.00%             |
| 65                | 20.00%             |
| 66                | 30.00%             |
| 67                | 30.00%             |
| 68                | 30.00%             |
| 69                | 30.00%             |
| 70+               | 100.00%            |

Schedule SB Attachment (Form 5500)—July 1, 2024 Plan Year  
Armstrong International, Inc. Employees' Pension Plan  
EIN: 380308010 PN: 001

**Table 2**

**Withdrawal Rates**

| <b>Age</b> | <b>Rate</b> | <b>Age</b> | <b>Rate</b> |
|------------|-------------|------------|-------------|
| 15         | 0.0000%     | 45         | 0.2653%     |
| 16         | 5.4384%     | 46         | 0.1595%     |
| 17         | 5.4384%     | 47         | 0.0798%     |
| 18         | 5.4384%     | 48         | 0.0274%     |
| 19         | 5.4384%     | 49         | 0.0015%     |
| 20         | 5.4384%     | 50         | 0.0000%     |
| 21         | 5.4083%     | 51         | 0.0000%     |
| 22         | 5.3344%     | 52         | 0.0000%     |
| 23         | 5.2213%     | 53         | 0.0000%     |
| 24         | 5.0732%     | 54         | 0.0000%     |
| 25         | 4.8948%     | 55         | 0.0000%     |
| 26         | 4.6904%     | 56         | 0.0000%     |
| 27         | 4.4648%     | 57         | 0.0000%     |
| 28         | 4.2220%     | 58         | 0.0000%     |
| 29         | 3.9665%     | 59         | 0.0000%     |
| 30         | 3.7020%     | 60         | 0.0000%     |
| 31         | 3.4319%     | 61         | 0.0000%     |
| 32         | 3.1593%     | 62         | 0.0000%     |
| 33         | 2.8866%     | 63         | 0.0000%     |
| 34         | 2.6160%     | 64         | 0.0000%     |
| 35         | 2.3492%     | 65+        | 0.0000%     |
| 36         | 2.0879%     |            |             |
| 37         | 1.8335%     |            |             |
| 38         | 1.5875%     |            |             |
| 39         | 1.3518%     |            |             |
| 40         | 1.1283%     |            |             |
| 41         | 0.9186%     |            |             |
| 42         | 0.7250%     |            |             |
| 43         | 0.5500%     |            |             |
| 44         | 0.3960%     |            |             |

Schedule SB Attachment (Form 5500)—July 1, 2024 Plan Year  
Armstrong International, Inc. Employees' Pension Plan  
EIN: 380308010 PN: 001

**Table 3**

**Disability Rates**

| <b>Age</b> | <b>Male</b> | <b>Female</b> | <b>Age</b> | <b>Male</b> | <b>Female</b> |
|------------|-------------|---------------|------------|-------------|---------------|
| 15         | 0.00%       | 0.00%         | 45         | 0.10%       | 0.15%         |
| 16         | 0.03%       | 0.04%         | 46         | 0.11%       | 0.16%         |
| 17         | 0.03%       | 0.04%         | 47         | 0.12%       | 0.18%         |
| 18         | 0.03%       | 0.04%         | 48         | 0.14%       | 0.20%         |
| 19         | 0.03%       | 0.04%         | 49         | 0.16%       | 0.23%         |
| 20         | 0.03%       | 0.04%         | 50         | 0.18%       | 0.26%         |
| 21         | 0.03%       | 0.04%         | 51         | 0.20%       | 0.29%         |
| 22         | 0.03%       | 0.04%         | 52         | 0.23%       | 0.33%         |
| 23         | 0.03%       | 0.05%         | 53         | 0.26%       | 0.37%         |
| 24         | 0.03%       | 0.05%         | 54         | 0.30%       | 0.42%         |
| 25         | 0.03%       | 0.05%         | 55         | 0.36%       | 0.49%         |
| 26         | 0.04%       | 0.05%         | 56         | 0.42%       | 0.58%         |
| 27         | 0.04%       | 0.05%         | 57         | 0.50%       | 0.68%         |
| 28         | 0.04%       | 0.06%         | 58         | 0.59%       | 0.80%         |
| 29         | 0.04%       | 0.06%         | 59         | 0.69%       | 0.94%         |
| 30         | 0.04%       | 0.06%         | 60         | 0.90%       | 1.21%         |
| 31         | 0.04%       | 0.06%         | 61         | 1.16%       | 1.54%         |
| 32         | 0.04%       | 0.07%         | 62         | 1.46%       | 1.93%         |
| 33         | 0.05%       | 0.07%         | 63         | 1.81%       | 2.38%         |
| 34         | 0.05%       | 0.08%         | 64         | 2.22%       | 2.89%         |
| 35         | 0.05%       | 0.08%         | 65+        | 0.00%       | 0.00%         |
| 36         | 0.06%       | 0.08%         |            |             |               |
| 37         | 0.06%       | 0.09%         |            |             |               |
| 38         | 0.06%       | 0.09%         |            |             |               |
| 39         | 0.06%       | 0.10%         |            |             |               |
| 40         | 0.07%       | 0.10%         |            |             |               |
| 41         | 0.07%       | 0.11%         |            |             |               |
| 42         | 0.08%       | 0.12%         |            |             |               |
| 43         | 0.08%       | 0.13%         |            |             |               |
| 44         | 0.09%       | 0.14%         |            |             |               |

# Armstrong International, Inc. Employees' Pension Plan

## Schedule H, Line 4j - Schedule of Reportable Transactions (in Liquidation)

EIN: 38-0308010

Plan Number: 001

Year ended June 30, 2025

| (a)                                                                                          | (b)                                                                                | (c)               | (d)              | (f)                                        | (g)              | (h)                                                 | (i)      |
|----------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|-------------------|------------------|--------------------------------------------|------------------|-----------------------------------------------------|----------|
| Identity of Party Involved                                                                   | Description of Asset<br>(Include Interest Rate<br>and Maturity<br>in Case or Loan) | Purchase<br>Price | Selling<br>Price | Expense<br>Incurred<br>with<br>Transaction | Cost of<br>Asset | Current Value<br>of Asset on<br>Transaction<br>Date | Net Gain |
| <b>Category (i) - Single Transaction in Excess of the Current Value of 5% of Plan Assets</b> |                                                                                    |                   |                  |                                            |                  |                                                     |          |
| Charles Schwab Family of Funds                                                               | Schwab Treasury Obligations Fund                                                   | \$ -              | \$ 5,470,000     | \$ -                                       | \$ 5,470,000     | \$ 5,470,000                                        | \$ -     |
| Charles Schwab Family of Funds                                                               | Schwab Treasury Obligations Fund                                                   | 775,000           | -                | -                                          | 775,000          | 775,000                                             | -        |
| Charles Schwab Family of Funds                                                               | Schwab Treasury Obligations Fund                                                   | -                 | 475,000          | -                                          | 475,000          | 475,000                                             | -        |
| Charles Schwab Family of Funds                                                               | Schwab Treasury Obligations Fund                                                   | -                 | 400,000          | -                                          | 400,000          | 400,000                                             | -        |
| <b>Category (iii) - A Series of Transactions in Excess of 5% of Plan Assets</b>              |                                                                                    |                   |                  |                                            |                  |                                                     |          |
| Charles Schwab Family of Funds                                                               | Schwab Treasury Obligations Fund                                                   | \$ 1,044,230      | \$ -             | \$ -                                       | \$ 1,044,230     | \$ 1,044,230                                        | \$ -     |
| Charles Schwab Family of Funds                                                               | Schwab Treasury Obligations Fund                                                   | -                 | 7,133,100        | -                                          | 7,133,100        | 7,133,100                                           | -        |

\* There were no category (ii) or (iv) reportable transactions.

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 beginning07/01/2024and ending06/30/2025

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

ARMSTRONG INTERNATIONAL, INC. EMPLOYEES' PENSION PLAN

B Three-digit plan number (PN)

001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF

ARMSTRONG INTERNATIONAL, INC.

D Employer Identification Number (EIN)

38-0308010

E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B

F Prior year plan size: ☐ 100 or fewer ☒ 101-500 ☐ More than 500

Part I

Basic Information

1 Enter the valuation date: Month07Day01Year2024

2 Assets:

a Market value

2a6,987,369

b Actuarial value

2b6,906,827

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 | 12                         | 1,021,411                 | 1,021,411                |
| b For terminated vested participants                           | 15                         | 161,659                   | 161,659                  |
| c For active participants                                      | 82                         | 5,700,219                 | 5,831,162                |
| d Total                                                        | 109                        | 6,883,289                 | 7,014,232                |

4 If the plan is in at-risk status, check the box and complete lines (a) and (b) ☐

a Funding target disregarding prescribed at-risk assumptions

4a

b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor

4b

5 Effective interest rate55.33%

6 Target normal cost

a Present value of current plan year accruals

6a0

b Expected plan-related expenses

6b100,000

c Target normal cost

6c100,000

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

Andrew Witte (a.w)

Signature of actuary

12/01/2025

Date

2305764

Most recent enrollment number

314-725-9966

Telephone number (including area code)

ANDREW WITTE

Type or print name of actuary

AON CONSULTING, INC.

Firm name

4220 Duncan Avenue, Suite 401

ST. LOUISMO63110

Address of the firm

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

|                   |                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                    |                                                                     |                   |                   |                                                                |
|-------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|-------------------|-------------------|----------------------------------------------------------------|
| <b>Part V</b>     | <b>Assumptions Used to Determine Funding Target and Target Normal Cost</b>                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                    |                                                                     |                   |                   |                                                                |
| <b>21</b>         | Discount rate:                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                    |                                                                     |                   |                   |                                                                |
| <b>a</b>          | Segment rates:                                                                                                                                                                                                                                                                              | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; text-align: center;">1st segment:<br/>%</td> <td style="width: 33%; text-align: center;">2nd segment:<br/>%</td> <td style="width: 33%; text-align: center;">3rd segment:<br/>%</td> </tr> </table> | 1st segment:<br>%                                                   | 2nd segment:<br>% | 3rd segment:<br>% | <input checked="" type="checkbox"/> N/A, full yield curve used |
| 1st segment:<br>% | 2nd segment:<br>%                                                                                                                                                                                                                                                                           | 3rd segment:<br>%                                                                                                                                                                                                                                                                                  |                                                                     |                   |                   |                                                                |
| <b>b</b>          | Applicable month (enter code).....                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                    | <b>21b</b> 66                                                       |                   |                   |                                                                |
| <b>22</b>         | Weighted average retirement age .....                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                    | <b>22</b> 66                                                        |                   |                   |                                                                |
| <b>23</b>         | Mortality table(s) (see instructions) <input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute                                                                                                          |                                                                                                                                                                                                                                                                                                    |                                                                     |                   |                   |                                                                |
| <b>Part VI</b>    | <b>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</b>   | <b>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</b>  | <b>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> 100,000                                                  |                   |                   |                                                                |
| <b>b</b>          | Excess assets, if applicable, but not greater than line 31a .....                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                    | <b>31b</b> 0                                                        |                   |                   |                                                                |
| <b>32</b>         | Amortization installments:                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                    |                                                                     |                   |                   |                                                                |
| <b>a</b>          | Net shortfall amortization installment .....                                                                                                                                                                                                                                                | Outstanding Balance<br>551,440                                                                                                                                                                                                                                                                     | Installment<br>51,045                                               |                   |                   |                                                                |
| <b>b</b>          | Waiver amortization installment .....                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                    |                                                                     |                   |                   |                                                                |
| <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> 151,045                                                   |                   |                   |                                                                |
| <b>35</b>         | Balances elected for use to offset funding requirement .....                                                                                                                                                                                                                                | Carryover balance<br>0                                                                                                                                                                                                                                                                             | Prefunding balance<br>0                                             |                   |                   |                                                                |
| <b>36</b>         | Additional cash requirement (line 34 minus line 35).....                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                    | <b>36</b> 151,045                                                   |                   |                   |                                                                |
| <b>37</b>         | Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                    | <b>37</b> 333,283                                                   |                   |                   |                                                                |
| <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> 182,238                                                  |                   |                   |                                                                |
| <b>b</b>          | Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                    | <b>38b</b> 151,045                                                  |                   |                   |                                                                |
| <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</b>    | <b>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 type="checkbox"/> 2021 |                                                                                                                                                                                                                                                                                                    |                                                                     |                   |                   |                                                                |

Schedule SB Attachment (Form 5500)—July 1, 2024 Plan Year  
Armstrong International, Inc. Employees' Pension Plan  
EIN: 380308010 PN: 001

Schedule SB, line 19 — Discounted Employer Contributions

Year applied for contributions: 2024

| Date               | Amount     | Days to Discount<br>to 7/1/2024 at<br>5.33% | Interest<br>Adjusted<br>Contribution |
|--------------------|------------|---------------------------------------------|--------------------------------------|
| June 10, 2025      | \$ 350,000 | 344                                         | \$ 333,283                           |
| Total Contribution | \$ 350,000 |                                             | \$ 333,283                           |

Schedule SB Attachment (Form 5500)—July 1, 2024 Plan Year  
Armstrong International, Inc. Employees' Pension Plan  
EIN: 380308010 PN: 001

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

The average retirement age shown in line 22 has been calculated by the valuation system assuming the following retirement probabilities, given that other decrement rates may also be applied simultaneously along with retirement.

| (a)<br>Age       | (b)<br>Retirement<br>Probability | (c)<br>Expected<br>Retirements | (d)<br>Product<br>(a) × (c) |
|------------------|----------------------------------|--------------------------------|-----------------------------|
| 62               | 15.00%                           | 8.35                           | 517.93                      |
| 63               | 20.00%                           | 10.04                          | 632.36                      |
| 64               | 20.00%                           | 7.78                           | 497.75                      |
| 65               | 20.00%                           | 7.19                           | 467.20                      |
| 66               | 30.00%                           | 9.75                           | 643.19                      |
| 67               | 30.00%                           | 7.04                           | 471.72                      |
| 68               | 30.00%                           | 5.46                           | 371.53                      |
| 69               | 30.00%                           | 4.07                           | 280.76                      |
| 70               | 100.00%                          | 12.34                          | 863.92                      |
| 71               | 100.00%                          | 0.00                           | 0.00                        |
| 72               | 100.00%                          | 1.00                           | 72.00                       |
| 73               | 100.00%                          | 1.00                           | 73.00                       |
| Total            |                                  | 74.02                          | 4891.36                     |
| Weighted Average |                                  |                                | 66.08                       |

Schedule SB Attachment (Form 5500)—July 1, 2024 Plan Year  
Armstrong International, Inc. Employees' Pension Plan  
EIN: 380308010 PN: 001

## Schedule SB, Part V — Summary of Plan Provisions

### Effective Date

The effective date of the plan was July 1, 1973.

### Contributions

The company will pay to the Trustee such sums of money as the enrolled actuary shall certify as the amounts necessary to meet the minimum required contribution within the meaning of IRC section 430. The company may also provide, from time to time, additional sums of money to the Trustee as deemed appropriate. Employee contributions are neither required nor permitted under the plan.

### Employees Eligible for Participation

Each employee is eligible to participate in the plan as of July 1, 1981, if he was a participant of the former Pension Plan. All other employees become eligible on the January 1 or July 1 coincident with, or next following, completion of one year of service and attainment of age 21, provided they have neither reached age 60 on their original date of hire nor belonged to a collective bargaining unit. As of July 31, 2006, the plan was closed to new participants.

### Definitions

#### Vesting Service

A participant's vesting service is equal to the years and months of continuous service prior to July 1, 1976, calculated from the later of date of hire or July 1, 1973; plus the years subsequent to June 30, 1976 based upon 1,000 hours worked constituting a full year of service. However, vesting service before attainment of age 18 will be disregarded.

#### Benefit Service

A participant's service for purposes of benefit computation is equal to the years and months of continuous service between the date of hire and June 30, 1976, plus the years from to July 1, 1976 to July 31, 2006 based upon 1,000 hours of service constituting a full year. If a participant is credited with less than 1,000 hours in his first year of employment or the plan year during which he terminates employment due to death or retirement, he will be entitled to 1/12th of a year for each month during which he is credited with one or more hours of service.

#### Average Monthly Compensation

The average of the participant's monthly compensation received during the three consecutive highest paid plan years calculated as of July 31, 2006. Monthly compensation is the monthly salary or wage, including overtime, commissions, bonuses and any other form of additional compensation.

#### Accrued Benefit

A monthly income payable under the normal form equal to 0.66% of the participant's final average monthly compensation up to the covered compensation level plus 1.31% of such earnings in excess of the covered compensation level multiplied by the years of benefit service.

#### Normal Retirement Date

The day on which a participant attains age 65.

Schedule SB Attachment (Form 5500)—July 1, 2024 Plan Year  
Armstrong International, Inc. Employees' Pension Plan  
EIN: 380308010 PN: 001

**Normal Retirement**

Eligibility

Termination of employment after both the attainment of age 65 and completion of at least three years of vesting service

Benefit

The participant's accrued benefit as of his normal retirement date

**Early Retirement**

Eligibility

Age 60 with ten or more years of vesting service

Benefit

The accrued benefit as of the early retirement date reduced by 2/5ths of one percent for each month that the early retirement date precedes his normal retirement date

**Late Retirement**

Eligibility

Termination of employment after normal retirement date

Benefit

The greater of the accrued benefit as of his actual retirement date or the benefit accrued at age

**Disability Retirement**

Eligibility

A participant who becomes totally and permanently disabled

Benefit

The benefits calculated under the termination of employment provisions

**Termination of Employment Benefit**

Eligibility

A participant who has completed at least three years of vesting service as of his date of termination is entitled to a retirement pension deferred to his normal retirement date.

Benefit

The participant's accrued benefit multiplied by his vesting percentage. A participant with three full years of vesting service is 20% vested. The vesting percentage increases by 20% per year until 100% after seven years of vesting service.

**Preretirement Death Benefit**

If an active participant dies before qualifying for any retirement benefit (or a terminated vested participant within one year of leaving employment), his beneficiary will receive a death benefit equal to the present value of the participant's accrued benefit. If a vested participant who has a surviving spouse dies prior to actual retirement, the spouse shall be entitled to receive a death benefit equal to the monthly income

Schedule SB Attachment (Form 5500)—July 1, 2024 Plan Year  
Armstrong International, Inc. Employees' Pension Plan  
EIN: 380308010 PN: 001

determined as though the participant had retired early and was being paid under the 50% Contingent Annuitant option. Payments to the surviving spouse shall begin on the first of the month after the participant's earliest retirement date. To be eligible for this benefit, the participant must have been married to his spouse for at least one year prior to his date of death.

**Forms of Payment**

The normal form is a monthly annuity payable for the lifetime of the participant with no death benefit. Unless the participant elects otherwise, his normal form retirement benefit will be actuarially reduced and paid under the 50% Contingent Annuitant option. This option provides that benefits will be paid for the lifetime of the participant and when he dies 50% of his benefit will be continued to his spouse. In lieu of the normal form, or the 50% Contingent Annuitant option, the participant may elect to receive a reduced pension payable during the joint lives of the participant and any beneficiary he names, subject to the retirement committee's approval; or he may elect to receive a reduced pension during his lifetime, with payment continued to a beneficiary for the balance of a certain period; or the participant may choose to receive a lump sum payment.

|

**Plan Changes Since the Prior Year**

The funding, financial accounting, and plan reporting valuations do not reflect any plan changes.

# Armstrong International, Inc. Employees' Pension Plan

## Schedule H, Line 4i - Schedule of Assets (Held at End of Year) (in Liquidation)

EIN: 38-0308010

Plan Number: 001

June 30, 2025

| (a) | (b)                                                       | (c)                                                                                                               | (d)       | (e)              |
|-----|-----------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|-----------|------------------|
|     | Identity of Issuer, Borrower,<br>Lessor, or Similar Party | Description of Investment,<br>Including Maturity Date,<br>Rate of Interest, Collateral,<br>Par, or Maturity Value | Cost      | Current<br>Value |
|     | <b>Money Market Fund</b>                                  |                                                                                                                   |           |                  |
| *   | Charles Schwab                                            | Schwab Treasury Obligations<br>Money Fund - Ultra shares                                                          | \$ 84,424 | \$ 84,424        |
|     | <b>Total Investments</b>                                  |                                                                                                                   | \$ 84,424 | \$ 84,424        |

\* A party-in-interest, as defined by ERISA.

Schedule SB Attachment (Form 5500)—July 1, 2024 Plan Year  
Armstrong International, Inc. Employees' Pension Plan  
EIN: 380308010 PN: 001

Schedule SB, line 32 — Schedule of Amortization Bases

| Type of Base | Present Value of Installment | Date Established | Years Remaining | Amortization Installment |
|--------------|------------------------------|------------------|-----------------|--------------------------|
| Shortfall    | \$ 551,440                   | July 1, 2024     | 15              | \$ 51,045                |