

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan 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). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2025 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/16/2025	
A	This return/report is for: ☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) _____
B	This return/report is: ☐ the first return/report ☒ the final return/report ☐ an amended return/report ☒ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here. ▶ ☐
D	Check box if filing under: ☐ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶ ☐

Part II	Basic Plan Information—enter all requested information
1a	Name of plan FRANKLIN ELECTRIC CO., INC. PENSION PLAN
1b	Three-digit plan number (PN) ▶ 002
1c	Effective date of plan 03/01/1964
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) FRANKLIN ELECTRIC CO., INC. 9255 COVERDALE ROAD FORT WAYNE, IN 46809-9613
2b	Employer Identification Number (EIN) 35-0827455
2c	Plan Sponsor's telephone number 260-824-2900
2d	Business code (see instructions) 335900

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.	07/13/2026	CHELLE TURNER-BALES
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 2128
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1) 183 6a(2) 0 6b 0 6c 0 6d 0 6e 0 6f 0 6g(1) 6g(2) 6h 0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7

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

1C

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

9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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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 _____
- (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 2025 Form M-1 annual report. If the plan was not required to file the 2025 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE SB (Form 5500) 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 2025 This Form is Open to Public Inspection
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For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/16/2025	
▶ 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 FRANKLIN ELECTRIC CO., INC. PENSION PLAN	B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF FRANKLIN ELECTRIC CO., INC.	D Employer Identification Number (EIN) 35-0827455
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: Month 01 Day 01 Year 2025			
2	Assets:			
a	Market value	2a	100970088	
b	Actuarial value	2b	102134300	
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	1538	70591586	70591586
b	For terminated vested participants	407	12668370	12668370
c	For active participants	183	10490819	10538260
d	Total	2128	93750775	93798216
4	If the plan is in at-risk status, check the box and complete lines (a) and (b): ☐			
a	Funding target disregarding prescribed at-risk assumptions	4a		
b	Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5	Effective interest rate	5	5.25 %	
6	Target normal cost			
a	Present value of current plan year accruals	6a	0	
b	Expected plan-related expenses	6b	80000	
c	Target normal cost	6c	80000	

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

SIGN HERE	Signature of actuary JILL SHAW Type or print name of actuary AON CONSULTING, INC. Firm name 4220 DUNCAN AVENUE, SUITE 401 ST. LOUIS, MO 63110 Address of the firm	04/27/2026 Date 26-07861 Most recent enrollment number 314-725-9966 Telephone number (including area code)
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Part II Beginning of Year Carryover and Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	18263181
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	736889
9 Amount remaining (line 7 minus line 8)		17526292
10 Interest on line 9 using prior year's actual return of <u>3.29</u> %		576615
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		0
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.11</u> %		
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c Total available at beginning of current plan year to add to prefunding balance		0
d Portion of (c) to be added to prefunding balance		
12 Other reductions in balances due to elections or deemed elections		
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	18102907

Part III Funding Percentages

14 Funding target attainment percentage	14	89.58 %
15 Adjusted funding target attainment percentage	15	108.88 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	96.75 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls**18** Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
Totals ►			18(b)		18(c)

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

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

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year?	☒ Yes ☐ No		
b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	☒ Yes ☐ No		
c If line 20a is "Yes," see instructions and complete the following table as applicable:			
Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

Part V	Assumptions Used to Determine Funding Target and Target Normal Cost
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21 Discount rate:			
a Segment rates:	1st segment: %	2nd segment: %	3rd segment: % ☒ N/A, full yield curve used
b Applicable month (enter code)			21b
22 Weighted average retirement age			22 61
23 Mortality table(s) (see instructions)	☐ Prescribed - combined	☒ Prescribed - separate	☐ Substitute

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

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

Part VIII	Minimum Required Contribution For Current Year
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31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6c)	31a	80000	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	9766823	337092	
b Waiver amortization installment			
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....	34	417092	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	736892	736892
36 Additional cash requirement (line 34 minus line 35)	36		
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37		
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a		
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years	40		

Part IX	Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)
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41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. ☐ 2019 ☐ 2020 ☒ 2021
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SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2025
		This Form is Open to Public Inspection.
For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/16/2025		
A Name of plan FRANKLIN ELECTRIC CO., INC. PENSION PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 FRANKLIN ELECTRIC CO., INC.	D Employer Identification Number (EIN) 35-0827455	

Part I	Service Provider Information (see instructions)
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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

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

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)

GALLAGHER BENEFIT SERVICES INC.

36-4291971

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 50	NONE	502000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SEI INVESTMENTS

23-1707341

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	348232	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PRINCIPAL TRUST COMPANY

42-1520346

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 24 50	NONE	136625	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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.

22-2232264

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 50	NONE	62113	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

GJC CPA'S & ADVISORS

27-0475249

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	18915	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2025 This Form is Open to Public Inspection.
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For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/16/2025		
A Name of plan FRANKLIN ELECTRIC CO., INC. PENSION PLAN		B Three-digit plan number (PN) ▶ 002
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 FRANKLIN ELECTRIC CO., INC.		D Employer Identification Number (EIN) 35-0827455

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: SHORT-TERM INV. FUND, CLASS S1		
b Name of sponsor of entity listed in (a): PRINCIPAL TRUST COMPANY		

c EIN-PN 42-1520346-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		

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

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

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

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		

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

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

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

SCHEDULE H (Form 5500) Department of the Treasury Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2025 This Form is Open to Public Inspection
	For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/16/2025	
	A Name of plan FRANKLIN ELECTRIC CO., INC. PENSION PLAN	B Three-digit plan number (PN) 002
C Plan sponsor's name as shown on line 2a of Form 5500 FRANKLIN ELECTRIC CO., INC.	D Employer Identification Number (EIN) 35-0827455	

Part I	Asset and Liability Statement		
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)	669	
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)	11079949	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	547305	0
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	89342165	0
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
1e Buildings and other property used in plan operation	1e		
1f Total assets (add all amounts in lines 1a through 1e).....	1f	100970088	0

Liabilities

1g Benefit claims payable	1g		
1h Operating payables	1h		
1i Acquisition indebtedness.....	1i		
1j Other liabilities.....	1j		
1k Total liabilities (add all amounts in lines 1g through 1j)	1k		

Net Assets

1l Net assets (subtract line 1k from line 1f).....	1l	100970088	0
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Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)		
(B) Participants	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	372172	
(B) U.S. Government securities	2b(1)(B)	335671	
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		707843
(2) Dividends: (A) Preferred stock.....	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	1856905	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		1856905
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	19636103	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	19659186	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		-23083
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		1469553
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		4011218

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	65154227	
(2) To insurance carriers for the provision of benefits	2e(2)	28627883	
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		93782110
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	18915	
(5) Investment advisory and investment management fees	2i(5)	348232	
(6) Bank or trust company trustee/custodial fees	2i(6)	136625	
(7) Actuarial fees	2i(7)	564113	
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	384033	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		1451918
j Total expenses. Add all expense amounts in column (b) and enter total	2j		95234028

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-91222810
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		9747278

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: **GJC CPA'S & ADVISORS**

(2) EIN: **27-0475249**

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		☒	
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.)		☒	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		☒	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		☒	
e Was this plan covered by a fidelity bond?	☒		10000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		☒	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		☒	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)		☒	
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	☒		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	☒		
l Has the plan failed to provide any benefit when due under the plan?		☒	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		☒	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.		☒	

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

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
FRANKLIN ELECTRIC CO., INC. RETIREMENT PROGRAM	35-0827455	007

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 605500.

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2025 This Form is Open to Public Inspection.
For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/16/2025		
A Name of plan FRANKLIN ELECTRIC CO., INC. PENSION PLAN		B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 FRANKLIN ELECTRIC CO., INC.		D Employer Identification Number (EIN) 35-0827455
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
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): _____ 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 1409
Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)	
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☐ No ☒ N/A If the plan is a defined benefit plan, go to line 8.		
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)		6a
b Enter the amount contributed by the employer to the plan for this plan year		6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....		6c
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A		
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☒ N/A		
Part III	Amendments	
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... ☐ Increase ☐ Decrease ☒ Both ☐ No		
Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.	
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ☐ Yes ☐ No		
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No		
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ☐ Yes ☐ No		
12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ☐ Yes ☐ No		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2025 v. 250312		

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: 17.0 % Private Equity: 0.0 % Investment-Grade Debt and Interest Rate Hedging Assets: 82.4 %

High-Yield Debt: 0.0 % Real Assets: 0.0 % Cash or Cash Equivalents: 0.0 % Other: 0.6 %

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_____.

FRANKLIN ELECTRIC CO., INC. PENSION PLAN

FINANCIAL STATEMENTS
(With Supplementary Information)

December 16, 2025 and December 31, 2024



FRANKLIN ELECTRIC CO., INC. PENSION PLAN

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INDEPENDENT AUDITOR'S REPORT

June 22, 2026

To the Employee Benefits Committee
Franklin Electric Co., Inc. Pension Plan

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

We have performed audits of the financial statements of the Franklin Electric Co., Inc. Pension Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974, as amended ("ERISA"), as permitted by ERISA Section 103(a)(3)(C) ("ERISA Section 103(a)(3)(C) audit"). The financial statements comprise the statement of net assets available for benefits as of December 31, 2024, the related statement of changes in net assets available for benefits for the year then ended, the statement of net assets in liquidation available for benefits as of December 16, 2025, and the related statement of changes in net assets in liquidation available for benefits for the period from January 1, 2025 through December 16, 2025, as well as the related notes to the financial statements.

The Plan's 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. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the Plan ("investment information") by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA ("qualified institution").

The Plan's management has obtained certifications from a qualified institution as of December 16, 2025 and December 31, 2024, as well as for the period from January 1, 2025 through December 16, 2025 and the year ended December 31, 2024, stating that the certified investment information, as described in Note E to the financial statements, is complete and accurate.

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INDEPENDENT AUDITOR'S REPORT (CONTINUED)

Opinion

In our opinion, based on our audits and on the procedures performed as described in the “Auditor’s Responsibilities for the Audit of the Financial Statements” section:

- The amounts and disclosures in the 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 (“U.S. GAAP”).
- The information in the accompanying financial statements related to assets held by, and certified to by, a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that the Plan’s 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 (“U.S. 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 — Basis of Accounting

As discussed in Note A to the financial statements, on February 13, 2025, the Plan’s sponsor decided to terminate the Plan, and the Plan began liquidation shortly thereafter. In accordance with U.S. GAAP, the Plan changed its basis of accounting used to determine the amounts at which assets and liabilities are stated from the ongoing plan basis to the liquidation basis for periods on and after January 1, 2025, as described in Note B to the financial statements. Our report is not modified with respect to that matter.

Responsibilities of Management for the Financial Statements

The Plan’s management is responsible for the preparation and fair presentation of the financial statements in accordance with U.S. 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.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan’s ability to continue as a going concern for one year after the date that the financial statements are available to be issued.

INDEPENDENT AUDITOR'S REPORT (CONTINUED)

Responsibilities of Management for the Financial Statements (continued)

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

Auditor's Responsibilities for the Audit of the Financial Statements

Except as described in the "Scope and Nature of the ERISA Section 103(a)(3)(C) Audit" 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 U.S. 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 U.S. GAAS:

- We exercise professional judgment and maintain professional skepticism throughout the audit.
- We identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and we 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.
- We 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.
- We evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, and we evaluate the overall presentation of the financial statements.
- We conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

Our audits did not extend to the certified investment information, except for obtaining and reading the certifications, 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 U.S. GAAP.

INDEPENDENT AUDITOR'S REPORT (CONTINUED)

Auditor's Responsibilities for the Audit of the Financial Statements (continued)

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 U.S. 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.

Supplemental Schedules Required by ERISA

The supplemental schedule of reportable transactions for the period from January 1, 2025 through December 16, 2025 is presented for the purposes of additional analysis and is not a required part of the financial statements, but is 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 schedule, other than that agreed to, or derived from, the certified investment information, has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with U.S. GAAS. For information included in the supplemental schedule 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 schedule, we evaluated whether the supplemental schedule, other than the information agreed to, or derived from, the certified investment information, including its form and content, is 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 schedule, other than the information in the supplemental schedule 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 information in the supplemental schedule related to assets held by, and certified to by, a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).



Chicago, Illinois

FRANKLIN ELECTRIC CO., INC. PENSION PLAN

STATEMENTS OF NET ASSETS (IN LIQUIDATION) AVAILABLE FOR BENEFITS**December 16, 2025 and December 31, 2024**

	<u>2025</u>	<u>2024</u>
Assets:		
Investments at fair value (Note E)::		
Registered investment companies	\$ -0-	\$ 89,342,165
U.S. government securities	<u>-0-</u>	<u>11,079,949</u>
Total Investments at Fair Value	-0-	100,422,114
Investments measured at net asset value (Note E):		
Collective trust funds	<u>-0-</u>	<u>547,305</u>
Total Investments	-0-	100,969,419
Receivable from broker for securities sold	<u>-0-</u>	<u>669</u>
Net Assets in Liquidation (Net Assets Available for Benefits in 2024)	<u>\$ -0-</u>	<u>\$ 100,970,088</u>

See notes to financial statements.

FRANKLIN ELECTRIC CO., INC. PENSION PLAN

**STATEMENTS OF CHANGES IN NET ASSETS (IN LIQUIDATION)
AVAILABLE FOR BENEFITS****For the Period from January 1, 2025 through December 16, 2025
and the Year Ended December 31, 2024**

	<u>2025</u>	<u>2024</u>
Additions:		
Net realized and unrealized appreciation in fair value of investments	\$ 1,446,470	\$ -0-
Interest and dividend income (net of investment expenses)	<u>2,564,748</u>	<u>4,004,997</u>
Total Additions	<u>4,011,218</u>	<u>4,004,997</u>
Deductions:		
Net realized and unrealized depreciation in fair value of investments	-0-	418,110
Benefit payments to participants	65,154,227	9,299,349
Purchases of annuity contract (Note F)	28,627,883	-0-
Administrative expenses	<u>1,451,918</u>	<u>643,165</u>
Total Deductions	<u>95,234,028</u>	<u>10,360,624</u>
Change in Net Assets Available for Benefits Before Plan Transfers	(91,222,810)	(6,355,627)
Other Changes:		
Transfer of net assets to Franklin Electric Co., Inc. Retirement Program (Note A)	<u>(9,747,278)</u>	<u>-0-</u>
Change in Net Assets Available for Benefits	(100,970,088)	(6,355,627)
Net Assets Available for Benefits, Beginning of Period	<u>100,970,088</u>	<u>107,325,715</u>
Net Assets in Liquidation (Net Assets Available for Benefits in 2024), End of Period	<u>\$ -0-</u>	<u>\$ 100,970,088</u>

See notes to financial statements.

NOTES TO FINANCIAL STATEMENTS

December 16, 2025 and December 31, 2024

NOTE A — DESCRIPTION OF THE PLAN

General

The following brief description of the Franklin Electric Co., Inc. Pension Plan (the “Plan”) is provided for general informational purposes only. Participants should refer to the Plan document for more complete information.

The Plan has been administered by the Employee Benefits Committee of Franklin Electric Co., Inc. (the “Company”). The Employee Benefits Committee is appointed by the Company. The Plan’s trustee has been Principal Trust Company (the “Plan Trustee”). The Plan has been subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (“ERISA”). The Company has given the Plan Trustee the authority to hold the assets of the Plan and to invest, control, and disburse all assets of the Plan in accordance with the Plan agreement.

Plan Termination

Effective February 13, 2025, the Company’s Board of Directors approved the termination of the Plan. In July 2025, the Company initiated this termination through issuance of approximately \$60.3 million in lump-sum benefit payments to eligible participants and the purchase of a \$28.6 million group annuity contract to transfer the remaining benefit obligations to an insurance provider (see Note F for more details). No additional Company contributions were required.

As of December 16, 2025, all remaining Plan assets have been distributed to the participants in a rollover to the Franklin Electric Co., Inc. Retirement Program (the “FERP”), in lump-sum benefit payments, or through the purchase of the group annuity contract. Any assets remaining after the above allocation were transferred to the FERP and are anticipated to support future employer discretionary contributions.

Pension Benefits

Effective December 31, 2011, the former Franklin Electric Basic Retirement Plan merged into the Franklin Electric Cash Balance Plan, and the Franklin Electric Cash Balance Plan’s name was changed to the Franklin Electric Co., Inc. Pension Plan. All investments in the Franklin Electric Basic Retirement Plan were automatically transferred into an equivalent investment in the Plan. In addition, the Plan was closed and frozen, effective January 1, 2012. An individual who became an employee of the Company on or after January 1, 2012 could not become a participant. Participants who were fully vested in their accrued benefit as of December 31, 2011 remained fully vested, and participants who were not fully vested in their accrued benefit as of December 31, 2011 continued to accrue vesting service. All participants were fully vested as of January 1, 2015.

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

December 16, 2025 and December 31, 2024

NOTE A — DESCRIPTION OF THE PLAN (CONTINUED)

Pension Benefits (continued)

Those eligible participants of the former Franklin Electric Basic Retirement Plan who were age 50 or older on December 31, 2011 were eligible to earn up to five years of additional credited service in the Plan, as long as they were still employed with the Company. No credited service was earned after December 31, 2016.

The pension benefit components and values of each of these former plans remained intact within the Plan. They are as follows:

Cash Balance Component

All eligible employees, as defined by the Plan, have been entitled to pension benefits upon retirement. The Plan has provided for normal retirement benefits upon reaching age 65 and has provisions for early retirement, death, and disability benefits. Benefits under the Plan have been based on a participant's opening account balance, cash balance contributions, and interest credits. A participant's opening account balance was determined as of December 31, 1999, and has been equal to the present value of the lump-sum actuarial equivalent of the participant's normal retirement income under the previous benefit formula. Participants hired after January 1, 2000 have had an opening account balance of zero.

One year of service has been credited for each Plan year in which 1,000 hours of service have been performed.

Participants received annual contributions to their account based on credited service each year. This service credit stopped as of January 1, 2012, the effective date of the Plan being frozen.

Interest credits have been based on the balance of the participant's cash balance account as of the first day of each Plan year. Certain provisions have existed for participants that have been re-employed. Although the Plan was frozen effective January 1, 2012, these interest credits have continued. The cash balance interest crediting rate was 4.5 percent for the year ended December 31, 2024.

Basic Retirement Component

An eligible participant who has terminated or retired from the Company and has been vested has been eligible to receive a monthly annuity at age 65, based on the participant's years of service and benefit multiplier. If a participant had accrued 10 or more years of service, that participant could begin receiving a benefit between ages 55 and 65.

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

December 16, 2025 and December 31, 2024

NOTE B — SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The financial statements of the Plan have been prepared on the accrual basis of accounting.

Effective January 1, 2025, the Plan's assets and liabilities were revalued to the amounts collected and paid in accordance with the liquidation basis of accounting. Amounts recorded in the accompanying financial statements on or after January 1, 2025 are reflected on the aforementioned liquidation basis of accounting; amounts recorded prior to January 1, 2025 are reflected on the accrual basis of accounting, as applicable to an ongoing plan. Because of the nature of the Plan's assets and liabilities as of January 1, 2025, the difference between the ongoing plan basis of accounting and the liquidation basis of accounting was not material.

After the purchase of an annuity contract in October 2025 (see Note F for more details), the remaining residual assets at the Plan Trustee, including residual income, were used to pay outstanding Plan-related expenses. Once the account balance was spent, the remaining administrative expenses were paid out of the Company's general assets.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, and accumulated plan benefits, as well as disclosure of contingent assets and liabilities, at the date of the financial statements, and the reported amounts of changes in net assets and accumulated plan benefits during the reporting period. Actual results could differ from those estimates.

Payment of Benefits

Benefits are recorded when paid.

Investments

Through December 31, 2024, the Plan's investments were stated at fair value. Fair value is defined as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date (an exit price). Effective January 1, 2025, the Plan's investments are stated at liquidation value, which is the amount expected to be received in liquidation. Management believes that the liquidation values of the Plan's investments approximate their fair values.

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

December 16, 2025 and December 31, 2024

NOTE B — SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Investments (continued)

The Plan's investments have been valued as follows:

- Shares of registered investment companies have been valued at quoted market prices, which have represented the net asset value of shares held by the Plan as of the end of the period.
- U.S. government securities have been valued based upon recent bid prices or the average of recent bid and asked prices.
- The values of collective trust funds have been based on the underlying investments in the funds, which have consisted primarily of common stocks, corporate bonds, registered investment companies, and U.S. government securities. The reported balances of collective trust funds have been based on the net asset value per share calculated by the investment managers and administrators as a practical expedient to estimate fair value.

Purchases and sales of securities have been recorded on a trade-date basis. Interest income has been recorded on the accrual basis. Dividends have been recorded on the ex-dividend date. Net appreciation and depreciation have included the Plan's gains and losses on investments bought and sold, as well as held, during the period.

Fair Value Measurements

The Plan has used fair value measurements in the preparation of its financial statements, which have utilized various inputs, including those that can be readily observable, corroborated, or are generally unobservable. The Plan has utilized market-based data and valuation techniques that maximize the use of observable inputs and minimize the use of unobservable inputs. Additionally, the Plan has applied assumptions that market participants would use in pricing an asset or liability, including assumptions about risk.

The measurement of fair value includes a hierarchy based on the quality of inputs used to measure fair value. Financial assets and liabilities are categorized into this three-level fair value hierarchy based on the inputs to the valuation technique. The fair value hierarchy gives the highest priority to quoted prices in active markets for identical assets and liabilities and the lowest priority to unobservable inputs.

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

December 16, 2025 and December 31, 2024

NOTE B — SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Fair Value Measurements(continued)

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

- Level 1 — Financial assets and liabilities whose values are based on unadjusted quoted market prices for identical assets and liabilities in an active market that the Plan has had the ability to access
- Level 2 — Financial assets and liabilities whose values are based on quoted prices in markets that are not active or model inputs that are observable for substantially the full term of the asset or liability
- Level 3 — Financial assets and liabilities whose values are based on prices or valuation techniques that require inputs that are both unobservable and significant to the overall fair value measurement

The use of observable market data, when available, is required in making fair value measurements. When inputs used to measure fair value fall within different levels of the hierarchy, the level within which the fair value measurement is categorized is based on the lowest level input that is significant to the fair value measurement.

Administrative Expenses

Administrative expenses have been paid from the assets of the Plan. Certain investment-related expenses have been included in net appreciation and depreciation in the fair value of investments presented in the accompanying financial statements. Pension Benefit Guaranty Corporation insurance premiums and disability retirement medical examination fees have also been paid by the Plan.

Risks and Uncertainties

The Plan has invested in various securities, including registered investment companies, U.S. government securities, and collective trust funds. Investment securities in general 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 the value of investment securities could occur in the near term and that such changes could materially affect the amounts reported in the financial statements.

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

December 16, 2025 and December 31, 2024

NOTE B — SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Risks and Uncertainties (continued)

The actuarial present value of accumulated plan benefits is reported based on certain assumptions pertaining to interest rates, inflation rates, and employee compensation and demographics. Due to the nature of these assumptions and the uncertainties inherent in setting these assumptions, it is at least reasonably possible that changes in the near term to these assumptions would be material to the financial statements.

Subsequent Events

The Plan's management has evaluated subsequent events through June 22, 2026, the date that the accompanying financial statements were available to be issued.

NOTE C — FUNDING POLICY

Contributions to provide benefits under the Plan have been made solely by the Company. The Company's funding policy has been to make cash contributions to the Plan in amounts as determined by an independent actuary, Aon, which has represented the annual amount required by ERISA to meet the minimum funding standards. These contributions have been funded on or before the required dates as set forth by ERISA. The Plan met the ERISA minimum funding requirements for the period from January 1, 2025 through December 16, 2025 and the year ended December 31, 2024. The Company, at its option, could contribute more than the minimum required. No Company contributions were required to satisfy the minimum funding requirements of ERISA for the period from January 1, 2025 through December 16, 2025 and the year ended December 31, 2024. Participant contributions have no longer been permitted under the Plan.

NOTE D — ACCUMULATED PLAN BENEFITS

Accumulated plan benefits are those future periodic and lump-sum payments that have been attributable under the Plan's provisions to the service employees have rendered as of the valuation date effective for the Plan year ended December 31. Accumulated plan benefits have included benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. The accumulated plan benefits for active employees have been based on the Plan's currently effective fixed rate (the "benefit multiplier") times the employee's credited years of service to the date as of which the benefit information is presented (the "valuation date"). Benefits payable under all circumstances (retirement, death, disability, and termination of employment) have been included to the extent they have been deemed attributable to employee service rendered prior to the valuation date.

NOTES TO FINANCIAL STATEMENTS (CONTINUED)**December 16, 2025 and December 31, 2024****NOTE D — ACCUMULATED PLAN BENEFITS (CONTINUED)**

The actuarial present value of accumulated plan benefits was determined by an independent actuary by 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 (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and expected date of payment.

The accumulated plan benefit information as of January 1, 2025 and 2024 is as follows:

	<u>2025</u>	<u>2024</u>
Actuarial Present Value of Accumulated Plan Benefits:		
Vested benefits:		
Participants currently receiving payments	\$ 68,593,443	\$ 69,584,437
Other participants	<u>22,395,032</u>	<u>23,481,604</u>
Total Vested Benefits	90,988,475	93,066,041
Nonvested benefits	<u>46,981</u>	<u>55,274</u>
Total Accumulated Plan Benefits	<u>\$ 91,035,456</u>	<u>\$ 93,121,315</u>

NOTES TO FINANCIAL STATEMENTS (CONTINUED)**December 16, 2025 and December 31, 2024****NOTE D — ACCUMULATED PLAN BENEFITS (CONTINUED)**

Changes in the present value of accumulated plan benefits for the years ended January 1, 2025 and 2024 are as follows:

	<u>2025</u>	<u>2024</u>
Changes in Accumulated Plan Benefits Attributable to:		
Changes in actuarial assumptions	\$ 2,989,376	\$ (3,592,396)
Benefits paid	(9,299,349)	(8,443,570)
Interest due to decrease in discount period	5,489,577	5,470,128
Other changes	<u>(1,265,463)</u>	<u>(443,294)</u>
Change in Accumulated Plan Benefits	(2,085,859)	(7,009,132)
Accumulated Plan Benefits, Beginning of Year	<u>93,121,315</u>	<u>100,130,447</u>
Accumulated Plan Benefits, End of Year	<u>\$ 91,035,456</u>	<u>\$ 93,121,315</u>

The more significant assumptions underlying the actuarial computations are as follows:

Actuarial cost method:	Standard unit credit cost method
Cash balance interest crediting rate:	4.5 percent in 2025 and 2024
Interest rate:	5.75 percent and 6.20 percent in 2025 and 2024, respectively, compounded annually
Normal retirement age:	Weighted average retirement age of 65
Retirement rates:	Varies based on participant status; ranges from ten percent at age 55 to 40 percent at age 69 for active participants

NOTES TO FINANCIAL STATEMENTS (CONTINUED)**December 16, 2025 and December 31, 2024****NOTE D — ACCUMULATED PLAN BENEFITS (CONTINUED)**

Mortality basis: 2025 generational mortality tables for annuitants and non-annuitants for 2025 and 2024 generational mortality tables for annuitants and non-annuitants for 2024

The foregoing actuarial assumptions have been based on the Plan continuing indefinitely.

NOTE E — INVESTMENTS AND FAIR VALUE

The following is a summary of information regarding the Plan, included in the Plan's financial statements, that was obtained or derived from information provided to the Plan administrator, and was certified as complete and accurate, by the Plan Trustee. Information included in the supplemental schedule of reportable transactions was also obtained from, and certified as complete and accurate by, the Plan Trustee.

Assets certified by the Plan Trustee, as well as the Plan's fair value hierarchy for those assets measured at fair value on a recurring basis, as of December 31, 2024 are summarized as follows:

Fair Value Measurements				
	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Total
Certified Assets:				
Investments at fair value:				
Registered investment companies	\$ 89,342,165	\$ -0-	\$ -0-	\$ 89,342,165
U.S. government securities	-0-	11,079,949	-0-	11,079,949
Total Investments at Fair Value	\$ 89,342,165	\$ 11,079,949	\$ -0-	100,422,114
Investments measured at net asset value:				
Collective trust funds				547,305
Total Certified Assets				\$ 100,969,419

NOTES TO FINANCIAL STATEMENTS (CONTINUED)**December 16, 2025 and December 31, 2024****NOTE E — INVESTMENTS AND FAIR VALUE (CONTINUED)**

Investment income (loss) certified by the Plan Trustee for the period from January 1, 2025 through December 16, 2025 and the year ended December 31, 2024 is as follows:

	<u>2025</u>	<u>2024</u>
Net realized and unrealized appreciation (depreciation) in fair value of investments	\$ 1,446,470	\$ (418,110)
Interest and dividend income (net of investment expenses)	<u>2,564,748</u>	<u>4,004,997</u>
	<u><u>\$ 4,011,218</u></u>	<u><u>\$ 3,586,887</u></u>

Additional information as of December 31, 2024 about the nature and risk of the Plan's investments that calculate net asset value per share as a practical expedient is as follows:

	<u>Net Asset Value</u>	<u>Unfunded Commitments</u>	<u>Redemption Frequency (If Currently Eligible)</u>	<u>Redemption Notice Period</u>
Collective trust funds	<u>\$ 547,305</u>	None	Daily	None

NOTE F — PURCHASES OF ANNUITY CONTRACT

As disclosed in Note A, the Company entered into an agreement with an insurance provider to purchase a group annuity contract for certain participants in the Plan. The annuity contract provides for continued payment to the participants (and beneficiaries, when applicable) in the same form that was in effect under the Plan immediately prior to the purchase. As of December 15, 2025, payments were successfully transitioned to the insurance provider.

The individuals included in this annuity purchase are no longer participants (or beneficiaries) of the Plan, and the Plan has no further obligation for any benefits to a participant or beneficiary who received an annuity certificate. Therefore, the assets, liabilities, and annuity payments relating to these policies have been excluded from the accompanying financial statements.

NOTE G — INCOME TAX STATUS

The Internal Revenue Service (the "IRS") has determined and informed the Company by a letter dated November 4, 2016 that the Plan and related trust were designed in accordance with the applicable regulations of the Internal Revenue Code (the "Code").

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

December 16, 2025 and December 31, 2024

NOTE G — INCOME TAX STATUS (CONTINUED)

Although the Plan has been amended since receiving the determination letter, the Company and the Plan administrator believe that the Plan has been designed and operated in compliance with the applicable requirements of the Code, and that the Plan and related trust have continued to be tax-exempt; therefore, they believe that the Plan was qualified, and the related trust was tax-exempt, as of the financial statement date.

Accounting principles generally accepted in the United States of America require the Plan's management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan had taken an uncertain tax position that more likely than not would not be sustained upon examination by the IRS. The Plan administrator is not aware of any uncertain tax positions or unrecognized tax benefits as of December 16, 2025 or December 31, 2024. Therefore, no provision for income taxes has been included in the Plan's financial statements.

NOTE H — PARTY-IN-INTEREST TRANSACTIONS

Parties-in-interest are defined under U.S. Department of Labor regulations as any fiduciary of the Plan, any party rendering service to the Plan, the employer, and certain others. The Plan has invested in registered investment companies issued by SEI Investments Management Corporation, the Plan's investment manager, and a collective trust fund issued by the Plan Trustee. These transactions, and the Plan's payment of trustee fees to them, have qualified as party-in-interest transactions. Fees paid by the Plan for investment management services, actuarial services, and audit services have been included in administrative expenses. Certain administrative functions have been performed by officers or employees of the Company. No such officer or employee has received compensation from the Plan.

SUPPLEMENTARY INFORMATION

FRANKLIN ELECTRIC CO., INC. PENSION PLAN
(Federal Employer Identification Number: 35-0827455; Plan Number: 002)

SCHEDULE OF REPORTABLE TRANSACTIONS
(Form 5500, Schedule H, Item 4j)

For the Period from January 1, 2025 through December 16, 2025

Identity of Party Involved	Description of Asset (Including Interest Rate and Maturity in Case of a Loan)	Purchase Price	Selling Price	Lease Rental	Expense Incurred with Transaction	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain (Loss)
Category i — A Transaction with Respect to Any Plan Asset Involving an Amount in Excess of Five Percent of the Current Value of Plan Assets								
SEI Investments Management Corporation	SEI Global Managed Volatility Fund, Class A: 1,407,224 units	\$ -0-	\$ 16,366,014	\$ -0-	\$ -0-	\$ 16,243,759	\$ 16,366,014	\$ 122,255
SEI Investments Management Corporation	SEI Intermediate Duration Credit Fund, Class A: 1,667,398 units	14,673,099	-0-	-0-	-0-	14,673,099	14,673,099	-0-
	5,321,246 units	-0-	46,720,541	-0-	-0-	51,570,159	46,720,541	(4,849,618)
	2,894,893 units	-0-	25,561,908	-0-	-0-	28,041,862	25,561,908	(2,479,954)
	752,721 units	-0-	6,714,275	-0-	-0-	7,282,170	6,714,275	(567,895)
Principal Trust Company	Principal/BlackRock Short-Term Investment Fund, Class S1: 57,643,271 units	57,643,271	-0-	-0-	-0-	57,643,271	57,643,271	-0-
	59,279,385 units	-0-	59,279,385	-0-	-0-	59,279,385	59,279,385	-0-
SEI Investments Management Corporation	Short-Term Investment Fund, Class S10: 58,652,270 units	58,652,270	-0-	-0-	-0-	58,652,270	58,652,270	-0-
	31,500,734 units	31,500,734	-0-	-0-	-0-	31,500,734	31,500,734	-0-
	8,314,521 units	8,314,521	-0-	-0-	-0-	8,314,521	8,314,521	-0-
	55,996,316 units	-0-	55,996,316	-0-	-0-	55,996,316	55,996,316	-0-
	28,935,825 units	-0-	28,935,825	-0-	-0-	28,935,825	28,935,825	-0-
	9,720,827 units	-0-	9,720,827	-0-	-0-	9,720,827	9,720,827	-0-
U.S. Treasury	SEC stripped zero coupon bonds, maturity date November 15, 2035: 9,084,000 units	5,668,752	-0-	-0-	-0-	5,668,752	5,668,752	-0-

FRANKLIN ELECTRIC CO., INC. PENSION PLAN
(Federal Employer Identification Number: 35-0827455; Plan Number: 002)

SCHEDULE OF REPORTABLE TRANSACTIONS (CONTINUED)
(Form 5500, Schedule H, Item 4i)

For the Period from January 1, 2025 through December 16, 2025

Identity of Party Involved	Description of Asset (Including Interest Rate and Maturity in Case of a Loan)	Purchase Price	Selling Price	Lease Rental	Expense Incurred with Transaction	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain (Loss)
<u>Category iii — A Series of Transactions Involving Securities of the Same Issue Which, When Aggregated, Involve an Amount in Excess of Five Percent of the Current Value of Plan Assets</u>								
SEI Investments Management Corporation	SEI Global Managed Volatility Fund. Class A: 7 sales	\$ -0-	\$ 18,071,165	\$ -0-	\$ -0-	\$ 17,952,841	\$ 18,071,165	\$ 118,324
SEI Investments Management Corporation	SEI Intermediate Duration Credit Fund, Class A: 8 purchases 4 sales	16,346,157 -0-	-0- 79,965,676	-0- -0-	-0- -0-	16,346,157 87,964,421	16,346,157 79,965,676	-0- (7,998,745)
SEI Investments Management Corporation	SEI Long Duration Corporate Bond Fund, Class A: 7 purchases 5 sales	178,289 -0-	-0- 9,299,322	-0- -0-	-0- -0-	178,289 10,565,363	178,289 9,299,322	-0- (1,266,041)
Principal Trust Company	Principal/BlackRock Short-Term Investment Fund, Class S1: 50 purchases 51 sales	61,844,421 -0-	-0- 62,391,729	-0- -0-	-0- -0-	61,844,421 62,391,729	61,844,421 62,391,729	-0- -0-
SEI Investments Management Corporation	Short-Term Investment Fund, Class S10: 27 purchases 32 sales	100,264,081 -0-	-0- 100,264,082	-0- -0-	-0- -0-	100,264,081 100,264,082	100,264,081 100,264,082	-0- -0-

FRANKLIN ELECTRIC CO., INC. PENSION PLAN
(Federal Employer Identification Number: 35-0827455; Plan Number: 002)

SCHEDULE OF REPORTABLE TRANSACTIONS (CONTINUED)
(Form 5500, Schedule H, Item 4j)

For the Period from January 1, 2025 through December 16, 2025

Identity of Party Involved	Description of Asset (Including Interest Rate and Maturity in Case of a Loan)	Purchase Price	Selling Price	Lease Rental	Expense Incurred with Transaction	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain (Loss)
<u>Category iii — A Series of Transactions Involving Securities of the Same Issue Which, When Aggregated, Involve an Amount in Excess of Five Percent of the Current Value of Plan Assets (continued)</u>								
U.S. Treasury	SEC stripped zero coupon bonds, maturity date August 15, 2033: 5 sales	\$ -0-	\$ 5,136,679	\$ -0-	\$ -0-	\$ 5,136,679	\$ 5,136,679	\$ -0-
U.S. Treasury	SEC stripped zero coupon bonds, maturity date November 15, 2040: 1 purchase 4 sales	4,373,191 -0-	-0- 4,233,561	-0- -0-	-0- -0-	4,373,191 4,373,191	4,373,191 4,233,561	-0- (139,630)
U.S. Treasury	SEC stripped zero coupon bonds, maturity date November 15, 2035: 1 purchase 4 sales	5,668,752 -0-	-0- 5,633,124	-0- -0-	-0- -0-	5,668,752 5,668,752	5,668,752 5,633,124	-0- (35,628)
<u>Category iv — A Series of Transactions Involving Securities with, or in Conjunction with, a Person with Which a Prior or Subsequent Single Transaction Involves an Amount in Excess of Five Percent of the Current Value of Plan Assets</u>								
Goldman Sachs & Company	U.S. Treasury SEC strips, zero coupon bonds: 4 purchases 11 sales	\$ 11,712,591 -0-	\$ -0- 16,556,312	\$ -0- -0-	\$ -0- -0-	\$ 11,712,591 16,771,487	\$ 11,712,591 16,556,312	\$ -0- (215,175)

There were no transactions reportable under category ii.

Schedule SB Attachment (Form 5500) —2025 Plan Year
Franklin Electric Co., Inc. Pension Plan
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Schedule SB, Part V — Summary of Plan Provisions

Basic Formula

Status of the Plan

Effective January 1, 2012 the plan is frozen for actives under the age of 50 as of January 1, 2012. Actives age 50 and over as of January 1, 2012 can continue to accrue benefits under the plan through December 31, 2016. The plan is terminated as of May 12, 2025.

Eligibility

Participation begins upon date of hire. As of February 1, 2006, the plan is closed to all eligible hourly locations (except Siloam Springs hourly). As of February 21, 2006, the plan is closed to all eligible exempt employees.

Normal Retirement

Eligibility

Age 65.

Benefit

Effective January 1, 2012, no future benefits shall accrue for participants under the age of 50 as of January 1, 2012.

Appropriate benefit multiplier times years of credited service, where the benefit multiplier is determined as follows:

Location	Status	Monthly Multiplier
Corporate	All	25
Franklin Fueling-Madison	Exempt	25
Fueling Systems	Exempt	25
Grant County	Exempt & Nonexempt	25
Grant County	Hourly	10
Little Giant	All	20
Siloam Springs	Exempt	25
Siloam Springs	Hourly	27.50
Siloam Springs	Nonexempt	26
Submersible Sales	All	25
Wilburton (Incl. North American Components)	Exempt	25

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Wilburton (Incl. North American Components) Hourly & Nonexempt 14

Early Retirement

Eligibility

Age 55 and 10 years of vesting service.

Benefit

Accrued normal retirement benefit times the early retirement factor in the following table:

All But Wilburton Hourly & Nonexempt, Jonesboro & Grant County Hourly				
Age	Service Less Than 25 Years	Service Greater Than or Equal to 25 Years	Wilburton Hourly & Nonexempt Jonesboro & Grant County Hourly	Little Giant
65	1.000	1.000	1.000	1.000
64	0.955	1.000	0.940	0.955
63	0.910	1.000	0.880	0.910
62	0.865	1.000	0.820	0.865
61	0.820	0.955	0.760	0.820
60	0.775	0.910	0.700	0.775
59	0.745	0.880	0.670	0.745
58	0.715	0.850	0.640	0.715
57	0.685	0.820	0.610	0.685
56	0.655	0.790	0.580	0.655
55	0.625	0.760	0.550	0.625

Late Retirement

Eligibility

Employment beyond normal retirement.

Benefit

Greater of (a) the benefit calculated based on the credited service and the average monthly earnings on the actual retirement date, and (b) the normal retirement benefit increased by 47/48 of 1% monthly, compounded, for each full month by which the actual retirement date exceeds the normal retirement date.

Disability

Eligibility

Ten years of credited service upon total and permanent disability. Per section 6.3 of the Basic Retirement Plan

Schedule SB Attachment (Form 5500) —2025 Plan Year
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document, “exempt salaried” employees are not eligible to receive disability retirement benefits.

Benefit

Immediate monthly benefit based on the following schedule:

Location	Status	Monthly Benefit
Corporate	Hourly & Nonexempt	300
Grant County	Hourly & Nonexempt	300
Little Giant	Hourly & Nonexempt	300
Siloam Springs	Hourly & Nonexempt	300
Wilburton (Incl. North American Components)	Hourly & Nonexempt	300

Immediate benefit continues until the normal or early retirement date, upon which the accrued benefit earned as of the date of disability commences, reduced accordingly for early retirement.

Termination

Eligibility

Five years of vesting service.

Benefit

Accrued benefit based upon the benefit multiplier in effect upon termination, payable at normal retirement. Participants with 10 years of vesting service upon termination may receive benefits at any time after age 55, reduced accordingly for early retirement.

Preretirement Death

Eligibility

Five years of vesting service.

Benefit

An amount the spouse would have been entitled to under the 50% joint and survivor form if the participant had retired the day before his death, payable upon the normal retirement date of the participant. Spouses of participants with 10 years of vesting service upon death may receive benefits at any time after the participant would have attained age 55, reduced accordingly for early retirement.

Normal Form of Benefit

Life annuity payable monthly.

Optional Forms of Benefit

Five-year certain and life
Ten-year certain and life
50% joint and survivor
66⅔% joint and survivor

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75% joint and survivor
100% joint and survivor

Definitions

Credited Service

Effective January 1, 2012, no participant under the age of 50 as of January 1, 2012 shall accrue additional credited service, except for purposes of determining eligibility for the disability benefit.

Credited each year in accordance with the following table:

Hours of Service Credited	Fractional Years of Credited Service
Less than 170	0.0
170, but less than 340	0.1
340, but less than 510	0.2
510, but less than 680	0.3
680, but less than 850	0.4
850, but less than 1,020	0.5
1,020, but less than 1,190	0.6
1,190, but less than 1,360	0.7
1,360, but less than 1,530	0.8
1,530, but less than 1,700	0.9
1,700 or more	1.0

Credited service begins as of April 21, 2006 for Little Giant participants.

Vesting Service

One year of vesting service is credited for each plan year in which 1,000 hours of service are performed. Little Giant participants are credited with vesting service retroactive to date of hire.

Actuarial Equivalence

Factors specified in section 6.8 of plan document.

Schedule SB Attachment (Form 5500) —2025 Plan Year
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Cash Balance Formula

Status of the Plan

The plan is frozen effective January 1, 2012. The plan is terminated as of May 12, 2025.

Eligibility

Upon hire for exempt employees, provided employee is not a member of a bargaining unit and hired prior to January 1, 2012.

Retirement/Termination Benefit

Eligibility

Three years of vesting service.

Benefit

Effective January 1, 2012, no future basic cash balance contributions attributable to credited service will be made.

Opening cash balance account as of date of transition to the cash balance formula plus annual basic cash balance contributions based on years of credited service as shown below, plus annual interest credits. In addition, for the first five years immediately following January 1, 2000, participants who satisfy age and service requirements at transition may be eligible to receive transitional cash balance contributions equal to 6% of compensation.

Credited Service	Basic Cash Balance Contribution Percentage
0–4.9	3.0%
5–9.9	4.0%
10–14.9	5.0%
15–19.9	6.0%
20–24.9	8.0%
25–29.9	10.0%
30.0+	12.0%

Preretirement Death

Eligibility

Three years of vesting service.

Benefit

Cash balance account payable to the beneficiary at the date of death.

Forms of Payment

Lump sum
Straight life annuity
Five-year certain and life
Ten-year certain and life
50% joint and survivor
66⅔% joint and survivor
75% joint and survivor
100% joint and survivor

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Definitions

Interest Credits	A percentage of the cash balance account as of the prior January 1, credited as of December 31, where the percentage is based on an approximate to the 30-year Treasury rate as of November of the prior year with a minimum of 4.5%.
Basic Cash Balance Contributions	A percentage of compensation credited as of December 31.
Transitional Cash Balance Contributions	Each participant who (1) actively participated in the plan on January 1, 1999, (2) was actively employed by the company or an affiliate on January 1, 2000, and (3) has age plus vesting service on January 1, 2000, greater than or equal to 45 will receive an additional 6% of pay contribution for the first five years (2000–2004).
Credited Service	Effective January 1, 2012, no participant shall accrue additional credited service. The number of plan years during which the member has been credited with at least 1,000 hours of service. Fractional years (rounded to the nearest 1/10) are credited in the initial year of participation and the year of termination, if less than 1,000 hours of service are performed. Little Giant participants are granted credited service from the date they became a participant in the Little Giant Salaried plan.
Vesting Service	One year of vesting service is credited for each plan year in which 1,000 hours of service are performed. Little Giant participants are credited with vesting service retroactive to date of hire.
Compensation	Earnings are based on total compensation, including bonuses, commissions, overtime, and salary redirection contributions to the Directed Investment Salary Plan, but excluding amounts contributed to this plan and other benefit plans. Earnings are limited to the 401(a)(17) pay cap.
Actuarial Equivalence	Factors specified in section 6.3 of plan document.

Schedule SB Attachment (Form 5500) —2025 Plan Year
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Plan Changes Since the Prior Year

The plan was amended to reflect a date of plan termination of May 12, 2025. Assets were distributed and liabilities were fully settled no later than July 29, 2025.

Other Information to Fully and Fairly Disclose the Actuarial Position of the Plan

Due to software limitations with the electronic filing process, information filed electronically cannot be controlled by the Enrolled Actuary. The values on the signed Schedule SB will govern to the extent there are any differences in the entries filed electronically and the actual data contained on the signed Schedule SB.

Schedule SB Attachment (Form 5500) —2025 Plan Year
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Schedule SB, line 26a — Schedule of Active Participant Data
as of January 1, 2025

Number of Participants										
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		1								
35-39	1	3	1							
40-44	1	3	10	1						
45-49	1	5	10	6	1					
50-54	1	8	14	7	3					
55-59	1	6	23	5	7	5	1			
60-64	1	2	13	11	4	3	5	1	1	
65-69		2	4	1	1	3	1			
70+		2		1	1		1			

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

For ERISA Requirements

Interest Rates for Minimum Funding Purposes	Based on the full yield curve with no lookback as of December 2024 (to which the interest rate stabilization corridor does not apply), with sample rates as follows: Duration 0.5–4.60% Duration 5.5–4.80% Duration 10.5–5.20% Duration 15.5–5.45% Duration 20.5–5.56% Duration 25.5–5.57% Duration 30.5–5.58%
Cash Balance Interest Crediting Rate	4.50%
Cash Balance Annuity Conversion Rate	417(e)(3) interest rate for the month of November preceding the Plan Year in which the distribution is made.
Optional Payment Form Election Percentage	
Basic Formula	65% life annuity 35% joint and 50% survivor annuity
Cash Balance Formula	100% lump sum if under age 60 90% lump sum and 10% life annuity if age 60+
Optional Payment Form Conversion Interest Rate	Specified in plan document
Optional Payment Form Conversion Mortality	Specified in plan document
Retirement Age	
Active Participants	See Table 1
Terminated Vested Participants	
Basic Formula	See Table 2 if early retirement eligible Age 65 if not early retirement eligible
Cash Balance Formula	See Table 3

Schedule SB Attachment (Form 5500) —2025 Plan Year
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Mortality Rates

Healthy and Disabled

2012 base mortality rates for annuitants and non-annuitants per §1.430(h)(3)-1(d), projected generationally for years beyond 2012 using IRS-prescribed mortality improvement rates per §1.430(h)(3)-1(b)(1)(iii).

Withdrawal Rates

See Table 4

Disability Rates

See Table 5

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%).

Surviving Spouse Benefit

It is assumed that 80% of males and 80% of females have an eligible spouse, and that males are three years older than their spouses.

Benefit Limits

Projected benefits are limited by the current IRC section 415 maximum benefit of \$280,000.

Valuation of Plan Assets

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.

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).

Expected Return on Assets

2023 Plan Year

5.70%

2024 Plan Year

6.20%

2025 Plan Year

5.75%

Trust Expenses Included in Target Normal Cost

\$430,000 before reflecting short plan year. Based on the prior year's actual plan administrative expenses and trustee fees (excluding PBGC premiums), plus the estimated PBGC premiums for the current year.

Actuarial Method

Standard unit credit cost method

Valuation Date

January 1, 2025

Schedule SB Attachment (Form 5500) —2025 Plan Year
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Actuarial Assumptions and Methods

Table 1

Retirement Rates—Active Participants

Age	Rate
55	10.00%
56	10.00%
57	10.00%
58	10.00%
59	10.00%
60	15.00%
61	25.00%
62	25.00%
63	30.00%
64	30.00%
65	30.00%
66	40.00%
67	40.00%
68	40.00%
69	40.00%
70+	100.00%

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Table 2

Retirement Rates—Terminated Vested Participants—Basic Formula

Age	Rate
55	10.00%
56	5.00%
57	5.00%
58	5.00%
59	5.00%
60	5.00%
61	10.00%
62	10.00%
63	10.00%
64	55.00%
65+	100.00%

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Table 3

Retirement Rates—Terminated Vested Participants—Cash Balance Formula

Years of Service			
Age	0	1	2+
<55	40.00%	25.00%	0.00%
55	40.00%	25.00%	10.00%
56	40.00%	25.00%	10.00%
57	40.00%	25.00%	10.00%
58	40.00%	25.00%	10.00%
59	40.00%	25.00%	10.00%
60	40.00%	25.00%	10.00%
61	40.00%	25.00%	10.00%
62	40.00%	25.00%	10.00%
63	40.00%	25.00%	10.00%
64	40.00%	25.00%	50.00%
65+	100.00%	100.00%	100.00%

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Table 4

Withdrawal Rates

Age	Rate
21	10.00%
22	10.00%
23	10.00%
24	10.00%
25	10.00%
26	10.00%
27	10.00%
28	10.00%
29	10.00%
30	10.00%
31	10.00%
32	10.00%
33	10.00%
34	10.00%
35	10.00%
36	10.00%
37	10.00%
38	10.00%
39	10.00%
40	10.00%
41	10.00%
42	10.00%
43	10.00%
44	10.00%
45	7.00%
46	7.00%
47	7.00%
48	7.00%
49	7.00%
50	7.00%
51	7.00%
52	7.00%
53	7.00%
54+	7.00%

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Table 5

Disability Rates

Age	Male	Female	Age	Male	Female
15	0.03%	0.04%	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%			

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Schedule SB, line 32 — Schedule of Amortization Bases¹

Type of Base	Present Value of Installment	Date Established	Years Remaining	Amortization Installment
Shortfall	\$ 3,777,706	January 1, 2023	13	\$ 383,021
Shortfall	\$ (685,841)	January 1, 2024	14	\$ (66,132)
Shortfall	\$ 6,674,958	January 1, 2025	15	\$ 615,222

¹ Before adjustments for short plan year ending May 12, 2025.

Schedule SB Attachment (Form 5500) —2025 Plan Year
Franklin Electric Co., Inc. Pension Plan
EIN: 35-0827455 PN: 002

Schedule SB, line 24 — Change in Actuarial Assumptions

The funding valuation reflects the following non-prescribed assumption changes:

- A change in the unlimited expected rate of return on assets from 6.20 percent to 5.75 percent.
- A change in the retirement rates for active employees to better reflect anticipated future experience as the result of an assumption study.
- A change in the retirement rates for terminated vested participants to better reflect anticipated future experience as the result of an assumption study.
- A change in the withdrawal rates to better reflect anticipated future experience as the result of an assumption study.

These changes were made to better reflect the anticipated plan experience. These assumption changes did not reduce the funding shortfall by an amount requiring approval of the Commissioner.

Schedule SB Attachment (Form 5500) —2025 Plan Year
Franklin Electric Co., Inc. Pension Plan
EIN: 35-0827455 PN: 002

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

The average retirement age shown in line 22 has been calculated by assuming the following retirement rates and no decrements other than retirement for this calculation. All retirements are assumed to occur at mid-year, except for the 100% retirement age.

(a) Age	(b) Rate	(c) Weight	(d) Product (a) × (b) × (c)
55.5	10.00%	1.0000	5.55
56.5	10.00%	0.9000	5.09
57.5	10.00%	0.8100	4.66
58.5	10.00%	0.7290	4.26
59.5	10.00%	0.6561	3.90
60.5	15.00%	0.5905	5.36
61.5	25.00%	0.5019	7.72
62.5	25.00%	0.3764	5.88
63.5	30.00%	0.2823	5.38
64.5	30.00%	0.1976	3.82
65.5	30.00%	0.1383	2.72
66.5	40.00%	0.0968	2.58
67.5	40.00%	0.0581	1.57
68.5	40.00%	0.0349	0.96
69.5	40.00%	0.0209	0.58
70	100.00%	0.0126	0.88
Weighted Average			60.91

Schedule SB Attachment (Form 5500) —2025 Plan Year
Franklin Electric Co., Inc. Pension Plan
EIN: 35-0827455 PN: 002

Schedule SB, line 26b — Schedule of Projection of Expected Benefit Payments

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2025	1,341,149	742,202	7,534,793	9,618,144
2026	944,814	508,540	7,281,167	8,734,521
2027	1,022,361	534,565	7,019,734	8,576,660
2028	1,040,722	663,517	6,749,451	8,453,690
2029	765,153	802,822	6,471,637	8,039,612
2030	798,414	792,637	6,185,924	7,776,975
2031	758,263	821,666	5,896,319	7,476,248
2032	840,279	863,400	5,601,702	7,305,381
2033	714,447	869,001	5,302,713	6,886,161
2034	710,578	931,310	5,000,475	6,642,363
2035	598,854	940,729	4,697,626	6,237,209
2036	562,783	934,547	4,394,585	5,891,915
2037	589,606	952,685	4,092,390	5,634,681
2038	520,368	951,564	3,792,408	5,264,340
2039	475,196	956,794	3,496,099	4,928,089
2040	487,875	973,837	3,205,000	4,666,712
2041	416,741	961,224	2,920,707	4,298,672
2042	436,097	910,016	2,644,847	3,990,960
2043	378,933	887,292	2,379,027	3,645,252
2044	364,624	884,649	2,124,811	3,374,084
2045	348,436	866,933	1,883,684	3,099,053
2046	325,930	832,172	1,656,973	2,815,075
2047	311,823	786,638	1,445,787	2,544,248
2048	289,996	763,749	1,250,980	2,304,725
2049	267,793	746,234	1,073,124	2,087,151
2050	254,190	692,381	912,476	1,859,047
2051	234,820	643,884	768,969	1,647,673
2052	216,977	602,235	642,217	1,461,429
2053	201,554	564,289	531,533	1,297,376
2054	185,538	526,294	435,992	1,147,824
2055	171,133	486,776	354,476	1,012,385
2056	156,137	447,594	285,731	889,462
2057	141,992	408,767	228,428	779,187
2058	128,518	370,685	181,210	680,413
2059	115,626	333,689	142,746	592,061

Schedule SB Attachment (Form 5500) —2025 Plan Year
Franklin Electric Co., Inc. Pension Plan
EIN: 35-0827455 PN: 002

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2060	103,462	298,468	111,764	513,694
2061	92,002	264,665	87,085	443,752
2062	81,360	232,849	67,633	381,842
2063	71,531	205,379	52,455	329,365
2064	62,525	177,726	40,721	280,972
2065	54,332	150,656	31,725	236,713
2066	46,930	128,227	24,878	200,035
2067	40,288	108,214	19,696	168,198
2068	34,364	90,550	15,789	140,703
2069	29,116	75,124	12,848	117,088
2070	24,496	61,793	10,634	96,923
2071	20,456	50,389	8,959	79,804
2072	16,948	40,732	7,682	65,362
2073	13,925	32,634	6,697	53,256
2074	11,342	25,911	5,924	43,177

FRANKLIN ELECTRIC CO., INC. PENSION PLAN
(Federal Employer Identification Number: 35-0827455; Plan Number: 002)

SCHEDULE OF REPORTABLE TRANSACTIONS
(Form 5500, Schedule H, Item 4j)

For the Period from January 1, 2025 through December 16, 2025

Identity of Party Involved	Description of Asset (Including Interest Rate and Maturity in Case of a Loan)	Purchase Price	Selling Price	Lease Rental	Expense Incurred with Transaction	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain (Loss)
Category i — A Transaction with Respect to Any Plan Asset Involving an Amount in Excess of Five Percent of the Current Value of Plan Assets								
SEI Investments Management Corporation	SEI Global Managed Volatility Fund, Class A: 1,407,224 units	\$ -0-	\$ 16,366,014	\$ -0-	\$ -0-	\$ 16,243,759	\$ 16,366,014	\$ 122,255
SEI Investments Management Corporation	SEI Intermediate Duration Credit Fund, Class A: 1,667,398 units	14,673,099	-0-	-0-	-0-	14,673,099	14,673,099	-0-
	5,321,246 units	-0-	46,720,541	-0-	-0-	51,570,159	46,720,541	(4,849,618)
	2,894,893 units	-0-	25,561,908	-0-	-0-	28,041,862	25,561,908	(2,479,954)
	752,721 units	-0-	6,714,275	-0-	-0-	7,282,170	6,714,275	(567,895)
Principal Trust Company	Principal/BlackRock Short-Term Investment Fund, Class S1: 57,643,271 units	57,643,271	-0-	-0-	-0-	57,643,271	57,643,271	-0-
	59,279,385 units	-0-	59,279,385	-0-	-0-	59,279,385	59,279,385	-0-
SEI Investments Management Corporation	Short-Term Investment Fund, Class S10: 58,652,270 units	58,652,270	-0-	-0-	-0-	58,652,270	58,652,270	-0-
	31,500,734 units	31,500,734	-0-	-0-	-0-	31,500,734	31,500,734	-0-
	8,314,521 units	8,314,521	-0-	-0-	-0-	8,314,521	8,314,521	-0-
	55,996,316 units	-0-	55,996,316	-0-	-0-	55,996,316	55,996,316	-0-
	28,935,825 units	-0-	28,935,825	-0-	-0-	28,935,825	28,935,825	-0-
	9,720,827 units	-0-	9,720,827	-0-	-0-	9,720,827	9,720,827	-0-
U.S. Treasury	SEC stripped zero coupon bonds, maturity date November 15, 2035: 9,084,000 units	5,668,752	-0-	-0-	-0-	5,668,752	5,668,752	-0-

FRANKLIN ELECTRIC CO., INC. PENSION PLAN
(Federal Employer Identification Number: 35-0827455; Plan Number: 002)

SCHEDULE OF REPORTABLE TRANSACTIONS (CONTINUED)
(Form 5500, Schedule H, Item 4i)

For the Period from January 1, 2025 through December 16, 2025

Identity of Party Involved	Description of Asset (Including Interest Rate and Maturity in Case of a Loan)	Purchase Price	Selling Price	Lease Rental	Expense Incurred with Transaction	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain (Loss)
<u>Category iii — A Series of Transactions Involving Securities of the Same Issue Which, When Aggregated, Involve an Amount in Excess of Five Percent of the Current Value of Plan Assets</u>								
SEI Investments Management Corporation	SEI Global Managed Volatility Fund. Class A: 7 sales	\$ -0-	\$ 18,071,165	\$ -0-	\$ -0-	\$ 17,952,841	\$ 18,071,165	\$ 118,324
SEI Investments Management Corporation	SEI Intermediate Duration Credit Fund, Class A: 8 purchases 4 sales	16,346,157 -0-	-0- 79,965,676	-0- -0-	-0- -0-	16,346,157 87,964,421	16,346,157 79,965,676	-0- (7,998,745)
SEI Investments Management Corporation	SEI Long Duration Corporate Bond Fund, Class A: 7 purchases 5 sales	178,289 -0-	-0- 9,299,322	-0- -0-	-0- -0-	178,289 10,565,363	178,289 9,299,322	-0- (1,266,041)
Principal Trust Company	Principal/BlackRock Short-Term Investment Fund, Class S1: 50 purchases 51 sales	61,844,421 -0-	-0- 62,391,729	-0- -0-	-0- -0-	61,844,421 62,391,729	61,844,421 62,391,729	-0- -0-
SEI Investments Management Corporation	Short-Term Investment Fund, Class S10: 27 purchases 32 sales	100,264,081 -0-	-0- 100,264,082	-0- -0-	-0- -0-	100,264,081 100,264,082	100,264,081 100,264,082	-0- -0-

FRANKLIN ELECTRIC CO., INC. PENSION PLAN
(Federal Employer Identification Number: 35-0827455; Plan Number: 002)

SCHEDULE OF REPORTABLE TRANSACTIONS (CONTINUED)
(Form 5500, Schedule H, Item 4i)

For the Period from January 1, 2025 through December 16, 2025

Identity of Party Involved	Description of Asset (Including Interest Rate and Maturity in Case of a Loan)	Purchase Price	Selling Price	Lease Rental	Expense Incurred with Transaction	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain (Loss)
<u>Category iii — A Series of Transactions Involving Securities of the Same Issue Which, When Aggregated, Involve an Amount in Excess of Five Percent of the Current Value of Plan Assets (continued)</u>								
U.S. Treasury	SEC stripped zero coupon bonds, maturity date August 15, 2033: 5 sales	\$ -0-	\$ 5,136,679	\$ -0-	\$ -0-	\$ 5,136,679	\$ 5,136,679	\$ -0-
U.S. Treasury	SEC stripped zero coupon bonds, maturity date November 15, 2040: 1 purchase 4 sales	4,373,191 -0-	-0- 4,233,561	-0- -0-	-0- -0-	4,373,191 4,373,191	4,373,191 4,233,561	-0- (139,630)
U.S. Treasury	SEC stripped zero coupon bonds, maturity date November 15, 2035: 1 purchase 4 sales	5,668,752 -0-	-0- 5,633,124	-0- -0-	-0- -0-	5,668,752 5,668,752	5,668,752 5,633,124	-0- (35,628)
<u>Category iv — A Series of Transactions Involving Securities with, or in Conjunction with, a Person with Which a Prior or Subsequent Single Transaction Involves an Amount in Excess of Five Percent of the Current Value of Plan Assets</u>								
Goldman Sachs & Company	U.S. Treasury SEC strips, zero coupon bonds: 4 purchases 11 sales	\$ 11,712,591 -0-	\$ -0- 16,556,312	\$ -0- -0-	\$ -0- -0-	\$ 11,712,591 16,771,487	\$ 11,712,591 16,556,312	\$ -0- (215,175)

There were no transactions reportable under category ii.

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 2025 This Form is Open to Public Inspection
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For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 05/12/2025

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

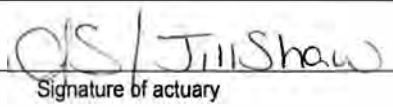
▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan FRANKLIN ELECTRIC CO., INC. PENSION PLAN	B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF FRANKLIN ELECTRIC COMPANY, INC.	D Employer Identification Number (EIN) 35-0827455
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: Month 01 Day 01 Year 2025			
2 Assets:			
a Market value	2a	100,970,088	
b Actuarial value	2b	102,134,300	
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	1,538	70,591,586	70,591,586
b For terminated vested participants	407	12,668,370	12,668,370
c For active participants	183	10,490,819	10,538,260
d Total	2,128	93,750,775	93,798,216
4 If the plan is in at-risk status, check the box and complete lines (a) and (b) ☐			
a Funding target disregarding prescribed at-risk assumptions	4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5 Effective interest rate	5	5.25%	
6 Target normal cost			
a Present value of current plan year accruals	6a	0	
b Expected plan-related expenses	6b	80,000	
c Target normal cost	6c	80,000	

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 JILL SHAW JILL SHAW AON CONSULTING, INC. 4220 DUNCAN AVENUE, SUITE 401 ST. LOUIS MO 63110	 Signature of actuary Type or print name of actuary Firm name Address of the firm	04/27/2026 Date 2607861 Most recent enrollment number 314-725-9966 Telephone number (including area code)
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If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

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

Schedule SB (Form 5500) 2025
v. 250312

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

21 Discount rate:				
a Segment rates:	1st segment: %	2nd segment: %	3rd segment: %	☒ N/A, full yield curve used
b Applicable month (enter code).....				21b 61
22 Weighted average retirement age				22 61
23 Mortality table(s) (see instructions)	☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute			

Part VI Miscellaneous Items

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....	29	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	30	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):												
a Target normal cost (line 6c).....	31a	80,000										
b Excess assets, if applicable, but not greater than line 31a	31b	0										
32 Amortization installments:	<table border="1"> <thead> <tr> <th></th> <th>Outstanding Balance</th> <th>Installment</th> </tr> </thead> <tbody> <tr> <td>a Net shortfall amortization installment</td> <td>9,766,823</td> <td>337,092</td> </tr> <tr> <td>b Waiver amortization installment</td> <td>0</td> <td>0</td> </tr> </tbody> </table>				Outstanding Balance	Installment	a Net shortfall amortization installment	9,766,823	337,092	b Waiver amortization installment	0	0
	Outstanding Balance	Installment										
a Net shortfall amortization installment	9,766,823	337,092										
b Waiver amortization installment	0	0										
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33											
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)....	34	417,092										
		Carryover balance	Prefunding balance									
35 Balances elected for use to offset funding requirement		0	736,892									
36 Additional cash requirement (line 34 minus line 35).....	36	0										
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	0										
38 Present value of excess contributions for current year (see instructions)												
a Total (excess, if any, of line 37 over line 36)	38a	0										
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0										
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0										
40 Unpaid minimum required contributions for all years	40	0										

Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)

41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. ☐ 2019 ☐ 2020 ☒ 2021
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