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

Part I Annual Report Identification Information

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

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.)
- [X] 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:
- [X] 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
MAGNETEK FLEXCARE PLUS RETIREMENT PENSION PLAN

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 01/01/1988

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)
MAGNETEK, INC.

205 CROSSPOINT PARKWAY
GETZVILLE, NY 14068-1605

2b Employer Identification Number (EIN)
95-3917584

2c Plan Sponsor's telephone number
716-689-5400

2d Business code (see instructions)
333610

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.	10/13/2026	STEPHEN LAMB
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/13/2026	STEPHEN LAMB
	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 [X] Same as Plan Sponsor	**3b**	Administrator's EIN
		3c	Administrator's telephone number
4	If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:	**4b**	EIN
a	Sponsor's name	**4d**	PN
c	Plan Name		

5	Total number of participants at the beginning of the plan year	**5**	3951
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	**6a(1)**	42
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	41
b	Retired or separated participants receiving benefits	**6b**	2605
c	Other retired or separated participants entitled to future benefits	**6c**	413
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	3059
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	737
f	Total. Add lines **6d** and **6e**.	**6f**	3796
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	
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 1I 3H

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)		**9b** Plan benefit arrangement (check all that apply)	
(1) [ ]	Insurance	**(1)** [ ]	Insurance
(2) [ ]	Code section 412(e)(3) insurance contracts	**(2)** [ ]	Code section 412(e)(3) insurance contracts
(3) [X]	Trust	**(3)** [X]	Trust
(4) [ ]	General assets of the sponsor	**(4)** [ ]	General assets of the sponsor

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

a Pension Schedules

- **(1)** [X] **R** (Retirement Plan Information)
- **(2)** [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- **(3)** [X] **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)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [ ] **A** (Insurance Information) – Number Attached _____
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [X] **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

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

▶ **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
MAGNETEK FLEXCARE PLUS RETIREMENT 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
MAGNETEK, INC.

D Employer Identification Number (EIN)
95-3917584

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [ ] 101-500 [X] More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2025

2 Assets:

a Market value	**2a**	93282261
b Actuarial value	**2b**	93543536

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	3397	80882218	80882218
b For terminated vested participants	530	12730899	12730899
c For active participants	42	864789	894291
d Total	3969	94477906	94507408

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**	5.20 %
6 Target normal cost		
a Present value of current plan year accruals	**6a**	0
b Expected plan-related expenses	**6b**	775000
c Target normal cost	**6c**	775000

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

Date

MICHAEL ALTILIO
Type or print name of actuary

26-07062
Most recent enrollment number

WILLIS TOWERS WATSON US LLC
Firm name

973-290-2771
Telephone number (including area code)

PO BOX 674401
HOUSTON, TX 77267
Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of 3.32 %	0	0
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 5.10 %		0
	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		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages

14	Funding target attainment percentage	14	98.98 %
15	Adjusted funding target attainment percentage	15	98.98 %
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	106.61 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

Part IV Contributions and Liquidity Shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/15/2026	216000				
07/13/2026	216000				
08/26/2026	505000				
			Totals ► 18(b)	937000	18(c) 0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
	a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
	b Contributions made to avoid restrictions adjusted to valuation date.	19b	0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	866597

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

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

21 Discount rate:

a Segment rates:	1st segment: %	2nd segment: %	3rd segment: %	[X] 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 [X] 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	[X] Yes	[ ] No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment	[ ] Yes	[X] 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	[X] Yes	[ ] No
b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment	[X] 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**	775000
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	963872	88839
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**	863839

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0

36 Additional cash requirement (line 34 minus line 35)	**36**	863839
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	866597
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	**38a**	2758
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 [X] 2021

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**2025** **This Form is Open to Public Inspection.**

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
MAGNETEK FLEXCARE PLUS RETIREMENT PENSION PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
MAGNETEK, INC.

D Employer Identification Number (EIN)
95-3917584

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

AON CONSULTING INC NJ

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?
51 28	NONE	371917	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

WILLIS TOWERS WATSON US LLC

53-0181291

(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	216441	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

CBIZ BENEFITS & INSURANCE SRVS INC

31-1582098

(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	182585	Yes [ ] No [X]	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)

WELLS FARGO

94-1347393

(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?
50	NONE	142713	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

SEI INVESTMENTS COMPANY

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?
11 25 49 33 15 27 24 62 19 28 52 21	NONE	108933	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

PRINCIPAL CUSTODY SOLUTIONS

42-1466678

(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?
21 25	NONE	33974	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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)

BONADIO & CO., LLP

16-1131146

(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		15000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PHILLIPS LYTLE LLP

16-0505790

(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?
29 50	NONE	11663	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

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(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.

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
MAGNETEK FLEXCARE PLUS RETIREMENT PENSION PLAN

B Three-digit plan number (PN) ▶ 002

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
MAGNETEK, INC.

D Employer Identification Number (EIN)
95-3917584

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)

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

b Name of sponsor of entity listed in (a): AON TRUST COMPANY LLC

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)
37-6543784-038	C	53870717

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

b Name of sponsor of entity listed in (a): AON TRUST COMPANY LLC

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)
37-6543784-040	C	28025849

a Name of MTIA, CCT, PSA, or 103-12 IE: U.S. LONG GOVERNMENT BOND INDEX FUN

b Name of sponsor of entity listed in (a): AON TRUST COMPANY LLC

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)
37-6543784-042	C	5899419

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)

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

a Plan name

b Name of plan sponsor | **c** EIN-PN

SCHEDULE H (Form 5500)

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 12/31/2025

A Name of plan
MAGNETEK FLEXCARE PLUS RETIREMENT PENSION PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
MAGNETEK, INC.

D Employer Identification Number (EIN)
95-3917584

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		20953
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		937000
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	278991	8538
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)	10310500	
(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)		87795985
(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)	82692771	2731848
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(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	93282262	91494324
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h	108932	184734
1i Acquisition indebtedness	1i		
1j Other liabilities	1j		
1k Total liabilities (add all amounts in lines 1g through1j)	1k	108932	184734
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	93173330	91309590

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)	937000	
(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)		937000
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	1766233	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		1766233
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	101619334	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	101271715	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		347619
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	3370836	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		3370836

		(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)		1928369
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		8350057
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	8573124	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		8573124
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)	291671	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	441668	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)	399026	
(8) Legal fees	2i(8)	11663	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)	647	
(11) Other expenses	2i(11)	495998	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		1640673
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		10213797
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		-1863740
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) [X] 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) [X] 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: BONADIO & CO., LLP **(2)** EIN: 16-1131146

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.)	**4a**		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	**4b**		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	**4c**		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	**4d**		X	
e Was this plan covered by a fidelity bond?	**4e**	X		5000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4g**		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	**4j**	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**		X	
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.	**4n**		X	

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? [ ] Yes [X] No

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

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

5b(1) Name of plan(s)	**5b(2)** EIN(s)	**5b(3)** PN(s)

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 585528.

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 12/31/2025

A Name of plan
MAGNETEK FLEXCARE PLUS RETIREMENT PENSION PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
MAGNETEK, INC.

D Employer Identification Number (EIN)
95-3917584

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** | 4

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☒ **No** ☐ **N/A**

If the plan is a defined benefit plan, go to line 8.

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

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

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

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

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☒ **N/A**

Part III Amendments

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

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

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

11 **a** Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

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

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment)	**14a**	
b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**14b**	
c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**14c**	

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

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

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

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

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

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

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

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

a Enter the percentage of plan assets held as:
Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: 97.0 %
High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: 3.0 % Other: _____%

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:
☐ 0-5 years ☒ 5-10 years ☐ 10-15 years ☐ 15 years or more

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation._____

Part VII IRS Compliance Questions

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

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

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☐ N/A

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

MAGNETEK FLEXCARE PLUS RETIREMENT PENSION PLAN

Financial Statements as of December 31, 2025 and 2024 and Supplemental Schedules Together with Independent Auditor's Report

Bonadio & Co., LLP
Accounting, Consulting & More

Bonadio & Co., LLP
Accounting, Consulting & More

INDEPENDENT AUDITOR'S REPORT

October 8, 2026

To the Benefits Committee of the
Magnetek FlexCare Plus Retirement Pension Plan:

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit
We have performed audits of the accompanying financial statements of Magnetek FlexCare Plus Retirement Pension Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2025 and 2024, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

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

Management has obtained certifications from qualified institutions as of and for the years ended December 31, 2025 and 2024, stating that the certified investment information, as described in Note 4 to the financial statements, is complete and accurate.

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

- the amounts and disclosures in the financial statements referred to above, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

- the information in the financial statements referred to above 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).

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(Continued)

Basis for Opinion
We conducted our audits in accordance with auditing standards generally accepted in the United States of America. 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 Magnetek FlexCare Plus Retirement Pension Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements
Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit 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 generally accepted auditing standards 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 generally accepted auditing standards, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Magnetek FlexCare Plus Retirement Pension Plan's internal control. Accordingly, no such opinion is expressed.

- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.

- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Magnetek FlexCare Plus Retirement Pension 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 accounting principles generally accepted in the United States of America.

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

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

Other Matter-Supplemental Schedules Required by ERISA
The supplemental Schedule of Assets (Held at End of Year) and Schedule of Reportable Transactions as of and for the year ended December 31, 2025, respectively, are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

INDEPENDENT AUDITOR'S REPORT
(Continued)

Other Matter-Supplemental Schedules Required by ERISA (Continued)
In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion:

- the form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

- the information in the supplemental schedules related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Bonadio & Co. LLP

MAGNETEK FLEXCARE PLUS RETIREMENT PENSION PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2025 AND 2024

	2025	2024
ASSETS		
CASH	$ 20,953	$ -
INVESTMENTS, at fair value:		
Common collective trust funds	87,795,985	-
Money market fund	2,731,848	225,095
Mutual funds	-	82,467,676
U.S. government securities	-	10,310,500
Total investments	90,527,833	93,003,271
RECEIVABLES:		
Employer contributions	937,000	-
Accrued interest and dividends	8,538	278,991
Total receivables	945,538	278,991
Total assets	91,494,324	93,282,262
LIABILITIES		
Accrued administrative expenses	184,734	108,932
Total liabilities	184,734	108,932
NET ASSETS AVAILABLE FOR BENEFITS	$ 91,309,590	$ 93,173,330

The accompanying notes are an integral part of these statements.

MAGNETEK FLEXCARE PLUS RETIREMENT PENSION PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS FOR THE YEARS ENDED DECEMBER 31, 2025 AND 2024

	2025	2024
ADDITIONS:		
Employer contributions	$ 937,000	$ -
Interest and dividends	1,766,233	3,694,989
Net appreciation (depreciation) in fair value of investments	5,646,824	(359,589)
Total additions	8,350,057	3,335,400
DEDUCTIONS:		
Benefit payments to participants	8,573,124	9,642,428
Administrative expenses	1,640,673	904,186
Total deductions	10,213,797	10,546,614
CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS	(1,863,740)	(7,211,214)
NET ASSETS AVAILABLE FOR BENEFITS - beginning of year	93,173,330	100,384,544
NET ASSETS AVAILABLE FOR BENEFITS - end of year	$ 91,309,590	$ 93,173,330

The accompanying notes are an integral part of these statements.

1. DESCRIPTION OF THE PLAN

The Magnetek FlexCare Plus Retirement Pension Plan (the Magnetek Plan or the Plan) is a defined benefit plan subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Participants should refer to the Plan document for a more complete description of the Plan's provisions. A summary of major Plan provisions is as follows:

Prior to October 29, 2002, participation was extended to eligible non-union employees of Magnetek, Inc. (the Company) as well as eligible employees of the Company covered under certain collective bargaining agreements.

During 2002, the Plan was amended so that no employee who became an eligible employee for the first time on or after October 29, 2002 can participate in or earn benefits under the Plan. Further, the Plan was amended to freeze benefits as of June 30, 2003. Benefit service and interest will continue to accrue under the Plan. No future contribution credits will be made. The freezing of contribution credits will not change the vesting rules so participants will continue to accrue years of vesting service. Interest will also accrue in each participant's retirement account based on an indexed rate specified by the Plan. The Plan will continue to operate on a frozen basis and the Company intends to continue to make contributions to the Plan to fund benefits already earned.

Subsequent to year end, the Company adopted a resolution and amended the Plan to terminate the Plan effective August 31, 2026. Upon termination, Plan assets will be distributed in accordance with the provisions of the Plan, ERISA, and applicable regulatory requirements.

Contributions
Company contributions to the Plan amounted to $937,000 for the year ended December 31, 2025. There were no Company contributions to the Plan for the year ended December 31, 2024.

Prior to the freezing of benefits under the Plan as of June 30, 2003, certain eligible employees covered under certain collective bargaining agreements were required to contribute 2% of their gross earnings to the Plan to be eligible to participate. These participants may have also elected to contribute an additional 1% or 2% of their gross earnings to the Plan in order to build larger pension benefits. Subsequent to June 30, 2003, no employee contributions are required or allowed.

Accumulated contributions of present employees as of January 1, 2025 and 2024 were $0 and $15,360, respectively. The Plan was liable for the entire accumulated contributions balance as of January 1, 2024. There was no remaining balance attributable to Executive Life Insurance Company, as discussed in Note 6, as of January 1, 2025 or 2024.

Employee contributions of participants employed under collective bargaining agreements are credited at a rate of 5% per annum or the rate specified in the Plan document (4.72% and 3.88% for the years ended December 31, 2025 and 2024, respectively).

1. DESCRIPTION OF THE PLAN (Continued)

Funding Policy

The Company has adopted a funding policy so that each year, the Company shall fund the minimum required contribution with the decision reviewed by the Company annually. The Plan has met the ERISA minimum funding requirements.

Pension Benefits

For Non-Bargaining Associates, a retirement account balance is maintained for each participant and is credited each year with interest based on treasury security rates. Retirement benefits are determined as a percentage of the retirement account balance. Disability retirement benefits are determined on the date of disability.

For Universal Manufacturing Bargaining (IBEW Local 2198) Associates, normal retirement benefits paid to plan participants are calculated based on an average of a participant's highest five consecutive years of compensation out of the last ten years of continuous service preceding the date of termination, as well as on total years of service and estimated social security benefits to which the participant would be entitled at age 65, subject to a minimum negotiated dollar per year of service benefit through June 30, 2003. Early retirement benefits, disability retirement benefits, and deferred vested benefits are based on normal retirement benefits reduced to reflect service to date of termination and reduced to reflect early commencement of payments.

For Drives and Systems Bargaining (Local 846) Associates, normal retirement benefits and deferred vested benefits paid to plan participants are calculated as of June 30, 2003 and are based on a percentage of employee contributions plus any prior plan benefit and also on estimated social security benefits to which the participant would be entitled at age 65. Early retirement benefits are based on normal retirement benefits as of the date of early retirement and reduced to reflect early commencement of payments. Disability retirement benefits are based on normal retirement benefits as of the date of disability, without consideration of the social security based formula.

Amendments to the Plan were adopted on February 25, 2019, which stated that any balance of a participant less than $1,000 will be automatically distributed to the participant. Any balance between $1,000 and $5,000 would be distributed to a retirement account set in the participant's name. For distributions made to surviving spouses after December 31, 2018, any balance under $5,000 would be distributed to a retirement account set in the surviving spouse's name. Such distributions would be communicated to the participant prior to the actual distribution of funds. Amendments were effective as of January 1, 2019 and February 25, 2019. Effective January 1, 2024, the mandatory cashout limit was increased from $5,000 to $7,000.

Normal Retirement Age

Normal retirement is age 65.

Vesting

Participants are 100% vested in Company contributions and interest credited to their account. Participants are also 100% vested in their own contributions; however, participants are not allowed to withdraw their contributions until retirement or termination from the Company, unless otherwise specified by the collective bargaining agreement.

1. DESCRIPTION OF THE PLAN (Continued)

Plan Termination

In June 2026, the Company adopted a resolution to terminate the Plan effective August 31, 2026 subject to the provisions of ERISA. Since the Company adopted a resolution to terminate the plan:

- The Plan provides that the net assets of the Plan shall be allocated among the participants and beneficiaries of the Plan in the order provided for in ERISA, and
- To the extent there are unfunded vested benefits, other than benefits becoming vested by virtue of termination of the Plan, ERISA provides that such benefits are payable to participants by the Pension Benefit Guaranty Corporation, up to specified limitations.

Administrative Expenses

Substantially all administrative expenses are paid from the assets of the Plan.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The financial statements are prepared in accordance with accounting principles generally accepted in the United States of America.

Use of Estimates

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires the Plan Administrator to make estimates and assumptions that affect the amounts reported in the financial statements and accompanying notes. Actual results could differ from those estimates.

Cash

Cash consists of a bank demand deposit account. At times, the balance in this account may exceed federally insured limits. The Plan has not experienced any losses in this account and management believes it is not exposed to any significant credit risk with respect to cash.

Investment Valuation

Investments are reported at fair value. Fair value is 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. See Note 3 for a discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest and dividend income is recorded when received. Net appreciation (depreciation) includes the Plan's gains and losses on investments bought and sold or held during the year.

Risks and Uncertainties

The Plan's assets include various types of investment securities. Investment securities are exposed to various risks, such as interest rate, market, and credit risks. Due to the level of risk associated with certain investments and the level of uncertainty related to the value of such investments, changes in the values of investments will occur and such changes could materially affect the amounts reported in the accompanying financial statements.

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

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Actuarial Present Value of Accumulated Plan Benefits

Accumulated Plan benefits (see Note 5) are those estimated future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions to services rendered by the employees through the valuation date. Accumulated Plan benefits include 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. Benefits for active, retired, or terminated employees or their beneficiaries are based on formula specific under the Plan which take into account employee compensation and service with the Company through June 30, 2003. Benefits payable under all circumstances - retirement, death, disability, and termination of employment - are included, to the extent they are deemed attributable to employee service rendered.

Benefit Payments

Benefit payments are recorded when paid.

Reclassification

Certain amounts in the prior year financial statements have been reclassified to conform to the current year presentation. These reclassifications had no effect on net assets available for benefits or changes in net assets available for benefits.

3. FAIR VALUE OF FINANCIAL INSTRUMENTS

The Plan uses various valuation techniques in determining fair value. Financial Standards Board *Accounting Standards Codification 820* (ASC 820) established a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy under ASC 820 are described below:

Level 1 Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2 Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability;
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

Level 3 Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

3. FAIR VALUE OF FINANCIAL INSTRUMENTS (Continued)

Following is a description of the valuation methodologies used for assets measured at fair value:

Money Market Fund and Mutual Funds: Quoted prices in principal active markets for identical assets as of the valuation date (Level 1).

Common Collective Trust Funds: Valued at the net asset value (NAV) of units of the collective trusts, using independent pricing services approved by the trustee. The net asset value is based on the fair value of the underlying investments held by the funds. The net asset value is used as a practical expedient to estimate fair value. This practical expedient would not be used if it is determined to be probable that the fund will sell the investment for an amount different from the reported net asset value. There are no unfunded commitments or redemption restrictions.

U.S. Government Securities: Valued using pricing models maximizing the use of observable inputs for similar securities. (Level 2).

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Company believes the valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

There were no changes in the valuation techniques during 2025 and 2024.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2025:

	Level 1	Level 2	Level 3	Total
Money market fund	$ 2,731,848	$ -	$ -	$ 2,731,848
	$ 2,731,848	$ -	$ -	2,731,848
Common collective trust funds, at net asset value (a)				87,795,985
				$ 90,527,833

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2024:

	Level 1	Level 2	Level 3	Total
Money market fund	$ 225,095	$ -	$ -	$ 225,095
Mutual funds	82,467,676	-	-	82,467,676
U.S. government securities	-	10,310,500	-	10,310,500
	$ 82,692,771	$ 10,310,500	$ -	$ 93,003,271

(a) In accordance with the FASB authoritative guidance regarding fair value measurement, certain investments that were measured at net asset value per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statements of net assets available for benefits.

4. FINANCIAL CERTIFICATION

The following investment information relating to the Plan's assets at December 31, 2025 and 2024, as well as investment income and investment transactions for the years then ended, has been derived from information provided by Principal Bank and SEI Private Trust Company, the Trustees of the Plan, and has been certified by them as complete and accurate.

	2025	2024
Statements of Net Assets Available for Benefits		
Assets:		
Investments, at fair value	$ 90,527,833	$ 93,003,271
Statements of Changes in Net Assets Available for Benefits		
Net appreciation (depreciation) in fair value of investments	$ 5,646,824	$ (359,589)
Interest and dividend income	$ 1,766,233	$ 3,694,989
Schedule of Assets (Held at End of Year)	Schedule I	
Schedule of Reportable Transactions	Schedule II	

5. ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS

An actuary from Willis Towers Watson estimates the actuarial present value of accumulated Plan benefits, which is the amount that results from applying actuarial assumptions to adjust the accumulated Plan benefits earned by the participants to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment.

The accumulated Plan benefit information as of the beginning of the Plan year as follows:

	January 1, 2025
Actuarial present value of accumulated Plan benefits:	
Vested benefits -	
Participants currently receiving payments	$ 79,850,685
Retired participants	12,649,252
Other participants	856,167
Nonvested benefits	29,274
Total actuarial present value of accumulated Plan benefits	$ 93,385,378

5. ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS (Continued)

The change in accumulated Plan benefits for the year ended January 1, 2025, is as follows:

Actuarial present value of accumulated benefits at beginning of year	$ 101,053,825
Increase (decrease) during the year attributable to:	
Actuarial gains	8,692
Decrease in discount period	4,859,747
Assumption changes	(2,894,457)
Benefits paid	(9,642,429)
Net decrease	(7,668,447)
Actuarial present value of accumulated benefits at end of year	$ 93,385,378

Significant assumptions and methods underlying the actuarial computations are as follows:

	2025 and 2024
Actuarial Cost Method	Unit Credit Actuarial Cost Method
Assumed Rate of Return on Investment	5.46% for 2025 and 5.05% for 2024
Cash Balance Interest Crediting Rate	4.38% per year
Mortality Basis	For 2025 and 2024, Pri-2012 Mortality Table without collar adjustments, projected generationally from 2012 using Scale MP-2021.

Rate of normal retirement

Age	Rate
55	10%
56-58	5%
59-60	15%
61	10%
62-63	20%
64	15%
65-69	35%
70+	100%

Retirement Age: Normal retirement – Age 65
Early retirement – Age 55 and 10 years of service

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

6. ELIC ANNUITY PURCHASE AND RELATED LITIGATION

Primarily in 1985, the Company entered into agreements with Executive Life Insurance Company (ELIC) under which ELIC assumed accrued pension obligations under the Plan pursuant to an annuity purchase agreement. The Plan paid approximately $25.3 million to ELIC under these agreements.

ELIC was to begin making payments in 1985 to retired beneficiaries covered by the contract as of June 30, 1985 but due to certain delays in setting up administrative procedures the Plan continued to make certain benefit payments on behalf of ELIC through December 31, 1990. ELIC agreed to reimburse the Plan for such benefit payments plus interest after July 1, 1985. On March 6, 1990, $4,750,000 was received by the Plan from ELIC and $1,554,000 was received on August 12, 1994 as final settlement of the amount owed.

In April 1991, California Insurance Commissioner (the Commissioner) was named conservator of ELIC and the Los Angeles Superior Court issued orders providing that ELIC would pay 70% of the monthly payments due to the Company's retirees under the ELIC annuity contract. Under the terms of the approved plan of rehabilitation which includes an enhancement agreement between the Commissioner and the National Organization of Life and Health Guaranty Associates (NOLHGA) to augment the benefits paid to ELIC policyholders, individual annuitants with account values up to $100,000 will receive 100% of their benefits, resulting in the payment by the rehabilitated ELIC and NOLHGA of substantially all of the required payments to the Company's employees who are covered under the ELIC annuities.

Effective on July 22, 1992, the Company entered into agreements settling all claims with respect to two complaints filed by the Department of Labor and by a labor union against various defendants including the Company. The settlement agreements required the Company, among other things, to provide backup insurance coverage in the form of an annuity purchased from an approved insurance company equal to 30% of the obligation to existing retirees. The Company also agreed to purchase additional coverage in the event payments from third parties to annuitants fall below 70% of the required amount. If annuity benefits under the backup annuity are not needed to provide full benefit payments to covered annuitants, the proceeds will be remitted to the Company on an annual basis. On July 31, 1992, the Company purchased such an annuity from Metropolitan Life Insurance Company for approximately $9.8 million. Such annuity will only be used for retiree benefits in the event the combined payments by the rehabilitated ELIC and NOLHGA fall below 100% of the required benefits. The settlement agreements also provide that annuity payments by ELIC and NOLHGA with respect to post-1991 retirees will be paid to the Plan and that the Plan will pay the retirement benefits to such retirees.

In 1993, Aurora National Life Assurance Company (Aurora) became the successor company to ELIC. During 2025 and 2024, $2,423,793 and $2,740,342, respectively, were received from Aurora and NOLHGA with respect to post-1991 retirees and distributed to post-1991 retirees in accordance with the settlement agreement. These amounts have been excluded from the Statements of Changes in Net Assets Available for Benefits because these transactions pass through the Plan for administrative purposes only and are the responsibility of Aurora and NOLHGA pursuant to annuity contract agreements.

7. INCOME TAX STATUS

The Plan obtained its latest determination letter on September 3, 2015, in which the Internal Revenue Service states that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. The Plan has been amended since receiving the determination letter. However, the Plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code.

8. PARTY-IN-INTEREST TRANSACTIONS

For the period of May 1, 2025 to December 31, 2025, certain plan investments were managed by Principal Bank, the trustee, and therefore these transactions qualify as party-in-interest. For the period of January 1, 2024 to May 1, 2025, certain plan investments were managed by SEI Private Trust Company, the trustee, and therefore these transactions qualify as party-in-interest.

9. SUBSEQUENT EVENTS

Subsequent events have been evaluated through October 8, 2026, which is the date the financial statements were available to be issued.

Subsequent to December 31, 2025, on June 30, 2026, the Board of Directors of Columbus McKinnon Corporation adopted an amendment providing for the merger of the Pension Plan of FKI Industries Inc. for United Steelworkers of America into the Plan, effective August 31, 2026. The amendment further provides that immediately following the merger, the Plan will be terminated effective August 31, 2026. Upon termination, Plan assets will be distributed in accordance with the provisions of the Plan, ERISA, and applicable regulatory requirements.

In July 2026, the Plan entered into a Release and Hold Harmless Agreement with Aurora National Life Assurance Company (Aurora) related to the annuity contracts described in Note 6. Under the agreement, Aurora National Life Assurance Company will make benefit payments directly to substantially all affected annuitants under the related contract effective January 1, 2026. The agreement provides for approximately $7.7 million to be paid to Plan by Aurora during 2026 for the value owed for all related annuity contracts in order to satisfy the terms of the agreement.

MAGNETEK FLEXCARE PLUS RETIREMENT PENSION PLAN

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
EIN: 95-3917584 **PLAN NUMBER: 002**
DECEMBER 31, 2025

Identity of Issue	Description of Investment	Cost	Current Value
Cash:			
Cash		$ 20,953	$ 20,953
Money Market Fund:			
* Principal Funds, Inc.	Principal Government Money Market Fund	2,731,848	$ 2,731,848
Common and Collective Trust Funds:			
AON Trust Company LLC	Intermediate Credit Bond	51,400,000	53,870,717
AON Trust Company LLC	Long Credit Bond	25,975,924	28,025,849
AON Trust Company LLC	U.S. Long Government Bond Index Fund	5,572,165	5,899,419
		82,948,089	87,795,985
		$ 85,700,890	$ 90,548,786

*Party-in-interest

MAGNETEK FLEXCARE PLUS RETIREMENT PENSION PLAN

SCHEDULE H, LINE 4j, SCHEDULE OF REPORTABLE TRANSACTIONS
EIN: 95-3917584 PLAN NUMBER: 002
FOR THE YEAR ENDED DECEMBER 31, 2025

Single Transactions

Identity of Party Involved	Description of Assets (Include Interest Rate and Maturity in Case of Loan)	Sale/ Purchase	Purchase Price	Sale Price	Cost of Assets	Current Value of Asset on Transaction Date	Gain/(Loss)
* SEI Private Trust Company	SEI Daily Income Trust - Government Fund	Purchase	$ 4,847,012	$ -	$ 4,847,012	$ 4,847,012	$ -
* SEI Private Trust Company	SEI Daily Income Trust - Government Fund	Purchase	82,123,671	-	82,123,671	82,123,671	-
* SEI Private Trust Company	SEI Daily Income Trust - Government Fund	Sale	-	82,123,671	82,123,671	82,123,671	-
* SEI Private Trust Company	SEI Trust Global Managed Volatility Fund Class A	Sale	-	5,123,901	5,360,649	5,123,901	(236,748)
* SEI Private Trust Company	SEI Trust Global Managed Volatility Fund Class A	Sale	-	5,103,499	5,343,968	5,103,499	(240,469)
* SEI Private Trust Company	SEI Trust Intermediate Duration Credit Fund Class A	Sale	-	71,465,552	79,068,514	71,465,552	(7,602,962)
Federal Government	U.S. Treasury Strips Z-CPN 2/15/35	Sale	-	4,965,862	4,733,489	4,965,862	232,373
The Vanguard Group, Inc.	Vanguard Long-Term Investment-Grade Fund Admiral Shares	Purchase	29,695,677	-	29,695,677	29,695,677	-
The Vanguard Group, Inc.	Vanguard Intermediate-Term Investment-Grade Fund	Purchase	45,331,313	-	45,331,313	45,331,313	-
The Vanguard Group, Inc.	Vanguard Long-Term Treasury Index Fund	Purchase	7,377,808	-	7,377,808	7,377,808	-
Aon Trust Company LLC	U.S. Long Government Bond Index Fund	Purchase	6,500,000	-	6,500,000	6,500,000	-
Aon Trust Company LLC	Long Credit Bond	Purchase	29,000,000	-	29,000,000	29,000,000	-
Aon Trust Company LLC	Intermediate Credit Bond	Purchase	48,000,000	-	48,000,000	48,000,000	-
* Principal Funds, Inc.	Principal Government Money Market Fund	Purchase	8,000,000	-	8,000,000	8,000,000	-
* Principal Funds, Inc.	Principal Government Money Market Fund	Purchase	80,438,688	-	80,438,688	80,438,688	-
* Principal Funds, Inc.	Principal Government Money Market Fund	Sale	-	83,500,000	83,500,000	83,500,000	-
The Vanguard Group, Inc.	Vanguard Intermediate-Term Investment-Grade Fund	Sale	-	53,094,534	52,694,374	53,094,534	400,160
The Vanguard Group, Inc.	Vanguard Long-Term Investment-Grade Fund Admiral Shares	Sale	-	8,000,000	8,032,476	8,000,000	(32,476)
The Vanguard Group, Inc.	Vanguard Long-Term Investment-Grade Fund Admiral Shares	Sale	-	21,105,932	21,277,991	21,105,932	(172,059)
The Vanguard Group, Inc.	Vanguard Long-Term Treasury Index Fund	Sale	-	6,238,222	6,396,935	6,238,222	(158,713)

Series Transactions

Identity of Party Involved	Description of Assets (Include Interest Rate and Maturity in Case of Loan)	Number of Transactions	Sale/ Purchase	Purchase Price	Sale Price	Cost of Assets	Current Value of Asset on Transaction Date	Gain/(Loss)
* SEI Private Trust Company	SEI Trust Global Managed Volatility Fund Class A	7	Purchase	$ 952,939	$ -	$ 952,939	$ 952,939	$ -
* SEI Private Trust Company	SEI Trust Global Managed Volatility Fund Class A	7	Sale	-	13,270,027	13,847,487	13,270,027	(577,460)
* SEI Private Trust Company	SEI Trust Intermediate Duration Credit Fund Class A	4	Purchase	1,106,867	-	1,106,867	1,106,867	-
* SEI Private Trust Company	SEI Trust Intermediate Duration Credit Fund Class A	1	Sale	-	71,465,552	79,068,514	71,465,552	(7,602,962)
Federal Government	U.S. Treasury Strips Z-CPN 2/15/35	1	Sale	-	4,965,862	4,733,489	4,965,862	232,373
The Vanguard Group, Inc.	Vanguard Long-Term Investment-Grade Fund Admiral Shares	3	Purchase	29,767,494	-	29,767,494	29,767,494	-
The Vanguard Group, Inc.	Vanguard Long-Term Investment-Grade Fund Admiral Shares	1	Sale	-	398,941	391,553	398,941	7,388
The Vanguard Group, Inc.	Vanguard Intermediate-Term Investment-Grade Fund	5	Purchase	53,344,401	-	53,344,401	53,344,401	-
The Vanguard Group, Inc.	Vanguard Intermediate-Term Investment-Grade Fund	1	Sale	-	550,850	542,923	550,850	7,927
The Vanguard Group, Inc.	Vanguard Long-Term Treasury Index Fund	2	Purchase	7,400,969	-	7,400,969	7,400,969	-
The Vanguard Group, Inc.	Vanguard Long-Term Treasury Index Fund	2	Sale	-	979,008	980,872	979,008	(1,864)
Aon Trust Company LLC	U.S. Long Government Bond Index Fund	1	Purchase	6,500,000	-	6,500,000	6,500,000	-
Aon Trust Company LLC	U.S. Long Government Bond Index Fund	1	Sale	-	1,000,000	927,835	1,000,000	72,165
Aon Trust Company LLC	Long Credit Bond	1	Purchase	29,000,000	-	29,000,000	29,000,000	-
Aon Trust Company LLC	Long Credit Bond	2	Sale	-	3,300,000	3,024,076	3,300,000	275,924
Aon Trust Company LLC	Intermediate Credit Bond	3	Purchase	51,400,000	-	51,400,000	51,400,000	-
* Principal Funds, Inc.	Principal Government Money Market Fund	73	Purchase	94,539,429	-	94,539,429	94,539,429	-
* Principal Funds, Inc.	Principal Government Money Market Fund	72	Sale	-	91,807,583	91,807,583	91,807,583	-
The Vanguard Group, Inc.	Vanguard Intermediate-Term Investment-Grade Fund	1	Purchase	107,104	-	107,104	107,104	-
The Vanguard Group, Inc.	Vanguard Intermediate-Term Investment-Grade Fund	2	Sale	-	53,201,391	52,801,478	53,201,391	399,913
The Vanguard Group, Inc.	Vanguard Long-Term Investment-Grade Fund Admiral Shares	1	Purchase	65,473	-	65,473	65,473	-
The Vanguard Group, Inc.	Vanguard Long-Term Investment-Grade Fund Admiral Shares	3	Sale	-	29,170,450	29,375,940	29,170,450	(205,490)
The Vanguard Group, Inc.	Vanguard Long-Term Treasury Index Fund	2	Purchase	23,247	-	23,247	23,247	-
The Vanguard Group, Inc.	Vanguard Long-Term Treasury Index Fund	2	Sale	-	6,260,624	6,420,182	6,260,624	(159,558)

*Party-in-interest

This schedule was prepared solely from information certified by SEI Private Trust Company and Principal Bank.
The accompanying notes are an integral part of this schedule

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V
Summary of Plan Provisions

Plan Provisions

The Magnetek Flexcare Plus Retirement Pension Plan was effective on January 1, 1988 and was amended and restated effective January 1, 2014.

Eligibility	An employee who was hired prior to October 29, 2002 and was not employed by a bargaining unit and not part of the J-Tec, Inc. or the ADS Power Resource, Inc. acquisitions became a participant upon hire. Employees who were part of the J-Tec and ADS Power Resource acquisitions became participants on July 1, 2000. The Plan was closed to new entrants effective October 29, 2002.

Definitions

Plan Year	The calendar year.
Vesting service	Elapsed time from date of employment to date of determination.
Pensionable pay	Total cash compensation paid to a participant, including overtime, bonuses, shift differential, and commissions, but excluding severance pay, moving expenses and any other extraordinary or incentive compensation not part of the basic compensation of the participant.
Covered Compensation	The average of the Social Security taxable wage bases in effect for each calendar year during the 35-year period ending with the year in which the participant attains Social Security retirement age.
Integration Level	Prior to 2000: Covered Compensation for an individual turning 65 during the year, rounded down to the next lower $500. After 1999: the average of the Social Security taxable wage bases in effect for each calendar year during the 35-year period ending with the year in which the participant attains age 65, rounded down to the next lower $500.
Normal Retirement Date (NRD)	Attainment of age 65. For employees hired after January 1, 1988, no earlier than the third anniversary of the date of participation.

SCHEDULE SB ATTACHMENTS

Account Balance

A notional account for each participant starting effective January 1, 1988, (some participants with a beginning balance on that date based on earlier pay and service), credited at the end of each Plan Year with:

A. Contribution Credits:

Vesting Service	Percent of Compensation	Percent of Compensation Over Integration Level
Less than 10	3.50%	3.50%
10 to 19	4.00%	4.00%
20 or more	4.50%	4.50%

Contribution Credits were frozen effective June 30, 2003, with a final credit made at that date based on compensation through that date.

B. Transition credits:

Participants Prior Plan	Transition Credits for Plan Years
ABB Electric Inc. Retirement Plan	1991 - 1995
Century Plans or Continued Universal Plan and born between 1/1/1939 and 12/31/1948	1988 - 1992
Teledyne Retirement Plan	1993 - 1997

C. Interest credits:

Lesser of the monthly average of:

- 1% plus the high rate of the 3-month U.S. T-Bill, and
- Yield on a 30-year U.S. Treasury bonds

For October preceding the Plan Year

Eligibility for Benefits

Normal retirement

Retirement on NRD.

Early retirement

Retirement before NRD and on or after both attaining age 55 and completing ten years of Vesting Service.

Late retirement

Retirement after NRD.

Vested termination

Attainment of three years of Vesting Service (five years if termination occurred prior to January 1, 2008).

SCHEDULE SB ATTACHMENTS

Disability retirement	Retirement after termination date due to total and permanent disability after attainment of three years of Vesting Service. Not available for disabilities incurred after June 30, 2003.
Preretirement death benefit	Death after having attained three years of Vesting Service, with a surviving spouse.

Benefits Paid Upon the Following Events

Normal retirement	The Account Balance as of the Normal Retirement Date converted into a monthly annuity using the lump sum interest and mortality basis. In no event will the benefit be less than the Account Balance as of May 14, 2000, plus subsequent interest credits, divided by 120.
Early retirement	The Account Balance as of the Early Retirement Date converted into a monthly annuity using the lump sum interest and mortality basis. In no event will the benefit be less than the Account Balance as of May 14, 2000, plus subsequent interest credits, divided by 120.
Late retirement	The Account Balance as of the Late Retirement Date converted into a monthly annuity using the lump sum interest and mortality basis. In no event will the benefit be less than the Account Balance as of May 14, 2000, plus subsequent interest credits, divided by 120.
Vested termination	The Account Balance as of termination date converted into a monthly annuity payable as of the Early or Normal Retirement Date, using the lump sum interest and mortality basis. In no event will the benefit be less than the Account Balance as of May 14, 2000, plus subsequent interest credits, divided by 120.
Disability retirement	The Account Balance as of Disability Retirement Date converted into a monthly annuity using the lump sum interest and mortality basis. In no event will the benefit be less than the Account Balance as of May 14, 2000, plus subsequent interest credits, divided by 120. Contribution credits continue between termination and the earlier of the Disability Retirement Date and June 30, 2003 based on the rate of Compensation and Integration Level in effect at the date of disability.

SCHEDULE SB ATTACHMENTS

Pre-retirement death	The eligible surviving spouse receives 50% of the benefit that would have been payable at the earliest retirement date to the participant after conversion into a 50% Joint & Survivor annuity. The spouse receives this benefit as a life annuity until death.

Other Plan Provisions

Post-Retirement Spouse's Benefit	None, except as dictates by the form of retirement benefit.
Automatic Form of Payment	Single Employees – Monthly 10-Year Certain & Life Annuity Married Employees – Actuarially Equivalent monthly 50% Joint and Survivor Annuity
Optional Forms of payment	Monthly Life Annuity Monthly 50%, 67%, 75%, or 100% Joint and Survivor Annuity Lump Sum (if active after April 1, 2000, or certain other participants in other plans)
Grandfathered Participants	Certain qualified prior plan participants are guaranteed the benefit level under their respective prior plan formulas on a continuing basis.
Maximum on benefits and pay	All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes become effective. Increases in the dollar limits are assumed for determining pension cost but not for determining contributions.

Future Plan Changes

No future plan changes were recognized in determining minimum and maximum contributions.

Changes in Benefits Valued Since Prior Year

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

Substantive Commitment

None

MAGNETEK FLEXCARE PLUS RETIREMENT PENSION PLAN

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
EIN: 95-3917584 **PLAN NUMBER: 002**
DECEMBER 31, 2025

Identity of Issue	Description of Investment	Cost	Current Value
Cash:			
Cash		$ 20,953	$ 20,953
Money Market Fund:			
* Principal Funds, Inc.	Principal Government Money Market Fund	2,731,848	$ 2,731,848
Common and Collective Trust Funds:			
AON Trust Company LLC	Intermediate Credit Bond	51,400,000	53,870,717
AON Trust Company LLC	Long Credit Bond	25,975,924	28,025,849
AON Trust Company LLC	U.S. Long Government Bond Index Fund	5,572,165	5,899,419
		82,948,089	87,795,985
		$ 85,700,890	$ 90,548,786

*Party-in-interest

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26a
Schedule of Active Participant Data as of January 1, 2025

	Attained Years of Credited Service[1]										
Attained Age	Under 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40 & Over	Total
Under 25	0	0	0	0	0	0	0	0	0	0	0
25-29	0	0	0	0	0	0	0	0	0	0	0
30-34	0	0	0	0	0	0	0	0	0	0	0
35-39	0	0	0	0	0	0	0	0	0	0	0
40-44	0	0	0	0	0	0	0	0	0	0	0
45-49	0	0	0	0	0	1	0	0	0	0	1
50-54	0	0	0	0	0	3	3	2	0	0	8
55-59	0	1	0	0	0	0	7	6	0	2	16
60-64	0	1	0	0	0	1	5	3	1	1	12
65-69	0	0	0	0	0	2	1	1	0	0	4
70 & over	0	0	0	0	0	0	1	0	0	0	1
Total	0	2	0	0	0	7	17	12	1	3	42

[1] Age and service for purposes of determining category are based on exact (not rounded) values.

Plan Name: Magnetek Flexcare Plus Retirement Plan
EIN / PN: 95-3917584/002
Plan Sponsor: Magnetek, Inc.
Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V
Statement of Actuarial Assumptions/Methods

Economic Assumptions

Interest rate basis	Full yield curve
Cash Balance Crediting Rate	4.38% per year
Plan-related expenses	Amount included this year for plan-related expenses is $775,000. This assumption is set equal to the prior year's administrative expenses plus the expected change in PBGC premiums from the prior year to this year, rounded to the nearest $25,000.

Demographic Assumptions

Inclusion date	The valuation date coincident with or next following the date on which the employee becomes a participant.
New or rehired employees	It was assumed there will be no new or rehired employees.
Healthy Mortality	Separate rates for non-annuitants and annuitants based on Pri-2012 "Employees" and "Healthy Annuitants" (participants and beneficiaries combined) tables, respectively, without collar or amount adjustments and then projected forward with a generational projection as specified in the regulations under §1.430(h)(3)-1 using the IRS adjusted Scale MP-2021 (i.e., MP-2021 with no mortality improvement for 2020-2023 and future mortality improvement capped at 0.78% for years after 2024).
Disabled Mortality	Same as heathy mortality
Lump Sum Basis	Mortality: IRS Applicable Mortality Table Interest: Funding Rates

SCHEDULE SB ATTACHMENTS

Representative Termination Rates (not due to Disability, Retirement or Mortality)

Sample rates are shown in the following table:

Age	Rate of Withdrawal
25	7.00%
30	7.00%
35	6.00%
40	4.00%
45	4.00%
50	3.00%
55	0.00%
60	0.00%
65	0.00%

Disability Rates

None

Retirement Rates

For purposes of determining the Funding Target and Target Normal Cost (both disregarding at-risk assumptions), the rates at which participants retire by age are shown below.

Representative Retirement Rates:

Age	Rate
55	10%
56-58	5%
59-60	15%
61	10%
62-63	20%
64	15%
65-69	35%
70+	100%

Form of payment

70% of participants are assumed to elect a lump sum (if eligible).

30% of participants (and all participants ineligible for a lump sum) are assumed to receive their benefits in the normal annuity form.

Percent married

80% of employees are assumed to be married.

Spouse age

Spouses are assumed to be the same age as the participant.

Maximum benefit limitation

Plan benefits have been restricted to the maximum dollar limit permitted under the Economic Growth and Tax Relief Reconciliation Act of 2001 (EGTRRA). No future increases in this amount have been assumed.

SCHEDULE SB ATTACHMENTS

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

Methods

Valuation date	First day of plan year
Funding target	Present value of accrued benefits as required by regulations under IRC §430.
Target normal cost	Present value of benefits expected to accrue during the plan year plus plan-related expenses expected to be paid from plan assets during the plan year as required by regulations under IRC §430.
Actuarial value of assets	Average of the fair market value of assets on the valuation date and 12 and 24 months preceding the valuation date, adjusted for contributions, benefits, administrative expenses and expected earnings (with such expected earnings limited as described in IRS Notice 2009-22). The average asset value must be within 10% of market value, including discounted contributions receivable (discounted using the effective interest rate for the prior plan years). The method of computing the actuarial value of assets complies with rules governing the calculation of such values under the Pension Protection Act of 2006 (PPA). These rules produce smoothed values that reflect the underlying market value of plan assets but fluctuate less than the market value. As a result, the actuarial value of assets will be lower than the market value in some years and greater in other years. However, over the long term under PPA's smoothing rules, this method has a significant bias to produce an actuarial value of assets that is below the market value of assets.
Benefits not valued	We believe that we have reflected all significant Plan provisions in this valuation.

SCHEDULE SB ATTACHMENTS

Sources of Data and Other Information

The plan sponsor, through its third party administrator, furnished participant data as of January 1, 2025. Information on assets, contributions and plan provisions was supplied by the plan sponsor.

Data was reviewed for reasonableness and consistency, but no audit was performed. There were no significant issues found with missing or incomplete data. We are aware of no adjustments made by the data provider. We are not aware of any errors or omissions in the data that would have a significant effect on the results of our calculations

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 32
Schedule of Amortization Bases
as of January 1, 2025

Type of Base	Date Established	Initial Amount	Remaining Amortization Period (Years)	Outstanding Balance	Amortization Payment
1. Shortfall	01/01/2025	963,872	15.00000	963,872	88,839
Total				963,872	88,839

Plan Name: Magnetek Flexcare Plus Retirement Plan
EIN / PN: 95-3917584/002
Plan Sponsor: Magnetek, Inc.
Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 24
Change in Actuarial Assumptions

The cash balance crediting rate assumption was updated from 4.95% per year for 2024 to 4.38% per year for 2025.

The assumed plan-related expenses added to the target normal cost were changed from $725,000 for 2024 to $775,000 for 2025.

Plan Name:	Magnetek Flexcare Plus Retirement Plan
EIN / PN:	95-3917584/002
Plan Sponsor:	Magnetek, Inc.
Valuation Date:	January 1, 2025

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 22
Description of Weighted Average Retirement Age
as of January 1, 2025

x	q_x^r	l_x	$_{x-55}p_{55} = l_x / l_{55}$	$q_x^r * l_x / l_{55}$	$x * q_x * l_x / l_{55}$
55	0.10	1,000	1.000000	0.100000	5.500000
56	0.05	900	0.900000	0.045000	2.520000
57	0.05	855	0.855000	0.042750	2.436750
58	0.05	812	0.812250	0.040613	2.355525
59	0.15	772	0.771638	0.115746	6.828992
60	0.15	656	0.655892	0.098384	5.903027
61	0.10	558	0.557508	0.055751	3.400799
62	0.20	502	0.501757	0.100351	6.221790
63	0.20	401	0.401406	0.080281	5.057713
64	0.15	321	0.321125	0.048169	3.082797
65	0.35	273	0.272956	0.095535	6.209748
66	0.35	177	0.177421	0.062097	4.098434
67	0.35	115	0.115324	0.040363	2.704345
68	0.35	75	0.074961	0.026236	1.784061
69	0.35	49	0.048724	0.017054	1.176693
70	1.00	32	0.031671	0.031671	2.216958

Average age at retirement	61.497632
Rounded for Schedule SB item 22	61

Plan Name:	Magnetek Flexcare Plus Retirement Plan
EIN / PN:	95-3917584/002
Plan Sponsor:	Magnetek, Inc.
Valuation Date:	January 1, 2025

MAGNETEK FLEXCARE PLUS RETIREMENT PENSION PLAN

SCHEDULE H, LINE 4j, SCHEDULE OF REPORTABLE TRANSACTIONS
EIN: 95-3917584 PLAN NUMBER: 002
FOR THE YEAR ENDED DECEMBER 31, 2025

Single Transactions

Identity of Party Involved	Description of Assets (Include Interest Rate and Maturity in Case of Loan)	Sale/ Purchase	Purchase Price	Sale Price	Cost of Assets	Current Value of Asset on Transaction Date	Gain/(Loss)
* SEI Private Trust Company	SEI Daily Income Trust - Government Fund	Purchase	$ 4,847,012	$ -	$ 4,847,012	$ 4,847,012	$ -
* SEI Private Trust Company	SEI Daily Income Trust - Government Fund	Purchase	82,123,671	-	82,123,671	82,123,671	-
* SEI Private Trust Company	SEI Daily Income Trust - Government Fund	Sale	-	82,123,671	82,123,671	82,123,671	-
* SEI Private Trust Company	SEI Trust Global Managed Volatility Fund Class A	Sale	-	5,123,901	5,360,649	5,123,901	(236,748)
* SEI Private Trust Company	SEI Trust Global Managed Volatility Fund Class A	Sale	-	5,103,499	5,343,968	5,103,499	(240,469)
* SEI Private Trust Company	SEI Trust Intermediate Duration Credit Fund Class A	Sale	-	71,465,552	79,068,514	71,465,552	(7,602,962)
Federal Government	U.S. Treasury Strips Z-CPN 2/15/35	Sale	-	4,965,862	4,733,489	4,965,862	232,373
The Vanguard Group, Inc.	Vanguard Long-Term Investment-Grade Fund Admiral Shares	Purchase	29,695,677	-	29,695,677	29,695,677	-
The Vanguard Group, Inc.	Vanguard Intermediate-Term Investment-Grade Fund	Purchase	45,331,313	-	45,331,313	45,331,313	-
The Vanguard Group, Inc.	Vanguard Long-Term Treasury Index Fund	Purchase	7,377,808	-	7,377,808	7,377,808	-
Aon Trust Company LLC	U.S. Long Government Bond Index Fund	Purchase	6,500,000	-	6,500,000	6,500,000	-
Aon Trust Company LLC	Long Credit Bond	Purchase	29,000,000	-	29,000,000	29,000,000	-
Aon Trust Company LLC	Intermediate Credit Bond	Purchase	48,000,000	-	48,000,000	48,000,000	-
* Principal Funds, Inc.	Principal Government Money Market Fund	Purchase	8,000,000	-	8,000,000	8,000,000	-
* Principal Funds, Inc.	Principal Government Money Market Fund	Purchase	80,438,688	-	80,438,688	80,438,688	-
* Principal Funds, Inc.	Principal Government Money Market Fund	Sale	-	83,500,000	83,500,000	83,500,000	-
The Vanguard Group, Inc.	Vanguard Intermediate-Term Investment-Grade Fund	Sale	-	53,094,534	52,694,374	53,094,534	400,160
The Vanguard Group, Inc.	Vanguard Long-Term Investment-Grade Fund Admiral Shares	Sale	-	8,000,000	8,032,476	8,000,000	(32,476)
The Vanguard Group, Inc.	Vanguard Long-Term Investment-Grade Fund Admiral Shares	Sale	-	21,105,932	21,277,991	21,105,932	(172,059)
The Vanguard Group, Inc.	Vanguard Long-Term Treasury Index Fund	Sale	-	6,238,222	6,396,935	6,238,222	(158,713)

Series Transactions

Identity of Party Involved	Description of Assets (Include Interest Rate and Maturity in Case of Loan)	Number of Transactions	Sale/ Purchase	Purchase Price	Sale Price	Cost of Assets	Current Value of Asset on Transaction Date	Gain/(Loss)
* SEI Private Trust Company	SEI Trust Global Managed Volatility Fund Class A	7	Purchase	$ 952,939	$ -	$ 952,939	$ 952,939	$ -
* SEI Private Trust Company	SEI Trust Global Managed Volatility Fund Class A	7	Sale	-	13,270,027	13,847,487	13,270,027	(577,460)
* SEI Private Trust Company	SEI Trust Intermediate Duration Credit Fund Class A	4	Purchase	1,106,867	-	1,106,867	1,106,867	-
* SEI Private Trust Company	SEI Trust Intermediate Duration Credit Fund Class A	1	Sale	-	71,465,552	79,068,514	71,465,552	(7,602,962)
Federal Government	U.S. Treasury Strips Z-CPN 2/15/35	1	Sale	-	4,965,862	4,733,489	4,965,862	232,373
The Vanguard Group, Inc.	Vanguard Long-Term Investment-Grade Fund Admiral Shares	3	Purchase	29,767,494	-	29,767,494	29,767,494	-
The Vanguard Group, Inc.	Vanguard Long-Term Investment-Grade Fund Admiral Shares	1	Sale	-	398,941	391,553	398,941	7,388
The Vanguard Group, Inc.	Vanguard Intermediate-Term Investment-Grade Fund	5	Purchase	53,344,401	-	53,344,401	53,344,401	-
The Vanguard Group, Inc.	Vanguard Intermediate-Term Investment-Grade Fund	1	Sale	-	550,850	542,923	550,850	7,927
The Vanguard Group, Inc.	Vanguard Long-Term Treasury Index Fund	2	Purchase	7,400,969	-	7,400,969	7,400,969	-
The Vanguard Group, Inc.	Vanguard Long-Term Treasury Index Fund	2	Sale	-	979,008	980,872	979,008	(1,864)
Aon Trust Company LLC	U.S. Long Government Bond Index Fund	1	Purchase	6,500,000	-	6,500,000	6,500,000	-
Aon Trust Company LLC	U.S. Long Government Bond Index Fund	1	Sale	-	1,000,000	927,835	1,000,000	72,165
Aon Trust Company LLC	Long Credit Bond	1	Purchase	29,000,000	-	29,000,000	29,000,000	-
Aon Trust Company LLC	Long Credit Bond	2	Sale	-	3,300,000	3,024,076	3,300,000	275,924
Aon Trust Company LLC	Intermediate Credit Bond	3	Purchase	51,400,000	-	51,400,000	51,400,000	-
* Principal Funds, Inc.	Principal Government Money Market Fund	73	Purchase	94,539,429	-	94,539,429	94,539,429	-
* Principal Funds, Inc.	Principal Government Money Market Fund	72	Sale	-	91,807,583	91,807,583	91,807,583	-
The Vanguard Group, Inc.	Vanguard Intermediate-Term Investment-Grade Fund	1	Purchase	107,104	-	107,104	107,104	-
The Vanguard Group, Inc.	Vanguard Intermediate-Term Investment-Grade Fund	2	Sale	-	53,201,391	52,801,478	53,201,391	399,913
The Vanguard Group, Inc.	Vanguard Long-Term Investment-Grade Fund Admiral Shares	1	Purchase	65,473	-	65,473	65,473	-
The Vanguard Group, Inc.	Vanguard Long-Term Investment-Grade Fund Admiral Shares	3	Sale	-	29,170,450	29,375,940	29,170,450	(205,490)
The Vanguard Group, Inc.	Vanguard Long-Term Treasury Index Fund	2	Purchase	23,247	-	23,247	23,247	-
The Vanguard Group, Inc.	Vanguard Long-Term Treasury Index Fund	2	Sale	-	6,260,624	6,420,182	6,260,624	(159,558)

*Party-in-interest

This schedule was prepared solely from information certified by SEI Private Trust Company and Principal Bank.
The accompanying notes are an integral part of this schedule

SCHEDULE SB (Form 5500)	Single-Employer Defined Benefit Plan Actuarial Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.	2025 This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

▶ **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

MAGNETEK FLEXCARE PLUS RETIREMENT 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

MAGNETEK, INC.

D Employer Identification Number (EIN) 95-3917584

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B **F** Prior year plan size: [ ] 100 or fewer [ ] 101-500 [X] More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2025

2 Assets:		
a Market value	2a	93,282,261
b Actuarial value	2b	93,543,536

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	3,397	80,882,218	80,882,218
b For terminated vested participants	530	12,730,899	12,730,899
c For active participants	42	864,789	894,291
d Total	3,969	94,477,906	94,507,408

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	5.20 %
6 Target normal cost		
a Present value of current plan year accruals	6a	0
b Expected plan-related expenses	6b	775,000
c Target normal cost	6c	775,000

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 Michael Altilio MA — Signature of actuary

10/8/2026 — Date

MICHAEL ALTILIO — Type or print name of actuary

26-07062 — Most recent enrollment number

WILLIS TOWERS WATSON US LLC — Firm name

973-290-2771 — Telephone number (including area code)

PO BOX 674401
HOUSTON TX 77267 — Address of the firm

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

SCHEDULE SB (Form 5500)	Single-Employer Defined Benefit Plan Actuarial Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.	2025 This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

▶ **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: MAGNETEK FLEXCARE PLUS RETIREMENT 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: MAGNETEK, INC.

D Employer Identification Number (EIN): 95-3917584

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [ ] 101-500 [X] More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2025

2 Assets:

a Market value	**2a**	93,282,261
b Actuarial value	**2b**	93,543,536

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	3,397	80,882,218	80,882,218
b For terminated vested participants	530	12,730,899	12,730,899
c For active participants	42	864,789	894,291
d Total	3,969	94,477,906	94,507,408

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**	5.20 %
6 Target normal cost		
a Present value of current plan year accruals	**6a**	0
b Expected plan-related expenses	**6b**	775,000
c Target normal cost	**6c**	775,000

Statement by Enrolled Actuary

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

SIGN HERE

Signature of actuary

Date

MICHAEL ALTILIO

Type or print name of actuary

26-07062

Most recent enrollment number

WILLIS TOWERS WATSON US LLC

Firm name

973-290-2771

Telephone number (including area code)

PO BOX 674401
HOUSTON TX 77267

Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of 3.32 %	0	0
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 5.10 %		0
	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		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d - line 12)	0	0

Part III Funding Percentages

14	Funding target attainment percentage	14	98.98 %
15	Adjusted funding target attainment percentage	15	98.98 %
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	106.61 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04-15-2026	216,000				
07-13-2026	216,000				
08-26-2026	505,000				
			Totals ▶ 18(b)	937,000	18(c) 0

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

a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	866,597

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

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**

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**		775,000
b Excess assets, if applicable, but not greater than line 31a	**31b**		0
32 Amortization installments:		Outstanding Balance	Installment
a Net shortfall amortization installment		963,872	88,839
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**		863,839

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0

36 Additional cash requirement (line 34 minus line 35)	**36**	863,839
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	866,597
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	**38a**	2,758
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

Electronic Filing PDF Attachment

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 32
Schedule of Amortization Bases
as of January 1, 2025

Type of Base	Date Established	Initial Amount	Remaining Amortization Period (Years)	Outstanding Balance	Amortization Payment
1. Shortfall	01/01/2025	963,872	15.00000	963,872	88,839
Total				963,872	88,839

Plan Name: Magnetek Flexcare Plus Retirement Plan
EIN / PN: 95-3917584/002
Plan Sponsor: Magnetek, Inc.
Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 24
Change in Actuarial Assumptions

The cash balance crediting rate assumption was updated from 4.95% per year for 2024 to 4.38% per year for 2025.

The assumed plan-related expenses added to the target normal cost were changed from $725,000 for 2024 to $775,000 for 2025.

Plan Name:	Magnetek Flexcare Plus Retirement Plan
EIN / PN:	95-3917584/002
Plan Sponsor:	Magnetek, Inc.
Valuation Date:	January 1, 2025

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V
Statement of Actuarial Assumptions/Methods

Economic Assumptions

Interest rate basis	Full yield curve
Cash Balance Crediting Rate	4.38% per year
Plan-related expenses	Amount included this year for plan-related expenses is $775,000. This assumption is set equal to the prior year's administrative expenses plus the expected change in PBGC premiums from the prior year to this year, rounded to the nearest $25,000.

Demographic Assumptions

Inclusion date	The valuation date coincident with or next following the date on which the employee becomes a participant.
New or rehired employees	It was assumed there will be no new or rehired employees.
Healthy Mortality	Separate rates for non-annuitants and annuitants based on Pri-2012 "Employees" and "Healthy Annuitants" (participants and beneficiaries combined) tables, respectively, without collar or amount adjustments and then projected forward with a generational projection as specified in the regulations under §1.430(h)(3)-1 using the IRS adjusted Scale MP-2021 (i.e., MP-2021 with no mortality improvement for 2020-2023 and future mortality improvement capped at 0.78% for years after 2024).
Disabled Mortality	Same as heathy mortality
Lump Sum Basis	Mortality: IRS Applicable Mortality Table Interest: Funding Rates

SCHEDULE SB ATTACHMENTS

Representative Termination Rates (not due to Disability, Retirement or Mortality)

Sample rates are shown in the following table:

Age	Rate of Withdrawal
25	7.00%
30	7.00%
35	6.00%
40	4.00%
45	4.00%
50	3.00%
55	0.00%
60	0.00%
65	0.00%

Disability Rates

None

Retirement Rates

For purposes of determining the Funding Target and Target Normal Cost (both disregarding at-risk assumptions), the rates at which participants retire by age are shown below.

Representative Retirement Rates:

Age	Rate
55	10%
56-58	5%
59-60	15%
61	10%
62-63	20%
64	15%
65-69	35%
70+	100%

Form of payment

70% of participants are assumed to elect a lump sum (if eligible).

30% of participants (and all participants ineligible for a lump sum) are assumed to receive their benefits in the normal annuity form.

Percent married

80% of employees are assumed to be married.

Spouse age

Spouses are assumed to be the same age as the participant.

Maximum benefit limitation

Plan benefits have been restricted to the maximum dollar limit permitted under the Economic Growth and Tax Relief Reconciliation Act of 2001 (EGTRRA). No future increases in this amount have been assumed.

SCHEDULE SB ATTACHMENTS

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

Methods

Valuation date	First day of plan year
Funding target	Present value of accrued benefits as required by regulations under IRC §430.
Target normal cost	Present value of benefits expected to accrue during the plan year plus plan-related expenses expected to be paid from plan assets during the plan year as required by regulations under IRC §430.
Actuarial value of assets	Average of the fair market value of assets on the valuation date and 12 and 24 months preceding the valuation date, adjusted for contributions, benefits, administrative expenses and expected earnings (with such expected earnings limited as described in IRS Notice 2009-22). The average asset value must be within 10% of market value, including discounted contributions receivable (discounted using the effective interest rate for the prior plan years). The method of computing the actuarial value of assets complies with rules governing the calculation of such values under the Pension Protection Act of 2006 (PPA). These rules produce smoothed values that reflect the underlying market value of plan assets but fluctuate less than the market value. As a result, the actuarial value of assets will be lower than the market value in some years and greater in other years. However, over the long term under PPA's smoothing rules, this method has a significant bias to produce an actuarial value of assets that is below the market value of assets.
Benefits not valued	We believe that we have reflected all significant Plan provisions in this valuation.

SCHEDULE SB ATTACHMENTS

Sources of Data and Other Information

The plan sponsor, through its third party administrator, furnished participant data as of January 1, 2025. Information on assets, contributions and plan provisions was supplied by the plan sponsor.

Data was reviewed for reasonableness and consistency, but no audit was performed. There were no significant issues found with missing or incomplete data. We are aware of no adjustments made by the data provider. We are not aware of any errors or omissions in the data that would have a significant effect on the results of our calculations

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 22
Description of Weighted Average Retirement Age
as of January 1, 2025

x	q_x^r	l_x	$_{x-55}p_{55} = l_x / l_{55}$	$q_x^r * l_x / l_{55}$	$x * q_x * l_x / l_{55}$
55	0.10	1,000	1.000000	0.100000	5.500000
56	0.05	900	0.900000	0.045000	2.520000
57	0.05	855	0.855000	0.042750	2.436750
58	0.05	812	0.812250	0.040613	2.355525
59	0.15	772	0.771638	0.115746	6.828992
60	0.15	656	0.655892	0.098384	5.903027
61	0.10	558	0.557508	0.055751	3.400799
62	0.20	502	0.501757	0.100351	6.221790
63	0.20	401	0.401406	0.080281	5.057713
64	0.15	321	0.321125	0.048169	3.082797
65	0.35	273	0.272956	0.095535	6.209748
66	0.35	177	0.177421	0.062097	4.098434
67	0.35	115	0.115324	0.040363	2.704345
68	0.35	75	0.074961	0.026236	1.784061
69	0.35	49	0.048724	0.017054	1.176693
70	1.00	32	0.031671	0.031671	2.216958

Average age at retirement	61.497632
Rounded for Schedule SB item 22	61

Plan Name:	Magnetek Flexcare Plus Retirement Plan
EIN / PN:	95-3917584/002
Plan Sponsor:	Magnetek, Inc.
Valuation Date:	January 1, 2025

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V
Summary of Plan Provisions

Plan Provisions

The Magnetek Flexcare Plus Retirement Pension Plan was effective on January 1, 1988 and was amended and restated effective January 1, 2014.

Eligibility	An employee who was hired prior to October 29, 2002 and was not employed by a bargaining unit and not part of the J-Tec, Inc. or the ADS Power Resource, Inc. acquisitions became a participant upon hire. Employees who were part of the J-Tec and ADS Power Resource acquisitions became participants on July 1, 2000. The Plan was closed to new entrants effective October 29, 2002.

Definitions

Plan Year	The calendar year.
Vesting service	Elapsed time from date of employment to date of determination.
Pensionable pay	Total cash compensation paid to a participant, including overtime, bonuses, shift differential, and commissions, but excluding severance pay, moving expenses and any other extraordinary or incentive compensation not part of the basic compensation of the participant.
Covered Compensation	The average of the Social Security taxable wage bases in effect for each calendar year during the 35-year period ending with the year in which the participant attains Social Security retirement age.
Integration Level	Prior to 2000: Covered Compensation for an individual turning 65 during the year, rounded down to the next lower $500. After 1999: the average of the Social Security taxable wage bases in effect for each calendar year during the 35-year period ending with the year in which the participant attains age 65, rounded down to the next lower $500.
Normal Retirement Date (NRD)	Attainment of age 65. For employees hired after January 1, 1988, no earlier than the third anniversary of the date of participation.

SCHEDULE SB ATTACHMENTS

Account Balance

A notional account for each participant starting effective January 1, 1988, (some participants with a beginning balance on that date based on earlier pay and service), credited at the end of each Plan Year with:

A. Contribution Credits:

Vesting Service	Percent of Compensation	Percent of Compensation Over Integration Level
Less than 10	3.50%	3.50%
10 to 19	4.00%	4.00%
20 or more	4.50%	4.50%

Contribution Credits were frozen effective June 30, 2003, with a final credit made at that date based on compensation through that date.

B. Transition credits:

Participants Prior Plan	Transition Credits for Plan Years
ABB Electric Inc. Retirement Plan	1991 - 1995
Century Plans or Continued Universal Plan and born between 1/1/1939 and 12/31/1948	1988 - 1992
Teledyne Retirement Plan	1993 - 1997

C. Interest credits:

Lesser of the monthly average of:

- 1% plus the high rate of the 3-month U.S. T-Bill, and
- Yield on a 30-year U.S. Treasury bonds

For October preceding the Plan Year

Eligibility for Benefits

Normal retirement

Retirement on NRD.

Early retirement

Retirement before NRD and on or after both attaining age 55 and completing ten years of Vesting Service.

Late retirement

Retirement after NRD.

Vested termination

Attainment of three years of Vesting Service (five years if termination occurred prior to January 1, 2008).

SCHEDULE SB ATTACHMENTS

Disability retirement	Retirement after termination date due to total and permanent disability after attainment of three years of Vesting Service. Not available for disabilities incurred after June 30, 2003.
Preretirement death benefit	Death after having attained three years of Vesting Service, with a surviving spouse.

Benefits Paid Upon the Following Events

Normal retirement	The Account Balance as of the Normal Retirement Date converted into a monthly annuity using the lump sum interest and mortality basis. In no event will the benefit be less than the Account Balance as of May 14, 2000, plus subsequent interest credits, divided by 120.
Early retirement	The Account Balance as of the Early Retirement Date converted into a monthly annuity using the lump sum interest and mortality basis. In no event will the benefit be less than the Account Balance as of May 14, 2000, plus subsequent interest credits, divided by 120.
Late retirement	The Account Balance as of the Late Retirement Date converted into a monthly annuity using the lump sum interest and mortality basis. In no event will the benefit be less than the Account Balance as of May 14, 2000, plus subsequent interest credits, divided by 120.
Vested termination	The Account Balance as of termination date converted into a monthly annuity payable as of the Early or Normal Retirement Date, using the lump sum interest and mortality basis. In no event will the benefit be less than the Account Balance as of May 14, 2000, plus subsequent interest credits, divided by 120.
Disability retirement	The Account Balance as of Disability Retirement Date converted into a monthly annuity using the lump sum interest and mortality basis. In no event will the benefit be less than the Account Balance as of May 14, 2000, plus subsequent interest credits, divided by 120. Contribution credits continue between termination and the earlier of the Disability Retirement Date and June 30, 2003 based on the rate of Compensation and Integration Level in effect at the date of disability.

SCHEDULE SB ATTACHMENTS

Pre-retirement death	The eligible surviving spouse receives 50% of the benefit that would have been payable at the earliest retirement date to the participant after conversion into a 50% Joint & Survivor annuity. The spouse receives this benefit as a life annuity until death.

Other Plan Provisions

Post-Retirement Spouse's Benefit	None, except as dictates by the form of retirement benefit.
Automatic Form of Payment	Single Employees – Monthly 10-Year Certain & Life Annuity Married Employees – Actuarially Equivalent monthly 50% Joint and Survivor Annuity
Optional Forms of payment	Monthly Life Annuity Monthly 50%, 67%, 75%, or 100% Joint and Survivor Annuity Lump Sum (if active after April 1, 2000, or certain other participants in other plans)
Grandfathered Participants	Certain qualified prior plan participants are guaranteed the benefit level under their respective prior plan formulas on a continuing basis.
Maximum on benefits and pay	All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes become effective. Increases in the dollar limits are assumed for determining pension cost but not for determining contributions.

Future Plan Changes

No future plan changes were recognized in determining minimum and maximum contributions.

Changes in Benefits Valued Since Prior Year

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

Substantive Commitment

None

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26a
Schedule of Active Participant Data as of January 1, 2025

	Attained Years of Credited Service[1]										
Attained Age	Under 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40 & Over	Total
Under 25	0	0	0	0	0	0	0	0	0	0	0
25-29	0	0	0	0	0	0	0	0	0	0	0
30-34	0	0	0	0	0	0	0	0	0	0	0
35-39	0	0	0	0	0	0	0	0	0	0	0
40-44	0	0	0	0	0	0	0	0	0	0	0
45-49	0	0	0	0	0	1	0	0	0	0	1
50-54	0	0	0	0	0	3	3	2	0	0	8
55-59	0	1	0	0	0	0	7	6	0	2	16
60-64	0	1	0	0	0	1	5	3	1	1	12
65-69	0	0	0	0	0	2	1	1	0	0	4
70 & over	0	0	0	0	0	0	1	0	0	0	1
Total	0	2	0	0	0	7	17	12	1	3	42

[1] Age and service for purposes of determining category are based on exact (not rounded) values.

Plan Name: Magnetek Flexcare Plus Retirement Plan
EIN / PN: 95-3917584/002
Plan Sponsor: Magnetek, Inc.
Valuation Date: January 1, 2025