

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 260
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). 6a(1) Total number of active participants at the beginning of the plan year 6a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits..... d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)..... h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1) 5 6a(2) 0 6b 0 6c 0 6d 0 6e 0 6f 0 6g 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 Characteristics Codes in the instructions: 1B 3H b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	
9a Plan funding arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) <input checked="" type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)	
a Pension Schedules (1) <input checked="" type="checkbox"/> R (Retirement Plan Information) (2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input checked="" type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) <input checked="" type="checkbox"/> H (Financial Information) (2) <input type="checkbox"/> I (Financial Information – Small Plan) (3) <input type="checkbox"/> A (Insurance Information) (4) <input checked="" type="checkbox"/> C (Service Provider Information) (5) <input checked="" type="checkbox"/> D (DFE/Participating Plan Information) (6) <input type="checkbox"/> 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 2022 Form M-1 annual report. If the plan was not required to file the 2022 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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	<small>OMB No. 1210-0110</small> 2022 This Form is Open to Public Inspection
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For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 11/01/2022

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

A Name of plan <u>RETIREMENT PLAN OF XALOY INCORPORATED</u>	B Three-digit plan number (PN) ▶	<u>022</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>NORDSON CORPORATION</u>	D Employer Identification Number (EIN) <u>34-0590250</u>	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

Part I Basic Information			
1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2022</u>			
2 Assets:			
a Market value.....	2a	<u>21798860</u>	
b Actuarial value.....	2b	<u>21156617</u>	
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.....	<u>162</u>	<u>9588654</u>	<u>9588654</u>
b For terminated vested participants.....	<u>94</u>	<u>4682281</u>	<u>4682281</u>
c For active participants.....	<u>5</u>	<u>336204</u>	<u>337482</u>
d Total.....	<u>261</u>	<u>14607139</u>	<u>14608417</u>
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>			
a Funding target disregarding prescribed at-risk assumptions.....	4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor.....	4b		
5 Effective interest rate.....	5	<u>5.36 %</u>	
6 Target normal cost.....			
a Present value of current plan year accruals.....	6a	<u>0</u>	
b Expected plan-related expenses.....	6b	<u>83000</u>	
c Total (line 6a + line 6b).....	6c	<u>83000</u>	

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

SIGN HERE		
	Signature of actuary	<u>07/31/2023</u> Date
	<u>GREGORY H. REYNOLDS</u> Type or print name of actuary	<u>23-06401</u> Most recent enrollment number
	<u>AON CONSULTING, INC.</u> Firm name	<u>216-573-9700</u> Telephone number (including area code)
	<u>MSC 17854 PO BOX 7505 FORT WASHINGTON, PA 19034</u> Address of the firm	

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

Part 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	6902
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	6902
10	Interest on line 9 using prior year's actual return of <u>5.60</u> %	0	387
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year).....		0
b(1)	Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.54</u> %.....		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	7289

Part III Funding Percentages			
14	Funding target attainment percentage	14	144.77 %
15	Adjusted funding target attainment percentage	15	144.82 %
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	137.55 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

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

20 Quarterly contributions and liquidity shortfalls:

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

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

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

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

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

21 Discount rate:

a Segment rates:	1st segment: 4.75 %	2nd segment: 5.18 %	3rd segment: 5.92 %	<input type="checkbox"/> N/A, full yield curve used
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b Applicable month (enter code)..... **21b** 4

22 Weighted average retirement age **22** 64

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	83000
b Excess assets, if applicable, but not greater than line 31a	31b	83000

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
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** 0

	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** 0

37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)..... **37** 0

38 Present value of excess contributions for current year (see instructions)

a Total (excess, if any, of line 37 over line 36)	38a	0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0

39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)..... **39** 0

40 Unpaid minimum required contributions for all years..... **40** 0

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

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

SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2022 This Form is Open to Public Inspection.
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For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 11/01/2022

A Name of plan <u>RETIREMENT PLAN OF XALOY INCORPORATED</u>	B Three-digit plan number (PN) ▶	<u>022</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>NORDSON CORPORATION</u>	D Employer Identification Number (EIN) <u>34-0590250</u>	

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)

JOHN HANCOCK

01-0233346

(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?
23	NONE	29868	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

LOGAN CIRCLE PARTNERS, LP

20-8262386

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	14508	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

AON CONSULTING

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?
15 11	NONE	13577	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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)

NORTHERN TRUST COMPANY

36-1561860

(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	TRUSTEE	5896	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

(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 <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

(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 <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

<p style="text-align: center;">SCHEDULE D (Form 5500)</p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: small;">Department of Labor Employee Benefits Security Administration</p>	<p>DFE/Participating Plan Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p>	<p style="font-size: x-small;">OMB No. 1210-0110</p> <hr/> <p style="font-size: large; font-weight: bold;">2022</p> <hr/> <p style="font-size: small; font-weight: bold;">This Form is Open to Public Inspection.</p>
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For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 11/01/2022		
A Name of plan RETIREMENT PLAN OF XALOY INCORPORATED	B Three-digit plan number (PN) ▶	022
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 NORDSON CORPORATION	D Employer Identification Number (EIN) 34-0590250	

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: NORDSON CORP PENSION INV. TRUST		
b Name of sponsor of entity listed in (a): NORDSON CORPORATION		
c EIN-PN 34-0590250-019	d Entity code M	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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)

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)

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 2022 This Form is Open to Public Inspection
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For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 11/01/2022	
A Name of plan RETIREMENT PLAN OF XALOY INCORPORATED	B Three-digit plan number (PN) ▶ 022
C Plan sponsor's name as shown on line 2a of Form 5500 NORDSON CORPORATION	D Employer Identification Number (EIN) 34-0590250

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.....	74996	0
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions.....		
(2) Participant contributions.....		
(3) Other.....		
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	49922	0
(2) U.S. Government securities.....		
(3) Corporate debt instruments (other than employer securities):		
(A) Preferred.....		
(B) All other.....		
(4) Corporate stocks (other than employer securities):		
(A) Preferred.....		
(B) Common.....		
(5) Partnership/joint venture interests.....		
(6) Real estate (other than employer real property).....		
(7) Loans (other than to participants).....		
(8) Participant loans.....		
(9) Value of interest in common/collective trusts.....		
(10) Value of interest in pooled separate accounts.....		
(11) Value of interest in master trust investment accounts.....	21673942	0
(12) Value of interest in 103-12 investment entities.....		
(13) Value of interest in registered investment companies (e.g., mutual funds).....		
(14) Value of funds held in insurance company general account (unallocated contracts).....		
(15) Other.....		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	21798860	0

Liabilities

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

Net Assets

l Net assets (subtract line 1k from line 1f).....	1l	21798860	0
---	----	----------	---

Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)		
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2).....	2a(3)		
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	443	
(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)		443
(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)		
(D) Total dividends. Add lines 2b(2)(A), (B), and (C).....	2b(2)(D)		
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B).....	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		-3603530
(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)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		-3603087
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	437925	
(2) To insurance carriers for the provision of benefits	2e(2)	10489143	
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		10927068
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)	49341	
(2) Contract administrator fees.....	2i(2)		
(3) Investment advisory and management fees	2i(3)	38147	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		87488
j Total expenses. Add all expense amounts in column (b) and enter total	2j		11014556
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		-14617643
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan.....	2l(2)		7181217

Part III Accountant's Opinion

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

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

- (1) Unmodified (2) Qualified (3) Disclaimer (4) Adverse

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

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

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

(1) Name: **MEADEN & MOORE, LTD.**

(2) EIN: **34-1818258**

d The opinion of an independent qualified public accountant is **not attached** because:

- (1) This form is filed for a CCT, PSA, 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.

During the plan year:

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.)

	Yes	No	Amount
4a		X	

		Yes	No	Amount
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		10000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	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			
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			

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

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)
NORDSON CORPORATION SALARIED EMPLOYEES PENSION PLAN	34-0590250	005

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) Yes No Not determined
 If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 465411.

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 2022 This Form is Open to Public Inspection.
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For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 11/01/2022

A Name of plan <u>RETIREMENT PLAN OF XALOY INCORPORATED</u>	B Three-digit plan number (PN) ▶	<u>022</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>NORDSON CORPORATION</u>	D Employer Identification Number (EIN) <u>34-0590250</u>	

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): 80-0709115

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	0
---	---

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: <input type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment).....	14a	
b The plan year immediately preceding the current plan year. <input type="checkbox"/> 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. <input type="checkbox"/> 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) through (c)

a Enter the percentage of plan assets held as:
 Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
 0-3 years 3-6 years 6-9 years 9-12 years 12-15 years 15-18 years 18-21 years 21 years or more

c What duration measure was used to calculate line 19(b)?
 Effective duration Macaulay duration Modified duration Other (specify): _____

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 _____

RETIREMENT PLAN OF XALOY INCORPORATED

FINANCIAL STATEMENTS
WITH
INDEPENDENT AUDITOR'S REPORT

November 1, 2022

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MEADEN & MOORE

INDEPENDENT AUDITOR'S REPORT

To the Plan Administrator, Retirement Committee, and Participants
Retirement Plan of Xaloy Incorporated
Westlake, Ohio

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

We have performed audits of the financial statements of the Retirement Plan of Xaloy Incorporated (“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 statement of net assets available for benefits as of November 1, 2022 and December 31, 2021, and the related statement of changes in net assets available for benefits for the period January 1, 2022 through November 1, 2022 and the year ended December 31, 2021, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of the Plan’s financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor’s Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audit 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 November 1, 2022 and December 31, 2021, and for the period January 1, 2022 through November 1, 2022 and the year ended December 31, 2021, stating that the certified investment information, as described in Note 5 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 accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- the information in the accompanying financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion

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

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 Plan's ability to continue as a going concern for one year after the date that the financial statements are 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 GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

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

Our audits did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment

information to assess whether they are in accordance with the presentation and disclosure requirements of 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.

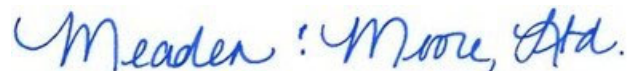
Other Matter — Supplemental Schedule Required by ERISA

The supplemental Schedule of Reportable Transactions for the period January 1, 2022 through November 1, 2022 is presented for purposes of additional analysis and is not a required part of the financial statements but is 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 schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, other than the information agreed to or derived from the certified investment information, including 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 schedule, other than the information in the supplemental schedule that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- the information in the supplemental schedule related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).



Meaden & Moore, Ltd.
Cleveland, Ohio

September 7, 2023

STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS

Retirement Plan of Xaloy Incorporated

	<u>November 1</u> <u>2022</u>	<u>December 31</u> <u>2021</u>
ASSETS		
Cash	\$ -	\$ 74,996
Investments at Fair Value:		
Plan interest in Master Trust	-	21,673,942
Government Money Market Fund	-	49,922
	<u>-</u>	<u>21,723,864</u>
Total Investments	-	21,723,864
LIABILITIES		
	<u>-</u>	<u>-</u>
Net Assets Available for Benefits	<u>\$ -</u>	<u>\$ 21,798,860</u>

See accompanying notes.

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

Retirement Plan of Xaloy Incorporated

For the period January 1, 2022 through November 1, 2022 (date of Plan Merger)
and the year ended December 31, 2021

	<u>2022</u>	<u>2021</u>
Investment Income:		
Interest and dividend income	\$ 443	\$ 9
Net investment (loss) gain from Master Trust	<u>(3,603,530)</u>	<u>1,159,105</u>
Total Investment (Loss) Income	(3,603,087)	1,159,114
Deductions from Net Assets Attributed to:		
Benefits paid to participants	437,925	881,281
Annuity lift-out	10,489,143	-
Administrative expenses	<u>87,488</u>	<u>135,293</u>
Total Deductions	<u>11,014,556</u>	<u>1,016,574</u>
Net (Decrease) Increase Before Transfers	(14,617,643)	142,540
Transfers to Another Plan (due to Plan Merger):		
Nordson Corporation Salaried Employees Pension Plan	<u>(7,181,217)</u>	<u>-</u>
Net (Decrease) Increase	(21,798,860)	142,540
Net Assets Available for Benefits:		
Beginning of Year	<u>21,798,860</u>	<u>21,656,320</u>
End of Year	<u>\$ -</u>	<u>\$ 21,798,860</u>

See accompanying notes.

NOTES TO FINANCIAL STATEMENTS

Retirement Plan of Xaloy Incorporated

1 Description of Plan

The following description of the Retirement Plan of Xaloy Incorporated (“Plan”) provides only general information. Participants should refer to the Plan document for a complete description of the Plan's provisions.

General:

The Plan, which began July 31, 2002 and was most recently restated effective January 1, 2015, is a defined benefit plan, covering employees of the former New Castle Industries, Inc. (dba Nordson Xaloy Incorporated) and each of its divisions (“Company”). Certain Company divisions were covered by collective bargaining agreements and eligible employees covered under those agreements participate in the Plan. Effective August 1, 2014, newly hired, rehired, or transferred collective bargaining employees were no longer eligible to participate in the Plan. Benefits of all salaried employees of the Company’s corporate office were frozen as of January 31, 2005, although benefits continue to accrue for employees of other active divisions.

The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”).

Effective December 31, 2019, the Xaloy Incorporated Retirement Plan merged with and into the Plan. The effective date of the Xaloy Incorporated Retirement Plan was July 1, 1983 and was most recently amended and restated July 1, 2014. The Xaloy Incorporated Retirement Plan was frozen to new entrants on June 30, 2005. Benefits were frozen on June 30, 2005 for highly compensated employees and frozen for all other employees on June 30, 2007.

Effective December 18, 2020, the Plan was amended to change the primary employer from Nordson Xaloy Incorporated to Nordson Corporation. Additionally, effective December 18, 2020, the sponsorship of the Plan was transferred to Nordson Corporation.

Effective April 4, 2022, the Plan was amended to provide for an annuity lift-out so that the benefit liability of certain participants who have commenced a monthly benefit under the terms of the Plan will be transferred to an insurance company deemed appropriate by the Nordson Corporation Retirement Plan’s Administrative Committee. On April 11, 2022, \$10.5 million was transferred out of the Plan to The Prudential Insurance Company of America for benefits owed to 157 retirees and other beneficiaries. The monthly retirement benefit payment amounts currently received by retirees and their beneficiaries did not change as a result of this transaction.

Effective November 1, 2022, pursuant to approval by the Board of Directors of Nordson Corporation and an Instrument of Merger, the Plan was merged into the Nordson Corporation Salaried Employees Pension Plan, sponsored by Nordson Corporation. All of the assets of the merged plan shall be available to pay benefits of all participants and beneficiaries under the merged plan.

Funding Policy:

The Company’s funding policy for the Plan is to contribute, over time, an amount at least equal to the minimum contribution required by law. The Company’s contributions for 2022 and 2021 comply with the minimum funding requirements.

NOTES TO FINANCIAL STATEMENTS

Retirement Plan of Xaloy Incorporated

1 Description of Plan, Continued

Pension Benefits:

Participants are 100% vested in their accumulated benefits after five years of service. Participating employees with five or more years of service are entitled to annual pension benefits beginning at normal retirement age (65) equal to an amount as determined under the Plan provisions for each division.

The Plan permits early retirement benefits if the participating employee has completed the minimum amount of service and has attained the age specified in the Plan for its division.

Participants receive their benefits in the form of an annuity. If the present value of the participant's vested accrued benefit does not exceed \$5,000, the amount will be paid in a single sum upon termination of employment or retirement date, whichever is earlier.

Death and Disability Benefits:

If a participant dies before the retirement benefit commencement, the participant's surviving spouse is eligible for a death benefit as provided by the Plan. Active, participating employees who become totally and permanently disabled will be entitled to receive a benefit equal to the retirement benefit as defined by the Plan.

2 Summary of Significant Accounting Policies

Basis of Accounting:

The Plan's transactions are reported on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America ("U.S. GAAP").

Reclassifications:

Certain prior year amounts have been reclassified to conform with the current year's presentation.

Use of Estimates:

The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosures of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenses during the reporting period. Actual results could differ from those estimates.

Valuation of Investments:

The fair value of the Plan's interest in the Nordson Corporation Pension Investment Trust ("Master Trust") is based on the beginning of the year value of the Plan's investment in the Trust, plus actual contributions and allocated investment income (loss), less actual distributions and allocated administrative expenses. See Note 6 for descriptions of investment valuation within the Master Trust.

NOTES TO FINANCIAL STATEMENTS

Retirement Plan of Xaloy Incorporated

2 Summary of Significant Accounting Policies, Continued

Valuation of Investments, Continued:

Investments in money market funds are valued at the market price on the last business day of the Plan year. Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation or depreciation includes the Plan's gains and losses on investments bought and sold, as well as held during the year.

Cash:

In 2022 and 2021, the Plan maintained cash with the Trustees. Cash is held in pass-through accounts and is not insured by the Federal Deposit Insurance Corporation ("FDIC").

Actuarial Present Value of Accumulated Plan Benefits:

Accumulated Plan benefits represent future periodic payments that are attributable under the Plan's provisions to the service employees have rendered. 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.

The accumulated Plan benefits for active employees are based on Plan provisions ending on the date as of which the benefit information is presented. Benefits payable upon retirement, death, disability, and termination of employment are included, to the extent they are deemed attributable to employee service rendered to the valuation date. The actuarial present value of accumulated Plan benefits was determined by the consulting actuary and is the amount which results from applying actuarial assumptions to adjust the accumulated Plan benefits to reflect the time value of money (through discounts for interest) and the probability for payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment.

Administrative Fees:

Administrative expenses of the Plan may be paid by either the Plan or the Company as provided in the Plan document.

Payment of Benefits:

Benefit payments to participants are recorded upon distribution.

Subsequent Events:

Management evaluates events occurring subsequent to the date of the financial statements in determining the accounting for and disclosure of transactions and events that affect the financial statements. Subsequent events have been evaluated through September 7, 2023, which is the date the financial statements were available to be issued.

NOTES TO FINANCIAL STATEMENTS

Retirement Plan of Xaloy Incorporated

3 Tax Status

The Internal Revenue Service has determined and informed the Company by letter dated January 10, 2017, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code. Although the Plan has amendments subsequent to those covered in the determination letter, the Plan Administrator and the Plan's tax counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken uncertain tax positions that more-likely-than-not would not be sustained upon examination by applicable taxing authorities. The Plan Administrator has analyzed tax positions taken by the Plan and has concluded that, as of November 1, 2022, there are no uncertain tax positions taken, or expected to be taken, that would require recognition of a liability or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions. However, currently no audits for any tax periods are in progress.

4 Accumulated Plan Benefits

The present value of vested benefits under the Plan and the accrued benefits not vested were calculated by consulting actuaries based on the personnel information provided as of the valuation date. Accrued benefits are estimated actuarially using the standard unit credit costs method. The accumulated Plan benefit information as of the beginning of the Plan year is as follows:

Actuarial present value of accumulated Plan benefits:

Vested Benefits:

Participants currently receiving payments	\$ 9,145,293
Participants entitled to deferred benefits	4,553,170
Other participants	<u>322,403</u>
	14,020,866
Non-vested benefits	<u>817</u>
Actuarial present value of accumulated Plan benefits at January 1, 2022	<u><u>\$ 14,021,683</u></u>

NOTES TO FINANCIAL STATEMENTS

Retirement Plan of Xaloy Incorporated

4 Accumulated Plan Benefits, Continued

A schedule of changes in the actuarial present value of accumulated Plan benefits between the two valuation dates is as follows:

Actuarial present value of accumulated Plan benefits at January 1, 2021	\$ 13,779,665
Increase (Decrease) during the Plan year attributable to:	
Plan experience	327,603
Interest accumulation	765,200
Change in actuarial assumptions	31,273
Benefits paid (including lump sum amounts)	<u>(882,058)</u>
Net Increase	<u>242,018</u>
Actuarial present value of accumulated Plan benefits at January 1, 2022	<u>\$ 14,021,683</u>

Plan experience typically results from participants retiring earlier or later than expected, and demographic changes that are more or less than anticipated. The net increase attributable to the change in actuarial assumptions is primarily due to the changes in the discount rate and mortality rates used.

The significant assumptions underlying the actuarial computations are:

Mortality Basis – healthy lives – amounts-weighted aggregate rates from the Pri-2012 (projected generationally from 2012 using Scale MP-2021).

Mortality Basis – disabled lives – amounts-weighted aggregate rates from the Pri-2012 (projected generationally from 2012 using Scale MP-2021).

Discount Rate – 2.69%

Retirement Age – Age 65 for terminated participants and according to the following schedule for active participants:

Age	Rate	Age	Rate
55	1%	63	9%
56	4%	64	13%
57	6%	65	28%
58	2%	66	20%
59	4%	67	29%
60	3%	68	18%
61	10%	69	20%
62	11%	70 +	100%

NOTES TO FINANCIAL STATEMENTS

Retirement Plan of Xaloy Incorporated

4 Accumulated Plan Benefits, Continued

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. If the Plan were to terminate, other assumptions and factors might be applicable in determining the actuarial present value of accumulated Plan benefits. The computations of the actuarial present value of accumulated Plan benefits were made as of January 1, 2022 and do not reflect amendments effective after January 1, 2022. The impact on the actuarial present value of the accumulated Plan benefits related to the April 2022 amendment to provide for an annuity lift-out was a decrease of approximately \$9,000,000.

The present value of the accumulated Plan benefits was approximately \$4,900,000 at the time of the merger on November 1, 2022.

5 Information Prepared and Certified by Trustees

The following information included in the accompanying financial statements and supplemental schedule was obtained from data that has been prepared and certified as complete and accurate by the Trustees (The Northern Trust Company and John Hancock Trust Company LLC).

	<u>2022</u>	<u>2021</u>
Investments, at fair value	\$ -	\$ 21,723,864
Cash	\$ -	\$ 74,996
Interest and dividends	\$ 443	\$ 9
Net investment (loss) gain from Master Trust	\$ (3,603,530)	\$ 1,159,105

6 Interest in Master Trust and Net Investment Gain

Prior to November 1, 2022, investments of the Plan were included in the Master Trust on a commingled basis with investments of the Nordson Corporation Salaried Employees Pension Plan and the Nordson Corporation Hourly-Rated Employees Pension Plan. The Plan had an interest in the Master Trust of approximately \$7,100,000 as of November 1, 2022, the effective date of the plan merger.

NOTES TO FINANCIAL STATEMENTS

Retirement Plan of Xaloy Incorporated

6 Interest in Master Trust and Net Investment Gain, Continued

The net assets of the Master Trust at December 31, 2021 are certified by The Northern Trust Company and are as follows:

	<u>2021</u>	
	<u>Total Master</u>	<u>Plan's Interest</u>
	<u>Trust</u>	<u>in Master Trust</u>
U.S. Government securities	\$ 86,344,657	\$ 2,915,039
Common stocks	23,689,410	799,766
Mutual funds	8,769,893	296,422
Bonds	202,298,301	6,829,692
Pooled investment funds	270,655,730	9,137,126
Real estate collective funds	47,635,572	1,608,201
Accrued interest and dividends	2,543,586	85,873
Unsettled sales and purchases - net	<u>52,955</u>	<u>1,823</u>
Net Assets	<u>\$ 641,990,104</u>	<u>\$ 21,673,942</u>

Net investment (loss) gain for the Master Trust for the period January 1, 2022 through November 1, 2022 and the year ended December 31, 2021 is as follows:

	<u>2022</u>	<u>2021</u>
Interest income	\$ 6,779,061	\$ 9,125,620
Dividend income	241,906	1,162,759
Net income from real estate collective funds	1,278,313	1,436,124
Net (depreciation) appreciation in fair value of investments	<u>(137,926,912)</u>	<u>22,901,858</u>
Net investment (loss) gain	<u>\$ (129,627,632)</u>	<u>\$ 34,626,361</u>

Investment (loss) gain and administrative expenses related to the Master Trust are allocated to the individual plans based upon average monthly balances invested by each plan. Immediately prior to the Plan merger on November 1, 2022, the Plan had an interest in the net assets of the Master Trust of approximately 2%. The Plan had an interest in the net assets of the Master Trust of approximately 3% at December 31, 2021.

Refer to Note 7 for the description of valuation methodologies used.

NOTES TO FINANCIAL STATEMENTS

Retirement Plan of Xaloy Incorporated

7 Fair Value Measurements

Accounting standards define fair value as the price that would be received from selling an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. When determining the fair value measurements for assets and liabilities required to be reported at fair value, the Plan considers the principal or most advantageous market in which it would transact and considers assumptions that market participants would use when pricing the asset or liability, such as inherent risk, transfer restrictions, and risk of nonperformance.

Accounting guidance establishes a fair value hierarchy that requires the Plan to maximize the use of observable inputs and minimize the use of unobservable inputs when measuring fair value. The three levels of inputs that may be used to measure fair value are described as follows:

- 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 other than Level 1 that are observable, either directly or indirectly, such as quoted prices in active markets for similar assets or liabilities, quoted prices for identical or similar assets or liabilities in markets that are not active, or other inputs that are observable or can be corroborated by observable market data.

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 input that is significant to the fair value measurement. Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

The Plan's policy is to recognize transfers between levels of the fair value hierarchy as of the actual date of the event of change in circumstances that caused the transfer.

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

U.S. Government Securities: U.S. Treasury bills reflect the closing price in the active market in which the security is traded and are classified within Level 1 of the hierarchy. Securities of U.S. agencies are valued using bid evaluations and are classified within Level 2 of the hierarchy.

Short-Term Investments/Money Market Fund: Short-term investments consist of a money market fund, which is a public investment vehicle that is valued with a net asset value ("NAV") of \$1. This NAV is a quoted price in an active market, thus these investments are classified within Level 1 of the hierarchy.

Common Stocks: Common stocks are valued at fair value based on closing prices reported in active markets where the securities are traded and are classified within Level 1 of the hierarchy.

NOTES TO FINANCIAL STATEMENTS

Retirement Plan of Xaloy Incorporated

7 Fair Value Measurements, Continued

Mutual Funds: Mutual funds are valued at fair value based on closing prices reported in active markets where the securities are traded and are classified within Level 1 of the hierarchy.

Bonds: Bonds are valued using evaluated prices. Because evaluated prices are based on observable inputs such as dealer quotes, bids and offers, these securities are classified within Level 2 of the hierarchy.

Pooled Investment Funds: These are public investment vehicles valued using the NAV. The NAV is based on the value of the assets owned by the fund, less liabilities. These investments are not quoted on an active exchange. Transactions (purchases and sales) may occur daily. Were the Plan to initiate a full redemption of the pooled investment funds, the investment advisor reserves the right to temporarily delay withdrawal from the funds in order to ensure that securities liquidations will be carried out in an orderly business manner. Included in pooled investment funds are money market and mutual funds that are not exchange-traded, and are valued daily at their closing net asset value.

Real Estate Collective Funds: These funds are valued using the net asset value of the underlying properties. Net asset value is calculated using a combination of key inputs such as revenue and expense growth rates, terminal capitalization rates and discount rates. These investments are not quoted on an active exchange. Fund participants may withdraw from the fund once per quarter subject to available cash, as determined by the trustee. A written withdrawal request is required 45 days prior to quarter end. To the extent withdrawal requests exceed available cash, distributions are made on a pro rata basis.

The following table sets forth by level, within the fair value hierarchy, the Master Trust's investments as of December 31, 2021:

	Investments at Fair Value as of December 31, 2021			
	Level 1	Level 2	Level 3	Total
U.S. Government Securities	\$ 24,825,773	\$ 61,518,884	\$ -	\$ 86,344,657
Common Stocks	23,689,410	-	-	23,689,410
Mutual Funds	8,769,893	-	-	8,769,893
Bonds	-	202,298,301	-	202,298,301
Total Investments in the Fair Value Hierarchy	<u>\$ 57,285,076</u>	<u>\$ 263,817,185</u>	<u>\$ -</u>	321,102,261

Investments measured at Net Asset Value:

Pooled Investment Funds ^(a)	270,655,730
Real Estate Collective Funds ^(a)	<u>47,635,572</u>
Total Investments in the Master Trust at Fair Value	<u>\$ 639,393,563</u>

NOTES TO FINANCIAL STATEMENTS

Retirement Plan of Xaloy Incorporated

7 Fair Value Measurements, Continued

- (a) These investments are measured at the net asset value (“NAV”) per share (or its equivalent) and have not been classified in the fair value hierarchy. The NAV, as provided by the Trustee, is used as a practical expedient to estimate fair value.

The following tables set forth by level, within the fair value hierarchy, the Plan’s investments, excluding the investment in the Master Trust, as of December 31, 2021:

	Investments at Fair Value as of December 31, 2021			
	Level 1	Level 2	Level 3	Total
Money Market Fund	\$ 49,922	\$ -	\$ -	\$ 49,922

8 Financial Instruments

The investment managers of the Master Trust invest in futures contracts to buy or sell United States Treasuries at a future date for a specified price. Futures contracts are used primarily to mitigate exposure to changes in interest rates. At December 31, 2021 the Master Trust had contracts outstanding to sell Treasury bonds with a notional value of \$24,750,563. The Master Trust accounts for these futures contracts at fair value, which is based on the current exchange closing price. Gains and losses on the contracts are settled daily. Changes in value of these instruments are included in net investment income from Master Trust on the Statement of Changes in Net Assets. The Master Trust recognized net losses of \$5,102,452 during the period January 1, 2022 through November 1, 2022, and net gains of \$329,209 for the year ended December 31, 2021, related to these contracts.

These instruments involve elements of credit and market risks. The daily settlement on the futures contracts serves to greatly reduce credit risk. The Master Trust enters into futures contracts on exchanges where the exchange acts as the counterparty, thus limiting the credit risk to the failure of the exchange.

9 Risks and Uncertainties

The Master Trust invest in various investment securities, as described in Note 7. These investments are exposed to various risks, such as interest rate, credit and overall market volatility risks. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the values of investment securities will occur in the near term, and such changes could materially affect the amounts reported in the Statement of Net Assets Available for Benefits.

Plan contributions are made, and the actuarial present value of accumulated 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 estimation and assumption processes, it is reasonably possible that changes in these estimates and assumptions could materially affect the amounts reported in the Statement of Net Assets Available for Benefits and the Statement of Changes in Net Assets Available for Benefits.

NOTES TO FINANCIAL STATEMENTS

Retirement Plan of Xaloy Incorporated

10 Interest and Related Party Transactions

Certain investments held by the Master Trust are funds managed by The Northern Trust Company. A majority of the expenses with respect to the Plan were paid by the Master Trust and these expenses were allocated between the Plan, the Nordson Corporation Hourly-Rated Employees Pension Plan, and The Nordson Corporation Salaried Employees Pension Plan. In addition, the Plan has arrangements with various service providers and these arrangements qualify as party-in-interest.

SCHEDULE OF REPORTABLE TRANSACTIONS

Form 5500, Schedule H, Part IV, Line 4j

Retirement Plan of Xaloy Incorporated

EIN 34-0590250

Plan Number 022

For the period January 1, 2022 through November 1, 2022

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense Incurred with Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
Category (i) - Single Transactions in Excess of 5%								
Allspring Government Money Market Fund		\$ 75,000	\$ -	\$ -	\$ -	\$ 75,000	\$ 75,000	\$ -
Allspring Government Money Market Fund		\$ -	\$ 72,389	\$ -	\$ -	\$ 72,389	\$ 72,389	\$ -
Allspring Government Money Market Fund		\$ 75,000	\$ -	\$ -	\$ -	\$ 75,000	\$ 75,000	\$ -
Allspring Government Money Market Fund		\$ -	\$ 72,077	\$ -	\$ -	\$ 72,077	\$ 72,077	\$ -
Allspring Government Money Market Fund		\$ 75,000	\$ -	\$ -	\$ -	\$ 75,000	\$ 75,000	\$ -
Allspring Government Money Market Fund		\$ -	\$ 74,079	\$ -	\$ -	\$ 74,079	\$ 74,079	\$ -
Allspring Government Money Market Fund		\$ 75,000	\$ -	\$ -	\$ -	\$ 75,000	\$ 75,000	\$ -
Allspring Government Money Market Fund		\$ -	\$ 74,648	\$ -	\$ -	\$ 74,648	\$ 74,648	\$ -
Allspring Government Money Market Fund		\$ 10,000	\$ -	\$ -	\$ -	\$ 10,000	\$ 10,000	\$ -
Allspring Government Money Market Fund		\$ 10,000	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Allspring Government Money Market Fund		\$ 10,000	\$ -	\$ -	\$ -	\$ 10,000	\$ 10,000	\$ -
Allspring Government Money Market Fund		\$ -	\$ 12,974	\$ -	\$ -	\$ -	\$ -	\$ -
Allspring Government Money Market Fund		\$ 10,000	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Allspring Government Money Market Fund		\$ -	\$ 6,694	\$ -	\$ -	\$ -	\$ -	\$ -
Allspring Government Money Market Fund		\$ 9,716	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

SCHEDULE OF REPORTABLE TRANSACTIONS

Form 5500, Schedule H, Part IV, Line 4j

Retirement Plan of Xaloy Incorporated

EIN 34-0590250

Plan Number 022

For the period January 1, 2022 through November 1, 2022

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense Incurred with Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
Allspring	Government Money Market Fund	\$ -	\$ 7,529	\$ -	\$ -	\$ -	\$ -	\$ -
Allspring	Government Money Market Fund	\$ 10,000	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Allspring	Government Money Market Fund	\$ -	\$ 7,529	\$ -	\$ -	\$ 7,529	\$ 7,529	\$ -
<i>Category (iii) - Series of Transactions by Issue in Excess of 5%</i>								
Allspring	Government Money Market Fund	\$ 359,716	\$ -	\$ -	\$ -	\$ 359,716	\$ 359,716	\$ -
Allspring	Government Money Market Fund	\$ -	\$ 362,080	\$ -	\$ -	\$ 362,080	\$ 362,080	\$ -
Allspring	Government Money Market Fund	\$ 12,040	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Allspring	Government Money Market Fund	\$ -	\$ 8,134	\$ -	\$ -	\$ 8,134	\$ 8,134	\$ -

Schedule SB Attachment (Form 5500)—2022 Plan Year
 Retirement Plan of Xaloy Incorporated
 EIN: 34-0590250 PN: 022

Schedule SB, Part V—Summary of Plan Provisions

Feed Screws Location

Effective Date December 12, 1975. Amended and restated effective January 1, 2015.

Eligibility for Participation Employees are eligible to participate on their date of hire.

Effective August 1, 2014, the plan was closed to new participants.

Normal Retirement Eligibility

Age 65 and five years of service.

Benefit

A monthly benefit of \$37.00 multiplied by years of credited service. Credited service is not to exceed 40 years. For terminations prior to September 1, 2009, credited service was limited to 35 years.

The benefit multiplier history has been:

For Termination Effective	Benefit Accrual Rate Multiplied by Credited Service
Before August 1, 2005	\$26.00
August 1, 2005 – July 31, 2006	\$27.00
August 1, 2006 – July 31, 2007	\$28.00
August 1, 2007 – July 31, 2008	\$29.00
August 1, 2008 – July 31, 2010	\$31.00
August 1, 2010 – July 31, 2011	\$32.00
August 1, 2011 – July 31, 2012	\$33.00
August 1, 2012 – July 31, 2013	\$34.00
August 1, 2013 – July 31, 2014	\$36.00
August 1, 2014 – Present	\$37.00

Early Retirement Eligibility

Age 55 and 10 years of service.

Benefit

A monthly benefit equal to the normal retirement benefit reduced by 6% for each year early retirement precedes normal retirement.

Schedule SB Attachment (Form 5500)—2022 Plan Year
Retirement Plan of Xaloy Incorporated
EIN: 34-0590250 PN: 022

Vested Termination Eligibility	Five years of service.
Benefit	The accrued benefit at the date of termination. Reduced payments may begin any time after eligibility for early retirement based on the same reductions as early retirement from active status.
Disability Eligibility	Age 50 and 15 years of service.
Benefit	The accrued benefit determined as of the date of disability, payable immediately.
Surviving Spouse Eligibility	Five years of service.
Benefit	A monthly benefit payable to the surviving spouse beginning the first day of the month after death equal to 50% of the amount payable if the participant had retired early with a 50% joint and survivor benefit.
Normal Form of Annuity Without Spouse	Single life annuity.
With Spouse	50% Joint and survivor annuity reduced to be equivalent to the retirement benefit payable for employee's lifetime. Participant receives reduced lifetime benefit and, in event of participant's death, 50% of reduced benefit continues to surviving spouse.
Optional Forms of Annuity	Single life annuity 100% joint and survivor annuity 75% joint and survivor annuity 66 $\frac{2}{3}$ % joint and survivor annuity 50% joint and survivor annuity 10-year certain and life annuity
Actuarial Equivalence	Factors as per Appendix 3 of the plan document.
Definitions Credited Service	A year of service is granted for each computation period in which at least 1,000 hours of service were worked.

Schedule SB Attachment (Form 5500)—2022 Plan Year
 Retirement Plan of Xaloy Incorporated
 EIN: 34-0590250 PN: 022

Tanner Location

Effective Date December 12, 1975. Amended and restated effective January 1, 2015.

Eligibility for Participation Employees are eligible to participate on their date of hire.
 Effective August 1, 2014, the plan was closed to new participants.

Normal Retirement Eligibility Age 65.

Benefit A monthly benefit equal to the sum of (1) plus (2):

- (1) \$29.00 multiplied by years of credited service earned after June 1, 1971.

The benefit multiplier history has been:

For Termination Effective	Benefit Accrual Rate Multiplied by Credited Service
Before June 1, 2007	\$21.00
June 1, 2007 – May 31, 2009	\$22.00
June 1, 2009 – May 31, 2010	\$23.00
June 1, 2010 – July 31, 2011	\$24.00
August 1, 2011 – July 31, 2012	\$25.00
August 1, 2012 – July 31, 2013	\$26.00
August 1, 2013 – July 31, 2014	\$27.00
August 1, 2014 – July 31, 2015	\$28.00
August 1, 2015 – Present	\$29.00

- (2) \$5.50 multiplied by years of credited service earned prior to June 1, 1971.

For participants hired between June 1, 1969 and June 1, 1971, a supplemental benefit of \$20.00 per month is payable.

For participants hired before June 1, 1969, a supplemental benefit of \$15.00 per month is payable.

Schedule SB Attachment (Form 5500)—2022 Plan Year
Retirement Plan of Xaloy Incorporated
EIN: 34-0590250 PN: 022

Early Retirement
Eligibility

Age 55 and 10 years of service.

Benefit

A monthly benefit equal to the normal retirement benefit reduced by 6% for each year early retirement precedes normal retirement.

Vested Termination
Eligibility

Five years of service.

Benefit

The accrued benefit at the date of termination. Reduced payments may begin any time after eligibility for early retirement based on the same reductions as early retirement from active status.

Disability
Eligibility

Age 50 and 10 years of service.

Benefit

The accrued benefit determined as of the date of disability, payable immediately.

Surviving Spouse
Eligibility

Five years of service and active on the date of death.

Benefit

A monthly benefit payable to the surviving spouse equal to (1) plus the greater of (2) or (3):

- (1) A lump sum equal to \$100 times credited service, limited to 20 years.
- (2) A married participant who has completed 10 years of service is eligible to receive a monthly benefit beginning the first day of the month the participant would have been eligible for early retirement, equal to 50% of the amount payable if the participant had retired early with a 50% joint and survivor benefit.
- (3) A married participant who is eligible for early retirement is eligible to receive a monthly benefit beginning immediately, equal to the accrued benefit as of the date of death, reduced for early retirement and spouse coverage. 100% is payable for 10 years and then drops to 50% after 10 years.

Normal Form of Annuity

Ten-year certain and life annuity.

Schedule SB Attachment (Form 5500)—2022 Plan Year
Retirement Plan of Xaloy Incorporated
EIN: 34-0590250 PN: 022

Optional Forms of Annuity	100% joint and survivor annuity with 10 years certain 75% joint and survivor annuity with 10 years certain 66⅔% joint and survivor annuity with 10 years certain 50% joint and survivor annuity with 10 years certain
Actuarial Equivalence	Factors as per Appendix 2 of the plan document.
Definitions	
Credited Service	Credited service is defined as all years of employment with the employer.

Schedule SB Attachment (Form 5500)—2022 Plan Year
Retirement Plan of Xaloy Incorporated
EIN: 34-0590250 PN: 022

New Castle Location

Effective Date December 12, 1975. Amended and restated effective January 1, 2015.

Eligibility for Participation Employees are eligible to participate on their date of hire.

Effective January 31, 2005, the plan was closed to new participants.

Normal Retirement

Eligibility Age 65.

Benefit A monthly benefit equal to the sum of (1) plus (2):

(1) 1.0% of final average earnings up to the Social Security earnings level multiplied by years of credited service;

(2) 1.5% of final average earnings in excess of the Social Security earnings level multiplied by years of credited service.

Benefit accruals were frozen effective January 31, 2005.

Early Retirement

Eligibility Age 55 and 15 years of service.

Benefit A monthly benefit equal to the normal retirement benefit reduced by 6% for each of the first five years early retirement precedes normal retirement and 4% for each of the next five years early retirement precedes normal retirement.

There is no reduction for early retirement for participants that have attained age 62 and have completed 30 years of vesting service.

Vested Termination

Eligibility Five years of service.

Benefit The accrued benefit at the date of termination. Reduced payments may begin any time after eligibility for early retirement based on the same reductions as early retirement from active status.

Schedule SB Attachment (Form 5500)—2022 Plan Year
Retirement Plan of Xaloy Incorporated
EIN: 34-0590250 PN: 022

Disability Eligibility	Ten years of service.
Benefit	The accrued benefit determined as of the date of disability, payable beginning at age 65.
Surviving Spouse Eligibility	Five years of service.
Benefit	A monthly benefit payable to the surviving spouse beginning the first day of the month after death equal to 50% of the amount payable if the participant had retired early with a 50% joint and survivor benefit.
Normal Form of Annuity Without Spouse	Single life annuity.
With Spouse	50% Joint and survivor annuity reduced to be equivalent to the retirement benefit payable for employee's lifetime. Participant receives reduced lifetime benefit and, in event of participant's death, 50% of reduced benefit continues to surviving spouse.
Optional Forms of Annuity	Single life annuity 100% joint and survivor annuity 75% joint and survivor annuity 66% joint and survivor annuity 50% joint and survivor annuity 5-year certain and life annuity 10-year certain and life annuity 15-year certain and life annuity
Actuarial Equivalence	Determined on the basis of the Applicable Interest Rate and Mortality Table, as set forth in IRC section 417(e)(3).
Definitions Credited Service	Credited service is defined as all service as an eligible employee including periods of disability and leave of absence.
Final Average Earnings	The average of the highest 60 consecutive months of earnings out of the last 120 consecutive months.
Social Security Earnings Level	A flat dollar amount as defined in the plan document.

Schedule SB Attachment (Form 5500)—2022 Plan Year
 Retirement Plan of Xaloy Incorporated
 EIN: 34-0590250 PN: 022

The Xaloy Incorporated Retirement Plan

Effective Date July 1, 1983. Amended and restated effective July 1, 2014.

Eligibility for Participation Employees are eligible to participate after attaining age 21 and completing one year of eligibility service.

Effective June 30, 2005, the plan was closed to new participants and rehires.

Normal Retirement Eligibility

Age 65.

Benefit

A monthly benefit equal to (1) minus (2):

- (1) \$10 multiplied by accrual service.
- (2) Monthly retirement benefit from the Xaloy Incorporated 401(k) Contribution Retirement Plan.

Benefit accruals were frozen effective June 30, 2005 for highly compensated employees.

Benefit accruals were frozen effective June 30, 2007 for all other employees.

Early Retirement Eligibility

Age 55 and 10 years of vesting service.

Benefit

A monthly benefit equal to the normal retirement benefit reduced by 6 $\frac{2}{3}$ % for each of the first five years and 3 $\frac{1}{3}$ % for the next five years early retirement precedes normal retirement.

Late Retirement Eligibility

Age 55 and 10 years of vesting service.

Benefit

The larger of the accrued benefit at the late retirement date or the accrued benefit at normal retirement date multiplied by the following factors:

Age	Factor	Age	Factor
66	1.06	71	1.42
67	1.12	72	1.50
68	1.19	73	1.59
69	1.26	74	1.69
70	1.34	75	1.79

Schedule SB Attachment (Form 5500)—2022 Plan Year
Retirement Plan of Xaloy Incorporated
EIN: 34-0590250 PN: 022

Vested Termination

Eligibility

Five years of vesting service.

Benefit

The accrued benefit at the date of termination. Reduced payments may begin any time after eligibility for early retirement based on the same reductions as early retirement from active status.

Surviving Spouse

Eligibility

Five years of vesting service.

Benefit

A monthly benefit payable to the surviving spouse beginning the first day of the month after death equal to 50% of the amount payable if the participant had retired early with a 50% joint and survivor benefit.

Normal Form of Annuity

Without Spouse

Single life annuity.

With Spouse

50% Joint and survivor annuity reduced to be equivalent to the retirement benefit payable for employee's lifetime. Participant receives reduced lifetime benefit and, in event of participant's death, 50% of reduced benefit continues to surviving spouse.

Optional Forms of Annuity

Single life annuity
100% joint and survivor annuity
75% joint and survivor annuity
66⅔% joint and survivor annuity
50% joint and survivor annuity
5-year certain and life annuity
10-year certain and life annuity
15-year certain and life annuity

Actuarial Equivalence

1983 Group Annuity Mortality Table and 7.50% interest.

Definitions

Accrual Service

A year of service is granted for each 12-month period in which at least 1,000 hours of service were worked.

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

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

Schedule SB Attachment (Form 5500)—2022 Plan Year
 Retirement Plan of Xaloy Incorporated
 EIN: 34-0590250 PN: 022

Schedule SB, line 26a—Schedule of Active Participant Data as of January 1, 2022

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

N-5

Schedule SB Attachment (Form 5500)—2022 Plan Year
 Retirement Plan of Xaloy Incorporated
 EIN: 34-0590250 PN: 022

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

Interest Rates for Minimum Funding Purposes	Based on segment rates with a four-month look-back (as of September 2021), each adjusted as needed to fall within the 25-year interest rate stabilization corridor under ARPA
1st Segment Rate	4.75%
2nd Segment Rate	5.18%
3rd Segment Rate	5.92%
Interest Rates for Maximum Tax Purposes	Based on segment rates with a four-month look-back (as of September 2021), without regard to interest rate stabilization
1st Segment Rate	1.07%
2nd Segment Rate	2.68%
3rd Segment Rate	3.36%
Retirement Age	
Active Participants	See Table 1
Terminated Vested Participants	Age 65
Mortality Rates	
Healthy and Disabled	2022 combined static mortality table for small plans per §1.430(h)(3)-1(a)(3) and IRS Notice 2020-85
Withdrawal Rates	See Table 2
Disability Rates	See Table 3
Decrement Timing	Middle of year decrements (except that retirement is assumed to occur at the beginning of the year for ages where the assumed retirement rate is 100%)
Surviving Spouse Benefit	It is assumed that 80% of males and 80% of females have an eligible spouse, and that males are three years older than their spouses.
Benefit Limit	Projected benefits are limited by the current IRC section 415 maximum benefit of \$245,000.

Schedule SB Attachment (Form 5500)—2022 Plan Year
Retirement Plan of Xaloy Incorporated
EIN: 34-0590250 PN: 022

Valuation of Plan Assets	Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value. A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii).
Expected Return on Assets	
2020 Plan Year	5.75%
2021 Plan Year	5.75%
2022 Plan Year	5.75%
Trust Expenses Included in Target Normal Cost	The prior year's non-investment expenses, rounded to the nearest \$1,000 (\$83,000 as of January 1, 2022).
Actuarial Method	Standard unit credit cost method
Valuation Date	January 1, 2022

Schedule SB Attachment (Form 5500)—2022 Plan Year
Retirement Plan of Xaloy Incorporated
EIN: 34-0590250 PN: 022

Table 1

Retirement Rates

Age	Rate
55	1.00%
56	4.00%
57	6.00%
58	2.00%
59	4.00%
60	3.00%
61	10.00%
62	11.00%
63	9.00%
64	13.00%
65	28.00%
66	20.00%
67	29.00%
68	18.00%
69	20.00%
70+	100.00%

Schedule SB Attachment (Form 5500)—2022 Plan Year
 Retirement Plan of Xaloy Incorporated
 EIN: 34-0590250 PN: 022

Table 2—Page 1 of 2

Withdrawal Rates

Age	Years of Service					
	0	1	2	3	4	5+
15	17.50%	17.50%	17.50%	17.50%	17.50%	17.50%
16	17.50%	17.50%	17.50%	17.50%	17.50%	17.50%
17	17.50%	17.50%	17.50%	17.50%	17.50%	17.50%
18	17.50%	17.50%	17.50%	17.50%	17.50%	17.50%
19	17.50%	17.50%	17.50%	17.50%	17.50%	17.50%
20	17.50%	17.50%	17.50%	17.50%	17.50%	17.50%
21	17.50%	17.50%	17.50%	17.50%	17.50%	17.50%
22	16.70%	16.70%	16.70%	16.70%	16.70%	16.70%
23	15.80%	15.80%	15.80%	15.80%	15.80%	15.80%
24	15.10%	15.10%	15.10%	15.10%	15.10%	15.10%
25	14.30%	14.30%	14.30%	14.30%	14.30%	14.30%
26	13.60%	13.60%	13.60%	13.60%	13.60%	13.60%
27	12.80%	12.80%	12.80%	12.80%	12.80%	12.80%
28	12.70%	12.10%	12.10%	12.10%	12.10%	12.10%
29	12.70%	11.90%	11.50%	11.50%	11.50%	11.50%
30	12.70%	11.90%	11.00%	10.80%	10.80%	10.80%
31	12.70%	11.90%	11.00%	10.20%	10.20%	10.20%
32	12.70%	11.90%	11.00%	10.20%	9.60%	9.60%
33	12.70%	11.90%	11.00%	10.20%	9.50%	9.00%
34	12.70%	11.90%	11.00%	10.20%	9.50%	8.50%
35	12.70%	11.90%	11.00%	10.20%	9.50%	7.90%
36	12.70%	11.90%	11.00%	10.20%	9.50%	7.40%
37	12.70%	11.90%	11.00%	10.20%	9.50%	6.90%
38	12.70%	11.90%	11.00%	10.20%	9.50%	6.50%
39	12.70%	11.90%	11.00%	10.20%	9.50%	6.00%
40	12.70%	11.90%	11.00%	10.20%	9.50%	5.60%
41	12.70%	11.90%	11.00%	10.20%	9.50%	5.20%
42	12.70%	11.90%	11.00%	10.20%	9.50%	4.90%
43	12.70%	11.90%	11.00%	10.20%	9.50%	4.50%
44	12.70%	11.90%	11.00%	10.20%	9.50%	4.20%

Schedule SB Attachment (Form 5500)—2022 Plan Year
 Retirement Plan of Xaloy Incorporated
 EIN: 34-0590250 PN: 022

Table 2—Page 2 of 2

Withdrawal Rates

Age	Years of Service					
	0	1	2	3	4	5+
45	12.70%	11.90%	11.00%	10.20%	9.50%	3.90%
46	12.70%	11.90%	11.00%	10.20%	9.50%	3.60%
47	12.70%	11.90%	11.00%	10.20%	9.50%	3.40%
48	12.70%	11.90%	11.00%	10.20%	9.50%	3.10%
49	12.70%	11.90%	11.00%	10.20%	9.50%	2.90%
50	12.70%	11.90%	11.00%	10.20%	9.50%	2.70%
51	12.70%	11.90%	11.00%	10.20%	9.50%	2.60%
52	12.70%	11.90%	11.00%	10.20%	9.50%	2.40%
53	12.70%	11.90%	11.00%	10.20%	9.50%	2.30%
54	12.70%	11.90%	11.00%	10.20%	9.50%	2.20%
55+	12.70%	11.90%	11.00%	10.20%	9.50%	2.20%

Schedule SB Attachment (Form 5500)—2022 Plan Year
 Retirement Plan of Xaloy Incorporated
 EIN: 34-0590250 PN: 022

Table 3

Disability Rates

Age	Rate	Age	Rate
25	0.0560%	45	0.2700%
26	0.0590%	46	0.3146%
27	0.0620%	47	0.3592%
28	0.0650%	48	0.4038%
29	0.0680%	49	0.4484%
30	0.0710%	50	0.4930%
31	0.0766%	51	0.5772%
32	0.0822%	52	0.6614%
33	0.0878%	53	0.7456%
34	0.0934%	54	0.8298%
35	0.0990%	55	0.9140%
36	0.1116%	56	1.0252%
37	0.1242%	57	1.1364%
38	0.1368%	58	1.2476%
39	0.1494%	59	1.3588%
40	0.1620%	60+	1.4700%
41	0.1836%		
42	0.2052%		
43	0.2268%		
44	0.2484%		

Schedule SB Attachment (Form 5500)—2022 Plan Year
 Retirement Plan of Xaloy Incorporated
 EIN: 34-0590250 PN: 022

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

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

(a) Age	(b) Rate	(c) Weight	(d) Product (a) × (b) × (c)
55.5	1.00%	1.0000	0.56
56.5	4.00%	0.9900	2.24
57.5	6.00%	0.9504	3.28
58.5	2.00%	0.8934	1.05
59.5	4.00%	0.8755	2.08
60.5	3.00%	0.8405	1.53
61.5	10.00%	0.8153	5.01
62.5	11.00%	0.7337	5.04
63.5	9.00%	0.6530	3.73
64.5	13.00%	0.5943	4.98
65.5	28.00%	0.5170	9.48
66.5	20.00%	0.3722	4.95
67.5	29.00%	0.2978	5.83
68.5	18.00%	0.2114	2.61
69.5	20.00%	0.1734	2.41
70	100.00%	0.1387	9.71
	Weighted Average		64.49

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

2022

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2022 or fiscal plan year beginning **01/01/2022** and ending **11/01/2022**

- A** This return/report is for: a multiemployer plan a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instr.)
- a single-employer plan a DFE (specify) _____
- B** This return/report is: the first return/report the final return/report
- an amended return/report a short plan year return/report (less than 12 months)
- C** If the plan is a collectively-bargained plan, check here ▶
- D** Check box if filing under: Form 5558 automatic extension the DFVC program
- special extension (enter description) _____
- E** If this is a retroactively adopted plan permitted by SECURE Act section 201, check here ▶

Part II Basic Plan Information - enter all requested information

1a Name of plan RETIREMENT PLAN OF XALOY INCORPORATED	1b Three-digit plan number (PN) ▶ 022
	1c Effective date of plan 07/31/2022
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) NORDSON CORPORATION 28601 CLEMENS ROAD WESTLAKE OH 44145	2b Employer Identification Number (EIN) 34-0590250
	2c Plan Sponsor's telephone number 800-897-2830
	2d Business code (see instructions) 333200

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	<i>Stephen Shamrock</i>	<i>9/13/2023</i>	STEPHEN SHAMROCK
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

For Paperwork Reduction Act Notice, see the instructions for Form 5500.

Form 5500 (2022)
v. 2204-13

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
--	--

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
--	-----------------------------------

5 Total number of participants at the beginning of the plan year	5	260
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)	5
a (2) Total number of active participants at the end of the plan year	6a(2)	0
b Retired or separated participants receiving benefits	6b	0
c Other retired or separated participants entitled to future benefits	6c	0
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d	0
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e	0
f Total. Add lines 6d and 6e	6f	0
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g	
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 Characteristics Codes in the instructions:
1B 3H

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

9a Plan funding arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) <input checked="" type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules (1) <input checked="" type="checkbox"/> R (Retirement Plan Information) (2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input checked="" type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) <input checked="" type="checkbox"/> H (Financial Information) (2) <input type="checkbox"/> I (Financial Information - Small Plan) (3) <input type="checkbox"/> A (Insurance Information) (4) <input checked="" type="checkbox"/> C (Service Provider Information) (5) <input checked="" type="checkbox"/> D (DFE/Participating Plan Information) (6) <input type="checkbox"/> 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 2022 Form M-1 annual report. If the plan was not required to file the 2022 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 OF REPORTABLE TRANSACTIONS

Form 5500, Schedule H, Part IV, Line 4j

Retirement Plan of Xaloy Incorporated

EIN 34-0590250

Plan Number 022

For the period January 1, 2022 through November 1, 2022

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense Incurred with Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
Category (i) - Single Transactions in Excess of 5%								
Allspring Government Money Market Fund		\$ 75,000	\$ -	\$ -	\$ -	\$ 75,000	\$ 75,000	\$ -
Allspring Government Money Market Fund		\$ -	\$ 72,389	\$ -	\$ -	\$ 72,389	\$ 72,389	\$ -
Allspring Government Money Market Fund		\$ 75,000	\$ -	\$ -	\$ -	\$ 75,000	\$ 75,000	\$ -
Allspring Government Money Market Fund		\$ -	\$ 72,077	\$ -	\$ -	\$ 72,077	\$ 72,077	\$ -
Allspring Government Money Market Fund		\$ 75,000	\$ -	\$ -	\$ -	\$ 75,000	\$ 75,000	\$ -
Allspring Government Money Market Fund		\$ -	\$ 74,079	\$ -	\$ -	\$ 74,079	\$ 74,079	\$ -
Allspring Government Money Market Fund		\$ 75,000	\$ -	\$ -	\$ -	\$ 75,000	\$ 75,000	\$ -
Allspring Government Money Market Fund		\$ -	\$ 74,648	\$ -	\$ -	\$ 74,648	\$ 74,648	\$ -
Allspring Government Money Market Fund		\$ 10,000	\$ -	\$ -	\$ -	\$ 10,000	\$ 10,000	\$ -
Allspring Government Money Market Fund		\$ 10,000	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Allspring Government Money Market Fund		\$ 10,000	\$ -	\$ -	\$ -	\$ 10,000	\$ 10,000	\$ -
Allspring Government Money Market Fund		\$ -	\$ 12,974	\$ -	\$ -	\$ -	\$ -	\$ -
Allspring Government Money Market Fund		\$ 10,000	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Allspring Government Money Market Fund		\$ -	\$ 6,694	\$ -	\$ -	\$ -	\$ -	\$ -
Allspring Government Money Market Fund		\$ 9,716	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

SCHEDULE OF REPORTABLE TRANSACTIONS

Form 5500, Schedule H, Part IV, Line 4j

Retirement Plan of Xaloy Incorporated

EIN 34-0590250

Plan Number 022

For the period January 1, 2022 through November 1, 2022

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense Incurred with Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
Allspring	Government Money Market Fund	\$ -	\$ 7,529	\$ -	\$ -	\$ -	\$ -	\$ -
Allspring	Government Money Market Fund	\$ 10,000	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Allspring	Government Money Market Fund	\$ -	\$ 7,529	\$ -	\$ -	\$ 7,529	\$ 7,529	\$ -
<i>Category (iii) - Series of Transactions by Issue in Excess of 5%</i>								
Allspring	Government Money Market Fund	\$ 359,716	\$ -	\$ -	\$ -	\$ 359,716	\$ 359,716	\$ -
Allspring	Government Money Market Fund	\$ -	\$ 362,080	\$ -	\$ -	\$ 362,080	\$ 362,080	\$ -
Allspring	Government Money Market Fund	\$ 12,040	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Allspring	Government Money Market Fund	\$ -	\$ 8,134	\$ -	\$ -	\$ 8,134	\$ 8,134	\$ -

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	<small>OMB No. 1210-0110</small> 2022 This Form is Open to Public Inspection
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For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 10/31/2022

▶ **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 RETIREMENT PLAN OF XALOY INCORPORATED	B Three-digit plan number (PN) ▶	022
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF NORDSON CORPORATION	D Employer Identification Number (EIN) 34-0590250	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

Part I Basic Information			
1 Enter the valuation date:	Month <u>01</u>	Day <u>01</u>	Year <u>2022</u>
2 Assets:			
a Market value	2a	21,798,860	
b Actuarial value	2b	21,156,617	
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	162	9,588,654	9,588,654
b For terminated vested participants	94	4,682,281	4,682,281
c For active participants	5	336,204	337,482
d Total	261	14,607,139	14,608,417
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>			
a Funding target disregarding prescribed at-risk assumptions	4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5 Effective interest rate	5	5.36%	
6 Target normal cost			
a Present value of current plan year accruals	6a	0	
b Expected plan-related expenses	6b	83,000	
c Total (line 6a + line 6b)	6c	83,000	

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	GREGORY H. REYNOLDS <i>GHR</i> Signature of actuary	<u>07/31/2023</u> Date
	GREGORY H. REYNOLDS Type or print name of actuary	<u>2306401</u> Most recent enrollment number
	AON CONSULTING, INC. Firm name	<u>216-573-9700</u> Telephone number (including area code)
	MSC# 17854 PO Box 7505 Fort Washington PA 19034 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	6,902
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	6,902
10	Interest on line 9 using prior year's actual return of <u>5.60</u> %	0	387
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.54</u> %		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	7,289

Part III Funding Percentages			
14	Funding target attainment percentage	14	144.77 %
15	Adjusted funding target attainment percentage	15	144.82 %
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	137.55 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls		18 Contributions made to the plan for the plan year by employer(s) and employees:			
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
Totals ▶			18(b)	0	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	0
20	Quarterly contributions and liquidity shortfalls:		
	a Did the plan have a "funding shortfall" for the prior year?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	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: 4.75 %	2nd segment: 5.18 %	3rd segment: 5.92 %	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code)				21b 4
22 Weighted average retirement age				22 64
23 Mortality table(s) (see instructions)	<input checked="" type="checkbox"/> Prescribed - combined <input type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute			

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

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

Part VIII Minimum Required Contribution For Current Year				
31 Target normal cost and excess assets (see instructions):				
a Target normal cost (line 6c)				31a 83,000
b Excess assets, if applicable, but not greater than line 31a				31b 83,000
32 Amortization installments:	Outstanding Balance		Installment	
a Net shortfall amortization installment	0		0	
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 0
	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 0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)				37 0
38 Present value of excess contributions for current year (see instructions)				
a Total (excess, if any, of line 37 over line 36)				38a 0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances.....				38b 0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)				39 0
40 Unpaid minimum required contributions for all years				40 0

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

Schedule SB Attachment (Form 5500)—2022 Plan Year
 Retirement Plan of Xaloy Incorporated
 EIN: 34-0590250 PN: 022

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

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

(a) Age	(b) Rate	(c) Weight	(d) Product (a) × (b) × (c)
55.5	1.00%	1.0000	0.56
56.5	4.00%	0.9900	2.24
57.5	6.00%	0.9504	3.28
58.5	2.00%	0.8934	1.05
59.5	4.00%	0.8755	2.08
60.5	3.00%	0.8405	1.53
61.5	10.00%	0.8153	5.01
62.5	11.00%	0.7337	5.04
63.5	9.00%	0.6530	3.73
64.5	13.00%	0.5943	4.98
65.5	28.00%	0.5170	9.48
66.5	20.00%	0.3722	4.95
67.5	29.00%	0.2978	5.83
68.5	18.00%	0.2114	2.61
69.5	20.00%	0.1734	2.41
70	100.00%	0.1387	9.71
	Weighted Average		64.49

Schedule SB Attachment (Form 5500)—2022 Plan Year
 Retirement Plan of Xaloy Incorporated
 EIN: 34-0590250 PN: 022

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

Interest Rates for Minimum Funding Purposes	Based on segment rates with a four-month look-back (as of September 2021), each adjusted as needed to fall within the 25-year interest rate stabilization corridor under ARPA
1st Segment Rate	4.75%
2nd Segment Rate	5.18%
3rd Segment Rate	5.92%
Interest Rates for Maximum Tax Purposes	Based on segment rates with a four-month look-back (as of September 2021), without regard to interest rate stabilization
1st Segment Rate	1.07%
2nd Segment Rate	2.68%
3rd Segment Rate	3.36%
Retirement Age	
Active Participants	See Table 1
Terminated Vested Participants	Age 65
Mortality Rates	
Healthy and Disabled	2022 combined static mortality table for small plans per §1.430(h)(3)-1(a)(3) and IRS Notice 2020-85
Withdrawal Rates	See Table 2
Disability Rates	See Table 3
Decrement Timing	Middle of year decrements (except that retirement is assumed to occur at the beginning of the year for ages where the assumed retirement rate is 100%)
Surviving Spouse Benefit	It is assumed that 80% of males and 80% of females have an eligible spouse, and that males are three years older than their spouses.
Benefit Limit	Projected benefits are limited by the current IRC section 415 maximum benefit of \$245,000.

Schedule SB Attachment (Form 5500)—2022 Plan Year
Retirement Plan of Xaloy Incorporated
EIN: 34-0590250 PN: 022

Valuation of Plan Assets	Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value. A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii).
Expected Return on Assets	
2020 Plan Year	5.75%
2021 Plan Year	5.75%
2022 Plan Year	5.75%
Trust Expenses Included in Target Normal Cost	The prior year's non-investment expenses, rounded to the nearest \$1,000 (\$83,000 as of January 1, 2022).
Actuarial Method	Standard unit credit cost method
Valuation Date	January 1, 2022

Schedule SB Attachment (Form 5500)—2022 Plan Year
Retirement Plan of Xaloy Incorporated
EIN: 34-0590250 PN: 022

Table 1

Retirement Rates

Age	Rate
55	1.00%
56	4.00%
57	6.00%
58	2.00%
59	4.00%
60	3.00%
61	10.00%
62	11.00%
63	9.00%
64	13.00%
65	28.00%
66	20.00%
67	29.00%
68	18.00%
69	20.00%
70+	100.00%

Schedule SB Attachment (Form 5500)—2022 Plan Year
 Retirement Plan of Xaloy Incorporated
 EIN: 34-0590250 PN: 022

Table 2—Page 1 of 2

Withdrawal Rates

Age	Years of Service					
	0	1	2	3	4	5+
15	17.50%	17.50%	17.50%	17.50%	17.50%	17.50%
16	17.50%	17.50%	17.50%	17.50%	17.50%	17.50%
17	17.50%	17.50%	17.50%	17.50%	17.50%	17.50%
18	17.50%	17.50%	17.50%	17.50%	17.50%	17.50%
19	17.50%	17.50%	17.50%	17.50%	17.50%	17.50%
20	17.50%	17.50%	17.50%	17.50%	17.50%	17.50%
21	17.50%	17.50%	17.50%	17.50%	17.50%	17.50%
22	16.70%	16.70%	16.70%	16.70%	16.70%	16.70%
23	15.80%	15.80%	15.80%	15.80%	15.80%	15.80%
24	15.10%	15.10%	15.10%	15.10%	15.10%	15.10%
25	14.30%	14.30%	14.30%	14.30%	14.30%	14.30%
26	13.60%	13.60%	13.60%	13.60%	13.60%	13.60%
27	12.80%	12.80%	12.80%	12.80%	12.80%	12.80%
28	12.70%	12.10%	12.10%	12.10%	12.10%	12.10%
29	12.70%	11.90%	11.50%	11.50%	11.50%	11.50%
30	12.70%	11.90%	11.00%	10.80%	10.80%	10.80%
31	12.70%	11.90%	11.00%	10.20%	10.20%	10.20%
32	12.70%	11.90%	11.00%	10.20%	9.60%	9.60%
33	12.70%	11.90%	11.00%	10.20%	9.50%	9.00%
34	12.70%	11.90%	11.00%	10.20%	9.50%	8.50%
35	12.70%	11.90%	11.00%	10.20%	9.50%	7.90%
36	12.70%	11.90%	11.00%	10.20%	9.50%	7.40%
37	12.70%	11.90%	11.00%	10.20%	9.50%	6.90%
38	12.70%	11.90%	11.00%	10.20%	9.50%	6.50%
39	12.70%	11.90%	11.00%	10.20%	9.50%	6.00%
40	12.70%	11.90%	11.00%	10.20%	9.50%	5.60%
41	12.70%	11.90%	11.00%	10.20%	9.50%	5.20%
42	12.70%	11.90%	11.00%	10.20%	9.50%	4.90%
43	12.70%	11.90%	11.00%	10.20%	9.50%	4.50%
44	12.70%	11.90%	11.00%	10.20%	9.50%	4.20%

Schedule SB Attachment (Form 5500)—2022 Plan Year
 Retirement Plan of Xaloy Incorporated
 EIN: 34-0590250 PN: 022

Table 2—Page 2 of 2

Withdrawal Rates

Age	Years of Service					
	0	1	2	3	4	5+
45	12.70%	11.90%	11.00%	10.20%	9.50%	3.90%
46	12.70%	11.90%	11.00%	10.20%	9.50%	3.60%
47	12.70%	11.90%	11.00%	10.20%	9.50%	3.40%
48	12.70%	11.90%	11.00%	10.20%	9.50%	3.10%
49	12.70%	11.90%	11.00%	10.20%	9.50%	2.90%
50	12.70%	11.90%	11.00%	10.20%	9.50%	2.70%
51	12.70%	11.90%	11.00%	10.20%	9.50%	2.60%
52	12.70%	11.90%	11.00%	10.20%	9.50%	2.40%
53	12.70%	11.90%	11.00%	10.20%	9.50%	2.30%
54	12.70%	11.90%	11.00%	10.20%	9.50%	2.20%
55+	12.70%	11.90%	11.00%	10.20%	9.50%	2.20%

Schedule SB Attachment (Form 5500)—2022 Plan Year
 Retirement Plan of Xaloy Incorporated
 EIN: 34-0590250 PN: 022

Table 3

Disability Rates

Age	Rate	Age	Rate
25	0.0560%	45	0.2700%
26	0.0590%	46	0.3146%
27	0.0620%	47	0.3592%
28	0.0650%	48	0.4038%
29	0.0680%	49	0.4484%
30	0.0710%	50	0.4930%
31	0.0766%	51	0.5772%
32	0.0822%	52	0.6614%
33	0.0878%	53	0.7456%
34	0.0934%	54	0.8298%
35	0.0990%	55	0.9140%
36	0.1116%	56	1.0252%
37	0.1242%	57	1.1364%
38	0.1368%	58	1.2476%
39	0.1494%	59	1.3588%
40	0.1620%	60+	1.4700%
41	0.1836%		
42	0.2052%		
43	0.2268%		
44	0.2484%		

Schedule SB Attachment (Form 5500)—2022 Plan Year
 Retirement Plan of Xaloy Incorporated
 EIN: 34-0590250 PN: 022

Schedule SB, Part V—Summary of Plan Provisions

Feed Screws Location

Effective Date December 12, 1975. Amended and restated effective January 1, 2015.

Eligibility for Participation Employees are eligible to participate on their date of hire.

Effective August 1, 2014, the plan was closed to new participants.

Normal Retirement Eligibility

Age 65 and five years of service.

Benefit

A monthly benefit of \$37.00 multiplied by years of credited service. Credited service is not to exceed 40 years. For terminations prior to September 1, 2009, credited service was limited to 35 years.

The benefit multiplier history has been:

For Termination Effective	Benefit Accrual Rate Multiplied by Credited Service
Before August 1, 2005	\$26.00
August 1, 2005 – July 31, 2006	\$27.00
August 1, 2006 – July 31, 2007	\$28.00
August 1, 2007 – July 31, 2008	\$29.00
August 1, 2008 – July 31, 2010	\$31.00
August 1, 2010 – July 31, 2011	\$32.00
August 1, 2011 – July 31, 2012	\$33.00
August 1, 2012 – July 31, 2013	\$34.00
August 1, 2013 – July 31, 2014	\$36.00
August 1, 2014 – Present	\$37.00

Early Retirement Eligibility

Age 55 and 10 years of service.

Benefit

A monthly benefit equal to the normal retirement benefit reduced by 6% for each year early retirement precedes normal retirement.

Schedule SB Attachment (Form 5500)—2022 Plan Year
Retirement Plan of Xaloy Incorporated
EIN: 34-0590250 PN: 022

Vested Termination Eligibility	Five years of service.
Benefit	The accrued benefit at the date of termination. Reduced payments may begin any time after eligibility for early retirement based on the same reductions as early retirement from active status.
Disability Eligibility	Age 50 and 15 years of service.
Benefit	The accrued benefit determined as of the date of disability, payable immediately.
Surviving Spouse Eligibility	Five years of service.
Benefit	A monthly benefit payable to the surviving spouse beginning the first day of the month after death equal to 50% of the amount payable if the participant had retired early with a 50% joint and survivor benefit.
Normal Form of Annuity Without Spouse	Single life annuity.
With Spouse	50% Joint and survivor annuity reduced to be equivalent to the retirement benefit payable for employee's lifetime. Participant receives reduced lifetime benefit and, in event of participant's death, 50% of reduced benefit continues to surviving spouse.
Optional Forms of Annuity	Single life annuity 100% joint and survivor annuity 75% joint and survivor annuity 66 $\frac{2}{3}$ % joint and survivor annuity 50% joint and survivor annuity 10-year certain and life annuity
Actuarial Equivalence	Factors as per Appendix 3 of the plan document.
Definitions Credited Service	A year of service is granted for each computation period in which at least 1,000 hours of service were worked.

Schedule SB Attachment (Form 5500)—2022 Plan Year
 Retirement Plan of Xaloy Incorporated
 EIN: 34-0590250 PN: 022

Tanner Location

Effective Date December 12, 1975. Amended and restated effective January 1, 2015.

Eligibility for Participation Employees are eligible to participate on their date of hire.

 Effective August 1, 2014, the plan was closed to new participants.

Normal Retirement Eligibility Age 65.

Benefit A monthly benefit equal to the sum of (1) plus (2):

- (1) \$29.00 multiplied by years of credited service earned after June 1, 1971.

The benefit multiplier history has been:

For Termination Effective	Benefit Accrual Rate Multiplied by Credited Service
Before June 1, 2007	\$21.00
June 1, 2007 – May 31, 2009	\$22.00
June 1, 2009 – May 31, 2010	\$23.00
June 1, 2010 – July 31, 2011	\$24.00
August 1, 2011 – July 31, 2012	\$25.00
August 1, 2012 – July 31, 2013	\$26.00
August 1, 2013 – July 31, 2014	\$27.00
August 1, 2014 – July 31, 2015	\$28.00
August 1, 2015 – Present	\$29.00

- (2) \$5.50 multiplied by years of credited service earned prior to June 1, 1971.

For participants hired between June 1, 1969 and June 1, 1971, a supplemental benefit of \$20.00 per month is payable.

For participants hired before June 1, 1969, a supplemental benefit of \$15.00 per month is payable.

Schedule SB Attachment (Form 5500)—2022 Plan Year
Retirement Plan of Xaloy Incorporated
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Early Retirement
Eligibility

Age 55 and 10 years of service.

Benefit

A monthly benefit equal to the normal retirement benefit reduced by 6% for each year early retirement precedes normal retirement.

Vested Termination
Eligibility

Five years of service.

Benefit

The accrued benefit at the date of termination. Reduced payments may begin any time after eligibility for early retirement based on the same reductions as early retirement from active status.

Disability
Eligibility

Age 50 and 10 years of service.

Benefit

The accrued benefit determined as of the date of disability, payable immediately.

Surviving Spouse
Eligibility

Five years of service and active on the date of death.

Benefit

A monthly benefit payable to the surviving spouse equal to (1) plus the greater of (2) or (3):

- (1) A lump sum equal to \$100 times credited service, limited to 20 years.
- (2) A married participant who has completed 10 years of service is eligible to receive a monthly benefit beginning the first day of the month the participant would have been eligible for early retirement, equal to 50% of the amount payable if the participant had retired early with a 50% joint and survivor benefit.
- (3) A married participant who is eligible for early retirement is eligible to receive a monthly benefit beginning immediately, equal to the accrued benefit as of the date of death, reduced for early retirement and spouse coverage. 100% is payable for 10 years and then drops to 50% after 10 years.

Normal Form of Annuity

Ten-year certain and life annuity.

Schedule SB Attachment (Form 5500)—2022 Plan Year
Retirement Plan of Xaloy Incorporated
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Optional Forms of Annuity	100% joint and survivor annuity with 10 years certain 75% joint and survivor annuity with 10 years certain 66⅔% joint and survivor annuity with 10 years certain 50% joint and survivor annuity with 10 years certain
Actuarial Equivalence	Factors as per Appendix 2 of the plan document.
Definitions	
Credited Service	Credited service is defined as all years of employment with the employer.

Schedule SB Attachment (Form 5500)—2022 Plan Year
Retirement Plan of Xaloy Incorporated
EIN: 34-0590250 PN: 022

New Castle Location

Effective Date December 12, 1975. Amended and restated effective January 1, 2015.

Eligibility for Participation Employees are eligible to participate on their date of hire.

Effective January 31, 2005, the plan was closed to new participants.

Normal Retirement

Eligibility Age 65.

Benefit A monthly benefit equal to the sum of (1) plus (2):

(1) 1.0% of final average earnings up to the Social Security earnings level multiplied by years of credited service;

(2) 1.5% of final average earnings in excess of the Social Security earnings level multiplied by years of credited service.

Benefit accruals were frozen effective January 31, 2005.

Early Retirement

Eligibility Age 55 and 15 years of service.

Benefit A monthly benefit equal to the normal retirement benefit reduced by 6% for each of the first five years early retirement precedes normal retirement and 4% for each of the next five years early retirement precedes normal retirement.

There is no reduction for early retirement for participants that have attained age 62 and have completed 30 years of vesting service.

Vested Termination

Eligibility Five years of service.

Benefit The accrued benefit at the date of termination. Reduced payments may begin any time after eligibility for early retirement based on the same reductions as early retirement from active status.

Schedule SB Attachment (Form 5500)—2022 Plan Year
 Retirement Plan of Xaloy Incorporated
 EIN: 34-0590250 PN: 022

Disability Eligibility	Ten years of service.
Benefit	The accrued benefit determined as of the date of disability, payable beginning at age 65.
Surviving Spouse Eligibility	Five years of service.
Benefit	A monthly benefit payable to the surviving spouse beginning the first day of the month after death equal to 50% of the amount payable if the participant had retired early with a 50% joint and survivor benefit.
Normal Form of Annuity Without Spouse	Single life annuity.
With Spouse	50% Joint and survivor annuity reduced to be equivalent to the retirement benefit payable for employee's lifetime. Participant receives reduced lifetime benefit and, in event of participant's death, 50% of reduced benefit continues to surviving spouse.
Optional Forms of Annuity	Single life annuity 100% joint and survivor annuity 75% joint and survivor annuity 66 $\frac{2}{3}$ % joint and survivor annuity 50% joint and survivor annuity 5-year certain and life annuity 10-year certain and life annuity 15-year certain and life annuity
Actuarial Equivalence	Determined on the basis of the Applicable Interest Rate and Mortality Table, as set forth in IRC section 417(e)(3).
Definitions Credited Service	Credited service is defined as all service as an eligible employee including periods of disability and leave of absence.
Final Average Earnings	The average of the highest 60 consecutive months of earnings out of the last 120 consecutive months.
Social Security Earnings Level	A flat dollar amount as defined in the plan document.

Schedule SB Attachment (Form 5500)—2022 Plan Year
 Retirement Plan of Xaloy Incorporated
 EIN: 34-0590250 PN: 022

The Xaloy Incorporated Retirement Plan

Effective Date July 1, 1983. Amended and restated effective July 1, 2014.

Eligibility for Participation Employees are eligible to participate after attaining age 21 and completing one year of eligibility service.

Effective June 30, 2005, the plan was closed to new participants and rehires.

Normal Retirement Eligibility

Age 65.

Benefit

A monthly benefit equal to (1) minus (2):

- (1) \$10 multiplied by accrual service.
- (2) Monthly retirement benefit from the Xaloy Incorporated 401(k) Contribution Retirement Plan.

Benefit accruals were frozen effective June 30, 2005 for highly compensated employees.

Benefit accruals were frozen effective June 30, 2007 for all other employees.

Early Retirement Eligibility

Age 55 and 10 years of vesting service.

Benefit

A monthly benefit equal to the normal retirement benefit reduced by 6⅔% for each of the first five years and 3⅓% for the next five years early retirement precedes normal retirement.

Late Retirement Eligibility

Age 55 and 10 years of vesting service.

Benefit

The larger of the accrued benefit at the late retirement date or the accrued benefit at normal retirement date multiplied by the following factors:

Age	Factor	Age	Factor
66	1.06	71	1.42
67	1.12	72	1.50
68	1.19	73	1.59
69	1.26	74	1.69
70	1.34	75	1.79

Schedule SB Attachment (Form 5500)—2022 Plan Year
Retirement Plan of Xaloy Incorporated
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Vested Termination

Eligibility

Five years of vesting service.

Benefit

The accrued benefit at the date of termination. Reduced payments may begin any time after eligibility for early retirement based on the same reductions as early retirement from active status.

Surviving Spouse

Eligibility

Five years of vesting service.

Benefit

A monthly benefit payable to the surviving spouse beginning the first day of the month after death equal to 50% of the amount payable if the participant had retired early with a 50% joint and survivor benefit.

Normal Form of Annuity

Without Spouse

Single life annuity.

With Spouse

50% Joint and survivor annuity reduced to be equivalent to the retirement benefit payable for employee's lifetime. Participant receives reduced lifetime benefit and, in event of participant's death, 50% of reduced benefit continues to surviving spouse.

Optional Forms of Annuity

Single life annuity
100% joint and survivor annuity
75% joint and survivor annuity
66⅔% joint and survivor annuity
50% joint and survivor annuity
5-year certain and life annuity
10-year certain and life annuity
15-year certain and life annuity

Actuarial Equivalence

1983 Group Annuity Mortality Table and 7.50% interest.

Definitions

Accrual Service

A year of service is granted for each 12-month period in which at least 1,000 hours of service were worked.

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

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

Schedule SB Attachment (Form 5500)—2022 Plan Year
 Retirement Plan of Xaloy Incorporated
 EIN: 34-0590250 PN: 022

Schedule SB, line 26a—Schedule of Active Participant Data as of January 1, 2022

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

N-5