

**Form 5500-SF**Department of the Treasury  
Internal Revenue ServiceDepartment of Labor  
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

**Short Form Annual Return/Report of Small Employee  
Benefit Plan**This form is required to be filed under sections 104 and 4065 of the Employee Retirement  
Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal  
Revenue Code (the Code).▶ **Complete all entries in accordance with the instructions to the Form 5500-SF.**OMB Nos. 1210-0110  
1210-0089**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 12/31/2022

- A** This return/report is for:  a single-employer plan  a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
- B** This return/report is  the first return/report  the final return/report  
 an amended return/report  a short plan year return/report (less than 12 months)
- C** Check box if filing under:  Form 5558  automatic extension  DFVC program  
 special extension (enter description)
- D** If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. . . . . ▶

**Part II Basic Plan Information**—enter all requested information

<b>1a</b> Name of plan TRAMBEAM CORPORATION HOURLY RETIREMENT PLAN		<b>1b</b> Three-digit plan number (PN) ▶	001
		<b>1c</b> Effective date of plan	01/01/1984
<b>2a</b> 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) CROSBY US ACQUISITION CORP  2801 DAWSON ROAD TULSA, OK 74110-5040		<b>2b</b> Employer Identification Number (EIN)	46-3917668
		<b>2c</b> Sponsor's telephone number	918-832-5334
		<b>2d</b> Business code (see instructions)	332300
<b>3a</b> Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor. THE CROSBY RETIREMENT PLAN COMMITTEE 2801 DAWSON RD TULSA, OK 74110-5040		<b>3b</b> Administrator's EIN	36-4978225
		<b>3c</b> Administrator's telephone number	918-832-5334
<b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. <b>a</b> Sponsor's name <b>c</b> Plan Name		<b>4b</b> EIN	
		<b>4d</b> PN	
<b>5a</b> Total number of participants at the beginning of the plan year.....		<b>5a</b>	17
<b>b</b> Total number of participants at the end of the plan year .....		<b>5b</b>	0
<b>c</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....		<b>5c</b>	
<b>d(1)</b> Total number of active participants at the beginning of the plan year .....		<b>5d(1)</b>	0
<b>d(2)</b> Total number of active participants at the end of the plan year.....		<b>5d(2)</b>	0
<b>e</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....		<b>5e</b>	0

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

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

<b>SIGN HERE</b>	Filed with authorized/valid electronic signature.	10/16/2023	KARLA RAGSDALE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

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

Form 5500-SF (2022)  
v.220413

- 6a** Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) .....  Yes  No
- b** Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) .....  Yes  No
- If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.**
- c** If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? .....  Yes  No  Not determined
- If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year: 470013. (See instructions.)

<b>Part III Financial Information</b>			
<b>7</b> Plan Assets and Liabilities		<b>(a) Beginning of Year</b>	<b>(b) End of Year</b>
<b>a</b> Total plan assets.....	<b>7a</b>	658094	0
<b>b</b> Total plan liabilities.....	<b>7b</b>		
<b>c</b> Net plan assets (subtract line 7b from line 7a).....	<b>7c</b>	658094	0
<b>8</b> Income, Expenses, and Transfers for this Plan Year		<b>(a) Amount</b>	<b>(b) Total</b>
<b>a</b> Contributions received or receivable from:			
<b>(1)</b> Employers.....	<b>8a(1)</b>		
<b>(2)</b> Participants.....	<b>8a(2)</b>		
<b>(3)</b> Others (including rollovers).....	<b>8a(3)</b>		
<b>b</b> Other income (loss).....	<b>8b</b>	-99875	
<b>c</b> Total income (add lines 8a(1), 8a(2), 8a(3), and 8b).....	<b>8c</b>		-99875
<b>d</b> Benefits paid (including direct rollovers and insurance premiums to provide benefits).....	<b>8d</b>	36897	
<b>e</b> Certain deemed and/or corrective distributions (see instructions).....	<b>8e</b>		
<b>f</b> Administrative service providers (salaries, fees, commissions).....	<b>8f</b>	35816	
<b>g</b> Other expenses.....	<b>8g</b>	148	
<b>h</b> Total expenses (add lines 8d, 8e, 8f, and 8g).....	<b>8h</b>		72861
<b>i</b> Net income (loss) (subtract line 8h from line 8c).....	<b>8i</b>		-172736
<b>j</b> Transfers to (from) the plan (see instructions).....	<b>8j</b>	-485358	

<b>Part IV Plan Characteristics</b>	
<b>9a</b> If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: <u>1B 1I 3H</u>	
<b>b</b> If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:	

<b>Part V Compliance Questions</b>				
<b>10</b> During the plan year:		<b>Yes</b>	<b>No</b>	<b>Amount</b>
<b>a</b> Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program).....	<b>10a</b>		X	
<b>b</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.).....	<b>10b</b>		X	
<b>c</b> Was the plan covered by a fidelity bond?.....	<b>10c</b>	X		5000000
<b>d</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?.....	<b>10d</b>		X	
<b>e</b> Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.).....	<b>10e</b>		X	
<b>f</b> Has the plan failed to provide any benefit when due under the plan?.....	<b>10f</b>		X	
<b>g</b> Did the plan have any participant loans? (If "Yes," enter amount as of year-end.).....	<b>10g</b>		X	
<b>h</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....	<b>10h</b>		X	
<b>i</b> If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.....	<b>10i</b>		X	

**Part VI Pension Funding Compliance**

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

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

**b PBGC missed contribution reporting requirements.** If the plan is covered by PBGC and the amount reported on line 11a is greater than \$0, has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

- Yes.
- No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.
- No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.
- No. Other. Provide explanation \_\_\_\_\_

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

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

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

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

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

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

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

**Part VII Plan Terminations and Transfers of Assets**

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

If "Yes," enter the amount of any plan assets that reverted to the employer this year..... **13a** 0

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

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

13c(1) Name of plan(s):	13c(2) EIN(s)	13c(3) PN(s)
PENSION PLAN OF FKI INDUSTRIES INC. FOR UNITED STEELWORKERS OF AMERICA	46-3917668	002

<b>SCHEDULE SB</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Single-Employer Defined Benefit Plan</b> <b>Actuarial Information</b>  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).  ▶ <b>File as an attachment to Form 5500 or 5500-SF.</b>	OMB No. 1210-0110  <b>2022</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

▶ **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.

<b>A</b> Name of plan <u>TRAMBEAM CORPORATION HOURLY RETIREMENT PLAN</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>001</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>CROSBY US ACQUISITION CORP</u>	<b>D</b> Employer Identification Number (EIN) <u>46-3917668</u>	

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

<b>Part I Basic Information</b>			
<b>1</b> Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2022</u>			
<b>2</b> Assets:			
<b>a</b> Market value.....	<b>2a</b>	<u>658094</u>	
<b>b</b> Actuarial value.....	<b>2b</b>	<u>629361</u>	
<b>3</b> Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
<b>a</b> For retired participants and beneficiaries receiving payment .....	<u>12</u>	<u>430099</u>	<u>430099</u>
<b>b</b> For terminated vested participants.....	<u>5</u>	<u>97975</u>	<u>97975</u>
<b>c</b> For active participants.....	<u>0</u>	<u>0</u>	<u>0</u>
<b>d</b> Total .....	<u>17</u>	<u>528074</u>	<u>528074</u>
<b>4</b> If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>			
<b>a</b> Funding target disregarding prescribed at-risk assumptions.....	<b>4a</b>		
<b>b</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.....	<b>4b</b>		
<b>5</b> Effective interest rate.....	<b>5</b>	<u>5.36 %</u>	
<b>6</b> Target normal cost .....			
<b>a</b> Present value of current plan year accruals.....	<b>6a</b>	<u>0</u>	
<b>b</b> Expected plan-related expenses .....	<b>6b</b>	<u>23896</u>	
<b>c</b> Total (line 6a + line 6b) .....	<b>6c</b>	<u>23896</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.

<b>SIGN HERE</b>		
	Signature of actuary	<u>09/26/2023</u> Date
	<u>CHUNHUA LIU</u> Type or print name of actuary	<u>20-07914</u> Most recent enrollment number
	<u>AON CONSULTING, INC.</u> Firm name	<u>770-690-7463</u> Telephone number (including area code)
	<u>MSC 17838 PO BOX 551343</u> <u>ATLANTA, GA 30355</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

<b>Part II Beginning of Year Carryover and Prefunding Balances</b>		(a) Carryover balance	(b) Prefunding balance
<b>7</b>	Balance at beginning of prior year after applicable adjustments (line 13 from prior year).....	0	0
<b>8</b>	Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....	0	0
<b>9</b>	Amount remaining (line 7 minus line 8) .....		
<b>10</b>	Interest on line 9 using prior year's actual return of <u>8.57</u> % .....		
<b>11</b>	Prior year's excess contributions to be added to prefunding balance:		
	<b>a</b> Present value of excess contributions (line 38a from prior year).....		0
	<b>b(1)</b> Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.52</u> %.....		0
	<b>b(2)</b> Interest on line 38b from prior year Schedule SB, using prior year's actual return .....		0
	<b>c</b> Total available at beginning of current plan year to add to prefunding balance.....		0
	<b>d</b> Portion of (c) to be added to prefunding balance.....		0
<b>12</b>	Other reductions in balances due to elections or deemed elections.....	0	0
<b>13</b>	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12).....	0	0

<b>Part III Funding Percentages</b>			
<b>14</b>	Funding target attainment percentage .....	<b>14</b>	119.18 %
<b>15</b>	Adjusted funding target attainment percentage .....	<b>15</b>	119.18 %
<b>16</b>	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement.....	<b>16</b>	109.74 %
<b>17</b>	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage. ....	<b>17</b>	%

<b>Part IV Contributions and Liquidity Shortfalls</b>							
<b>18</b> 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		
			<b>Totals ▶</b>	<b>18(b)</b>		<b>18(c)</b>	

<b>19</b>	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
	<b>a</b> Contributions allocated toward unpaid minimum required contributions from prior years.....	<b>19a</b>	0
	<b>b</b> Contributions made to avoid restrictions adjusted to valuation date. ....	<b>19b</b>	0
	<b>c</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date. ....	<b>19c</b>	0
<b>20</b>	Quarterly contributions and liquidity shortfalls:		
	<b>a</b> Did the plan have a "funding shortfall" for the prior year? .....	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
	<b>b</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
	<b>c</b> 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:

<b>a</b> 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** 0

**22** Weighted average retirement age ..... **22** 63

**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**

**29** Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)..... **29**

**30** Remaining amount of unpaid minimum required contributions (line 28 minus line 29) ..... **30** 0

**Part VIII Minimum Required Contribution For Current Year**

**31** Target normal cost and excess assets (see instructions):

<b>a</b> Target normal cost (line 6c).....	<b>31a</b>	23896
<b>b</b> Excess assets, if applicable, but not greater than line 31a .....	<b>31b</b>	23896

<b>32</b> Amortization installments:	Outstanding Balance	Installment
<b>a</b> Net shortfall amortization installment .....	0	0
<b>b</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**

	Carryover balance	Prefunding balance	Total balance
<b>35</b> Balances elected for use to offset funding requirement.....	0	0	0

**36** Additional cash requirement (line 34 minus line 35)..... **36**

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

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

<b>a</b> Total (excess, if any, of line 37 over line 36)	<b>38a</b>	0
<b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....	<b>38b</b>	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 SB Attachment (Form 5500)—2022 Plan Year  
Trambeam Corporation Hourly Retirement Plan  
EIN: 46-3917668 PN: 001

Schedule SB, Part V—Summary of Plan Provisions

Effective Date	January 1, 1984. Last amended April 1, 2019. Benefit accruals under the plan were frozen as of October 15, 2012.
Eligibility	Employees of Trambeam Corporation with a minimum of one year of service who are age 21 or over. The plan is closed to new entrants effective January 1, 2011.
Normal Retirement Eligibility	Age 65.
Benefit	For terminations on and after January 1, 2002, the amount of the normal retirement benefit shall be:  The participant's monthly accrued benefit is calculated as \$25.00 per month multiplied by credited service. Effective October 15, 2012, benefit accruals under the plan are frozen.
Early Retirement Eligibility	Later of age 60 and 10 years of service.
Benefit	Accrued benefit based on credited service to the date of early retirement and reduced for early payment.  The benefit is reduced 3.6% per year for each year preceding the participant's normal retirement date.
Disability Retirement Eligibility	Later of age 40 and 10 years of service.
Benefit	Accrued benefit based on credited service as of disability retirement date reduced 3.6% per year for each year that disability precedes the participant's normal retirement date.
Vested Termination Eligibility	Five years of service.
Benefit	Accrued benefit based on credited service to date of termination and payable at normal retirement age.

Schedule SB Attachment (Form 5500)—2022 Plan Year  
Trambeam Corporation Hourly Retirement Plan  
EIN: 46-3917668 PN: 001

Preretirement Death Benefit  
Eligibility

Five years of service.

Surviving Spouse Benefit

A monthly benefit is payable for the life of the spouse in the event of a participant's death commencing at the later of the earliest retirement date or date of death. The benefit is 50% of the member's accrued benefit reduced for form of payment and early commencement.

Definitions

Credited Service

For plan years from the later of January 1, 1984 and the participation date begins, one-twelfth (1/12) of a year for each calendar month within the plan year is granted for which compensation is received from the employer for any hours worked in such a calendar month. No credited service is granted after October 15, 2012 except a participant employed on October 15, 2012 will receive credited service through October 31, 2012.

Year of Service

One year of service for each plan year during which the employee earns 1,000 or more hours.

Plan Year

January 1 to December 31.

Form of Payment

Normal Form of Payment

If married, 50% joint and survivor annuity, or if single, a life annuity.

Optional Forms of Payment

Joint and survivor (66⅔%, 75%, or 100%).  
Certain and life annuity (5-year or 10-year).

Actuarial Equivalence

IRC section 417(e) mortality table for the plan year as specified in IRS Notice 2008-85 and interest based on three-segment yield curve as specified in IRS Notice 2009-96.

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.

Trambeam Corporation Hourly Retirement Plan (EIN: 46-3917668, PN: 001) merged into Pension Plan of FKI Industries Inc. for United Steelworkers of America (EIN: 46-3917668, PN: 002) effective December 31, 2022.

Schedule SB Attachment (Form 5500)—2022 Plan Year  
 Trambeam Corporation Hourly Retirement Plan  
 EIN: 46-3917668 PN: 001

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

Interest Rates for Minimum Funding Purposes	Based on segment rates with no lookback (as of January 2022), 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 no lookback (as of January 2022), without regard to interest rate stabilization.
1st Segment Rate	0.88%
2nd Segment Rate	2.61%
3rd Segment Rate	3.27%
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	None
Decrement Timing	Beginning of year decrements
Surviving Spouse Benefit	It is assumed that 100% of males and 100% of females have an eligible spouse, and that males are three years older than their spouses.
Benefit Limits	Projected benefits are limited by the current IRC section 415 maximum benefit of \$245,000.

Schedule SB Attachment (Form 5500)—2022 Plan Year  
Trambeam Corporation Hourly Retirement Plan  
EIN: 46-3917668 PN: 001

Valuation of Plan Assets	<p>Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value.</p> <p>A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii).</p>
Expected Return on Assets	
2020 Plan Year	6.45%, the applicable third segment rate limitation is 5.94%
2021 Plan Year	5.25%, the applicable third segment rate limitation is 6.11%
2022 Plan Year	3.35%, the applicable third segment rate limitation is 5.92%
Trust Expenses Included in Target Normal Cost	Expenses are assumed to be equal to the prior year's actual administrative expenses paid from the trust. The amount assumed for 2022 is \$23,896.
Actuarial Method	Standard unit credit cost method
Valuation Date	January 1, 2022

Schedule SB Attachment (Form 5500)—2022 Plan Year  
Trambeam Corporation Hourly Retirement Plan  
EIN: 46-3917668 PN: 001

Table 1

**Retirement Rates**

<b><u>Age</u></b>	<b><u>Rate</u></b>
60	6.00%
61	6.00%
62	33.00%
63	20.00%
64	25.00%
65+	100.00%

Schedule SB Attachment (Form 5500)—2022 Plan Year  
 Trambeam Corporation Hourly Retirement Plan  
 EIN: 46-3917668 PN: 001

Table 2

**Withdrawal Rates**

<b>Age</b>	<b>Rate</b>	<b>Age</b>	<b>Rate</b>
20	5.4384%	45	1.7686%
21	5.4113%	46	1.4521%
22	5.3838%	47	1.1515%
23	5.3552%	48	0.8718%
24	5.3246%	49	0.6200%
25	5.2917%	50	0.4048%
26	5.2555%	51	0.2343%
27	5.2156%	52	0.1126%
28	5.1712%	53	0.0385%
29	5.1220%	54	0.0048%
30	5.0672%	55+	0.0000%
31	5.0063%		
32	4.9393%		
33	4.8655%		
34	4.7853%		
35	4.6984%		
36	4.5878%		
37	4.3951%		
38	4.1388%		
39	3.8362%		
40	3.5035%		
41	3.1534%		
42	2.7970%		
43	2.4436%		
44	2.0995%		

Schedule SB Attachment (Form 5500)—2022 Plan Year  
Trambeam Corporation Hourly Retirement Plan  
EIN: 46-3917668 PN: 001

Schedule SB, line 24—Change in Actuarial Assumptions

The funding valuation reflects the following assumption change:

- A change in the unlimited expected rate of return on assets from 5.25% to 3.35%.

This assumption change did not reduce the funding shortfall, so approval of the Commissioner is not required.

Schedule SB Attachment (Form 5500)—2022 Plan Year  
 Trambeam Corporation Hourly Retirement Plan  
 EIN: 46-3917668 PN: 001

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 beginning of year.

<b>(a)</b> <b>Age</b>	<b>(b)</b> <b>Rate</b>	<b>(c)</b> <b>Weight</b>	<b>(d)</b> <b>Product</b> <b>(a) × (b) × (c)</b>
60	6.00%	1.0000	3.60
61	6.00%	0.9400	3.44
62	33.00%	0.8836	18.08
63	20.00%	0.5920	7.46
64	25.00%	0.4736	7.58
65	100.00%	0.3552	23.09
	<b>Weighted Average</b>		<b>63.25</b>

<b>Form 5500-SF</b> <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	<b>Short Form Annual Return/Report of Small Employee Benefit Plan</b> This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). <b>▶ Complete all entries in accordance with the instructions to the Form 5500-SF.</b>	OMB Nos. 1210-0110 1210-0089 <b>2022</b> <b>This Form is Open to Public Inspection</b>
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**Part I Annual Report Identification Information**

For calendar plan year 2022 or fiscal plan year beginning **01/01/2022** and ending **12/31/2022**

**A** This return/report is for:  a single-employer plan  a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)

**B** This return/report is  the first return/report  the final return/report  
 an amended return/report  a short plan year return/report (less than 12 months)

**C** Check box if filing under:  Form 5558  automatic extension  DFVC program  
 special extension (enter description)

**D** If this is a retroactively adopted plan permitted by SECURE Act section 201, check here

**Part II Basic Plan Information - enter all requested information**

<b>1a</b> Name of plan TRAMBEAM CORPORATION HOURLY RETIREMENT PLAN	<b>1b</b> Three-digit plan number (PN) ▶	001
	<b>1c</b> Effective date of plan	01/01/1984
<b>2a</b> 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 instr.) CROSBY US ACQUISITION CORP 2801 DAWSON ROAD  TULSA OK 74110-5040	<b>2b</b> Employer Identification Number (EIN)	46-3917668
	<b>2c</b> Sponsor's telephone number	918-832-5334
	<b>2d</b> Business code (see instructions)	332300
<b>3a</b> Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor. THE CROSBY RETIREMENT PLAN COMMITTEE 2801 DAWSON RD TULSA OK 74110-5040	<b>3b</b> Administrator's EIN	36-4978225
	<b>3c</b> Administrator's telephone number	918-832-5334
<b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN	
	<b>4d</b> PN	
<b>5a</b> Total number of participants at the beginning of the plan year ..... <b>b</b> Total number of participants at the end of the plan year ..... <b>c</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) ..... <b>d (1)</b> Total number of active participants at the beginning of the plan year ..... <b>d (2)</b> Total number of active participants at the end of the plan year ..... <b>e</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested .....	<b>5a</b>	17
	<b>5b</b>	0
	<b>5c</b>	
	<b>5d(1)</b>	0
	<b>5d(2)</b>	0
	<b>5e</b>	0

**Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.**  
 Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

<b>SIGN HERE</b>	<i>Karla Ragsdale</i>	10-16-2023	<i>Karla Ragsdale</i>
	<small>Signature of plan administrator</small>	<small>Date</small>	<small>Enter name of individual signing as plan administrator</small>
<b>SIGN HERE</b>			
	<small>Signature of employer/plan sponsor</small>	<small>Date</small>	<small>Enter name of individual signing as employer or plan sponsor</small>

**SCHEDULE SB  
(Form 5500)**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security Administration  
Pension Benefit Guaranty Corporation

**Single-Employer Defined Benefit Plan  
Actuarial Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

**2022**

**This Form is Open to Public Inspection**

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

▶ **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.

<b>A</b> Name of plan TRAMBEAM CORPORATION HOURLY RETIREMENT PLAN	<b>B</b> Three-digit plan number (PN) ▶ <u>001</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF CROSBY US ACQUISITION CORP.	<b>D</b> Employer Identification Number (EIN) 46-3917668
<b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	<b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input checked="" type="checkbox"/> 101-500 <input type="checkbox"/> More than 500

**Part I Basic Information**

1	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2022</u>	
2	Assets:	
	a Market value .....	<b>2a</b> 658,094
	b Actuarial value .....	<b>2b</b> 629,361
3	Funding target/participant count breakdown	
	a For retired participants and beneficiaries receiving payment .....	(1) Number of participants: 12 (2) Vested Funding Target: 430,099 (3) Total Funding Target: 430,099
	b For terminated vested participants .....	5 97,975 97,975
	c For active participants .....	0 0 0
	d Total .....	17 528,074 528,074
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 .....	<b>4a</b>
	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 .....	<b>4b</b>
5	Effective interest rate .....	<b>5</b> 5.36%
6	Target normal cost .....	
	a Present value of current plan year accruals .....	<b>6a</b> 0
	b Expected plan-related expenses .....	<b>6b</b> 23,896
	c Total (line 6a + line 6b) .....	<b>6c</b> 23,896

**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.

<b>SIGN HERE</b>	CHUNHUA LIU <u>C.L.</u> Signature of actuary	09/26/2023 Date
	CHUNHUA LIU Type or print name of actuary	2307914 Most recent enrollment number
	AON CONSULTING, INC. Firm name	770-690-7463 Telephone number (including area code)
	MSC# 17838, P.O. BOX 551343 ATLANTA GA 30355 Address of the firm	

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



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

**21** Discount rate:

<b>a</b> 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** 0

**22** Weighted average retirement age ..... **22** 63

**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**

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

**Part VIII Minimum Required Contribution For Current Year**

**31** Target normal cost and excess assets (see instructions):

<b>a</b> Target normal cost (line 6c) .....	<b>31a</b>	23,896
<b>b</b> Excess assets, if applicable, but not greater than line 31a .....	<b>31b</b>	23,896

**32** Amortization installments:

	Outstanding Balance	Installment
<b>a</b> Net shortfall amortization installment .....	0	0
<b>b</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
<b>35</b> 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)

<b>a</b> Total (excess, if any, of line 37 over line 36) .....	<b>38a</b>	0
<b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances.....	<b>38b</b>	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 SB Attachment (Form 5500)—2022 Plan Year  
 Trambeam Corporation Hourly Retirement Plan  
 EIN: 46-3917668 PN: 001

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 beginning of year.

<b>(a)</b> <b>Age</b>	<b>(b)</b> <b>Rate</b>	<b>(c)</b> <b>Weight</b>	<b>(d)</b> <b>Product (a) × (b) × (c)</b>
60	6.00%	1.0000	3.60
61	6.00%	0.9400	3.44
62	33.00%	0.8836	18.08
63	20.00%	0.5920	7.46
64	25.00%	0.4736	7.58
65	100.00%	0.3552	23.09
	<b>Weighted Average</b>		<b>63.25</b>

Schedule SB Attachment (Form 5500)—2022 Plan Year  
Trambeam Corporation Hourly Retirement Plan  
EIN: 46-3917668 PN: 001

Schedule SB, line 24—Change in Actuarial Assumptions

The funding valuation reflects the following assumption change:

- A change in the unlimited expected rate of return on assets from 5.25% to 3.35%.

This assumption change did not reduce the funding shortfall, so approval of the Commissioner is not required.

Schedule SB Attachment (Form 5500)—2022 Plan Year  
 Trambeam Corporation Hourly Retirement Plan  
 EIN: 46-3917668 PN: 001

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

Interest Rates for Minimum Funding Purposes	Based on segment rates with no lookback (as of January 2022), 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 no lookback (as of January 2022), without regard to interest rate stabilization.
1st Segment Rate	0.88%
2nd Segment Rate	2.61%
3rd Segment Rate	3.27%
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	None
Decrement Timing	Beginning of year decrements
Surviving Spouse Benefit	It is assumed that 100% of males and 100% of females have an eligible spouse, and that males are three years older than their spouses.
Benefit Limits	Projected benefits are limited by the current IRC section 415 maximum benefit of \$245,000.

Schedule SB Attachment (Form 5500)—2022 Plan Year  
Trambeam Corporation Hourly Retirement Plan  
EIN: 46-3917668 PN: 001

Valuation of Plan Assets	<p>Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value.</p> <p>A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii).</p>
Expected Return on Assets	
2020 Plan Year	6.45%, the applicable third segment rate limitation is 5.94%
2021 Plan Year	5.25%, the applicable third segment rate limitation is 6.11%
2022 Plan Year	3.35%, the applicable third segment rate limitation is 5.92%
Trust Expenses Included in Target Normal Cost	Expenses are assumed to be equal to the prior year's actual administrative expenses paid from the trust. The amount assumed for 2022 is \$23,896.
Actuarial Method	Standard unit credit cost method
Valuation Date	January 1, 2022

Schedule SB Attachment (Form 5500)—2022 Plan Year  
Trambeam Corporation Hourly Retirement Plan  
EIN: 46-3917668 PN: 001

Table 1

**Retirement Rates**

<b><u>Age</u></b>	<b><u>Rate</u></b>
60	6.00%
61	6.00%
62	33.00%
63	20.00%
64	25.00%
65+	100.00%

Schedule SB Attachment (Form 5500)—2022 Plan Year  
 Trambeam Corporation Hourly Retirement Plan  
 EIN: 46-3917668 PN: 001

Table 2

**Withdrawal Rates**

<b>Age</b>	<b>Rate</b>	<b>Age</b>	<b>Rate</b>
20	5.4384%	45	1.7686%
21	5.4113%	46	1.4521%
22	5.3838%	47	1.1515%
23	5.3552%	48	0.8718%
24	5.3246%	49	0.6200%
25	5.2917%	50	0.4048%
26	5.2555%	51	0.2343%
27	5.2156%	52	0.1126%
28	5.1712%	53	0.0385%
29	5.1220%	54	0.0048%
30	5.0672%	55+	0.0000%
31	5.0063%		
32	4.9393%		
33	4.8655%		
34	4.7853%		
35	4.6984%		
36	4.5878%		
37	4.3951%		
38	4.1388%		
39	3.8362%		
40	3.5035%		
41	3.1534%		
42	2.7970%		
43	2.4436%		
44	2.0995%		

Schedule SB Attachment (Form 5500)—2022 Plan Year  
Trambeam Corporation Hourly Retirement Plan  
EIN: 46-3917668 PN: 001

Schedule SB, Part V—Summary of Plan Provisions

Effective Date	January 1, 1984. Last amended April 1, 2019. Benefit accruals under the plan were frozen as of October 15, 2012.
Eligibility	Employees of Trambeam Corporation with a minimum of one year of service who are age 21 or over. The plan is closed to new entrants effective January 1, 2011.
Normal Retirement Eligibility	Age 65.
Benefit	For terminations on and after January 1, 2002, the amount of the normal retirement benefit shall be:  The participant's monthly accrued benefit is calculated as \$25.00 per month multiplied by credited service. Effective October 15, 2012, benefit accruals under the plan are frozen.
Early Retirement Eligibility	Later of age 60 and 10 years of service.
Benefit	Accrued benefit based on credited service to the date of early retirement and reduced for early payment.  The benefit is reduced 3.6% per year for each year preceding the participant's normal retirement date.
Disability Retirement Eligibility	Later of age 40 and 10 years of service.
Benefit	Accrued benefit based on credited service as of disability retirement date reduced 3.6% per year for each year that disability precedes the participant's normal retirement date.
Vested Termination Eligibility	Five years of service.
Benefit	Accrued benefit based on credited service to date of termination and payable at normal retirement age.

Schedule SB Attachment (Form 5500)—2022 Plan Year  
Trambeam Corporation Hourly Retirement Plan  
EIN: 46-3917668 PN: 001

Preretirement Death Benefit  
Eligibility

Five years of service.

Surviving Spouse Benefit

A monthly benefit is payable for the life of the spouse in the event of a participant's death commencing at the later of the earliest retirement date or date of death. The benefit is 50% of the member's accrued benefit reduced for form of payment and early commencement.

Definitions

Credited Service

For plan years from the later of January 1, 1984 and the participation date begins, one-twelfth (1/12) of a year for each calendar month within the plan year is granted for which compensation is received from the employer for any hours worked in such a calendar month. No credited service is granted after October 15, 2012 except a participant employed on October 15, 2012 will receive credited service through October 31, 2012.

Year of Service

One year of service for each plan year during which the employee earns 1,000 or more hours.

Plan Year

January 1 to December 31.

Form of Payment

Normal Form of Payment

If married, 50% joint and survivor annuity, or if single, a life annuity.

Optional Forms of Payment

Joint and survivor (66⅔%, 75%, or 100%).  
Certain and life annuity (5-year or 10-year).

Actuarial Equivalence

IRC section 417(e) mortality table for the plan year as specified in IRS Notice 2008-85 and interest based on three-segment yield curve as specified in IRS Notice 2009-96.

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.

Trambeam Corporation Hourly Retirement Plan (EIN: 46-3917668, PN: 001) merged into Pension Plan of FKI Industries Inc. for United Steelworkers of America (EIN: 46-3917668, PN: 002) effective December 31, 2022.