

**Form 5500-SF**

Department of the Treasury  
Internal Revenue Service

Department 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 11/01/2022 and ending 08/18/2023

- 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 <u>PENSION AGREEMENT FOR EMPLOYEES OF COMPCO METAL PRODUCTS COMPANY</u>		<b>1b</b> Three-digit plan number (PN) ▶ <u>001</u>
		<b>1c</b> Effective date of plan <u>11/01/1963</u>
<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) <u>COMPCO INDUSTRIES</u>  <u>400 WEST RAILROAD STREET, SUITE ONE</u> <u>COLUMBIANA, OH 44408</u>		<b>2b</b> Employer Identification Number (EIN) <u>34-0754023</u>
		<b>2c</b> Sponsor's telephone number <u>330-482-0200</u>
		<b>2d</b> Business code (see instructions) <u>332110</u>
<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor.		<b>3b</b> Administrator's EIN
		<b>3c</b> Administrator's telephone number
<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> <u>54</u>
<b>b</b> Total number of participants at the end of the plan year .....		<b>5b</b> <u>0</u>
<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> <u>0</u>
<b>d(1)</b> Total number of active participants at the beginning of the plan year .....		<b>5d(1)</b> <u>0</u>
<b>d(2)</b> Total number of active participants at the end of the plan year.....		<b>5d(2)</b> <u>0</u>
<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> <u>0</u>

**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>	<u>Filed with authorized/valid electronic signature.</u>	<u>11/27/2023</u>	<u>DIANNA BEIGHT</u>
	<b>Signature of plan administrator</b>	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>			
	<b>Signature of employer/plan sponsor</b>	Date	Enter name of individual signing as employer or plan sponsor

- 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: 506783. (See instructions.)

<b>Part III Financial Information</b>			
<b>7</b>		<b>(a) Beginning of Year</b>	<b>(b) End of Year</b>
<b>a</b>	Total plan assets.....	1898470	0
<b>b</b>	Total plan liabilities.....		
<b>c</b>	Net plan assets (subtract line 7b from line 7a).....	1898470	0
<b>8</b>		<b>(a) Amount</b>	<b>(b) Total</b>
<b>a</b>	Contributions received or receivable from:		
	(1) Employers.....	625432	
	(2) Participants.....		
	(3) Others (including rollovers).....		
<b>b</b>	Other income (loss).....	11558	
<b>c</b>	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b).....		636990
<b>d</b>	Benefits paid (including direct rollovers and insurance premiums to provide benefits).....	2524141	
<b>e</b>	Certain deemed and/or corrective distributions (see instructions).....		
<b>f</b>	Administrative service providers (salaries, fees, commissions).....	11319	
<b>g</b>	Other expenses.....		
<b>h</b>	Total expenses (add lines 8d, 8e, 8f, and 8g).....		2535460
<b>i</b>	Net income (loss) (subtract line 8h from line 8c).....		-1898470
<b>j</b>	Transfers to (from) the plan (see instructions).....		

<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>B 1I</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>		<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).....		X	
<b>b</b>	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.).....		X	
<b>c</b>	Was the plan covered by a fidelity bond?.....	X		500000
<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?.....		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.).....		X	
<b>f</b>	Has the plan failed to provide any benefit when due under the plan?.....		X	
<b>g</b>	Did the plan have any participant loans? (If "Yes," enter amount as of year-end.).....		X	
<b>h</b>	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....		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.....			

**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.)

<b>13c(1)</b> Name of plan(s):	<b>13c(2)</b> EIN(s)	<b>13c(3)</b> PN(s)

<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>	<small>OMB No. 1210-0110</small>  <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 11/01/2022 and ending 08/18/2023

▶ **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>PENSION AGREEMENT FOR EMPLOYEES OF COMPCO METAL PRODUCTS COMPANY</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>COMPCO INDUSTRIES</u>	<b>D</b> Employer Identification Number (EIN) <u>34-0754023</u>	

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

**Part I Basic Information**

<b>1</b> Enter the valuation date: Month <u>11</u> Day <u>01</u> Year <u>2022</u>			
<b>2</b> Assets:			
<b>a</b> Market value.....	<b>2a</b>	<u>1894523</u>	
<b>b</b> Actuarial value.....	<b>2b</b>	<u>2083976</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>25</u>	<u>1471575</u>	<u>1471575</u>
<b>b</b> For terminated vested participants.....	<u>29</u>	<u>946887</u>	<u>946887</u>
<b>c</b> For active participants.....	<u>0</u>	<u>0</u>	<u>0</u>
<b>d</b> Total .....	<u>54</u>	<u>2418462</u>	<u>2418462</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>5.39 %</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>0</u>	
<b>c</b> Total (line 6a + line 6b) .....	<b>6c</b>	<u>0</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>10/25/2023</u> Date
	<u>DANIEL G. MCCARTHY, ASA, EA, MAAA</u> Type or print name of actuary	<u>23-08718</u> Most recent enrollment number
	<u>DEFINITI LLC</u> Firm name	Telephone number (including area code)
	<u>2201 TIMBERLOCH PLACE SUITE 150 THE WOODLANDS, TX 77380</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	43968
<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) .....	0	43968
<b>10</b>	Interest on line 9 using prior year's actual return of <u>-14.04</u> % .....	0	-6173
<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).....		122252
	<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>5.56</u> %.....		6797
	<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.....		129049
	<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	37795

<b>Part III Funding Percentages</b>			
<b>14</b>	Funding target attainment percentage .....	<b>14</b>	84.60 %
<b>15</b>	Adjusted funding target attainment percentage .....	<b>15</b>	84.60 %
<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>	83.65 %
<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 Contributions made to the plan for the plan year by employer(s) and employees:</b>					
(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		
02/27/2023	12943						
05/16/2023	9588						
06/26/2023	150000						
07/18/2023	452901						
			<b>Totals ▶</b>	<b>18(b)</b>	625432	<b>18(c)</b>	0

<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>
	<b>b</b> Contributions made to avoid restrictions adjusted to valuation date. ....	<b>19b</b>
	<b>c</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date. ....	<b>19c</b> 603339
<b>20</b>	Quarterly contributions and liquidity shortfalls:	
	<b>a</b> Did the plan have a "funding shortfall" for the prior year? .....	<input checked="" type="checkbox"/> Yes <input 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 checked="" 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
0	0	0	0

**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** 62

**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>	
<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>	0
<b>b</b> Excess assets, if applicable, but not greater than line 31a .....	<b>31b</b>	0

<b>32</b> Amortization installments:	Outstanding Balance	Installment
<b>a</b> Net shortfall amortization installment .....	372281	42614
<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**

<b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)....	<b>34</b>	42614
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	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** 42614

**37** Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)..... **37** 603339

**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>	560725
<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, PART V - STATEMENT OF ACTUARIAL ASSUMPTIONS/METHODS**

3.4.1 ECONOMIC ASSUMPTION

- Interest Rates
    - PPA Funding Target—Current Year
      - First Segment Rate—4.75%
      - Second Segment Rate—5.18%
      - Third Segment Rate—5.92%
      - Effective Discount Rate—5.39%
    - PPA Funding Target—Prior Year
      - First Segment Rate—4.75%
      - Second Segment Rate—5.36%
      - Third Segment Rate—6.11%
      - Effective Discount Rate—5.56%
  - ASC960 Discount Rate
    - 6.50% per annum, net of expenses
- Salary Scale N/A

3.4.2 DEMOGRAPHIC ASSUMPTIONS

- Mortality
    - Funding Target
      - Combined static mortality tables for males and females as prescribed in §1.430(h)(3)-1 for the current plan year.
    - ASC960
      - Mortality is based on Pri-2012 Blue-Collar Dataset Headcount-Weighted Mortality with separate tables for Employees, Retirees, Contingent Survivors, and Disabled Participants with Mortality Improvement Scale with generational projection using Scale MP-2021.
- Retirement Age Age 62.
- Turnover
  - Withdrawal prior to retirement is assumed to occur in accordance with Crocker Sarason Straight Table T-1, with sample rates shown below (stopping at age 50):

<u>Age</u>	<u>Rate</u>
20	5.4384%
30	3.7020%
40	1.1283%
- Disability
  - Rates varying by age according to Disability Incidence Sarason/UAW 55 (Code 109 in FDP), with sample rates shown below:

<u>Age</u>	<u>Rate</u>
25	0.03%
40	0.07%
55	0.36%
- Marriage Assumptions 100% of participants are assumed to be married, with Males 3 years older than their spouse.

## SCHEDULE SB, PART V - STATEMENT OF ACTUARIAL ASSUMPTIONS/METHODS

### 3.4.3 OTHER ASSUMPTIONS

Form of Payment	All active and terminated vested participants are assumed to elect the normal form of payment, which is a life annuity.
Administrative Expenses	\$0, the actual amount paid for the prior Plan Year.
Maximum Benefit (Limited under IRC Sec. 415)	\$245,000 for 2022 (\$230,000 prior).

### 3.4.4 METHODS

Valuation Date	November 1, 2022 (first day of the plan year)
PPA Interest Rate Basis	Segment rates with zero month look back.
Asset Valuation Method	Fair value of assets plus contribution receivable.
Projected Unit Credit Cost Method	The <u>Projected Unit Credit Actuarial Cost Method</u> is used to determine the projected benefit obligation (PBO) and the service cost for ASC 715 purposes. Under this method, the service cost is the actuarial present value of projected benefits allocated to the valuation year based on current year service and projected pay. The PBO is the actuarial present value of projected benefits allocated to all periods prior to the valuation year, based on accumulated service and projected pay. Since benefit accruals were frozen, these measurements revert to the Unit Credit Actuarial Cost Method described below.
Unit Credit Actuarial Cost Method	The <u>Unit Credit Actuarial Cost Method</u> is used to determine the Accumulated Benefit Obligation (ABO) under ASC 960 and the Funding Target. The normal cost for each employee is the present value of the benefit which accrues during that current year. The total normal cost is the sum of the normal costs for all active participants. The ABO measures are the present value of the benefits accrued as of the valuation date for all active participants, plus the present value of all benefits for inactive participants. The actuarial accrued liability is re-determined each year.
Changes in Methods	There have been no changes in actuarial methods since the prior year.



<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>	<small>OMB No. 1210-0110</small>  <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 11/01/2022 and ending 08/18/2023

▶ **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 Pension Agreement for Employees of Compco Metal Products Company	<b>B</b> Three-digit plan number (PN) ▶	001
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Compco Industries	<b>D</b> Employer Identification Number (EIN) 34-0754023	
<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 checked="" type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input type="checkbox"/> More than 500	

<b>Part I</b>	<b>Basic Information</b>		
<b>1</b>	Enter the valuation date: Month <u>11</u> Day <u>01</u> Year <u>2022</u>		
<b>2</b>	Assets:		
	<b>a</b> Market value .....	<b>2a</b>	1894523
	<b>b</b> Actuarial value .....	<b>2b</b>	2083976
<b>3</b>	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	<b>a</b> For retired participants and beneficiaries receiving payment .....	25	1471575
	<b>b</b> For terminated vested participants .....	29	946887
	<b>c</b> For active participants .....	0	0
	<b>d</b> Total .....	54	2418462
<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>	5.39 %
<b>6</b>	Target normal cost .....		
	<b>a</b> Present value of current plan year accruals .....	<b>6a</b>	0
	<b>b</b> Expected plan-related expenses .....	<b>6b</b>	0
	<b>c</b> Total (line 6a + line 6b) .....	<b>6c</b>	0

**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 <b>DANIEL G. MCCARTHY, ASA, EA, MAAA</b> Type or print name of actuary  <b>DEFINITI LLC</b> Firm name <b>2201 TIMBERLOCH PLACE</b> <b>SUITE 150</b> <b>THE WOODLANDS, TX 77380</b> Address of the firm	<b>10/25/2023</b> Date  <b>28-08718</b> Most recent enrollment number   Telephone number (including area code)
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If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions

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

**Schedule SB (Form 5500) 2022**  
**v. 220413**

<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	43968
<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) .....	0	43968
<b>10</b>	Interest on line 9 using prior year's actual return of <u>-14.04</u> % .....	0	-6173
<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) .....		122252
	<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>5.56</u> % .....		6797
	<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 .....		129049
	<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	37795

<b>Part III Funding Percentages</b>			
<b>14</b>	Funding target attainment percentage .....	<b>14</b>	84.60%
<b>15</b>	Adjusted funding target attainment percentage .....	<b>15</b>	84.60%
<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>	83.65%
<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		
02-27-2023	12943						
05-16-2023	9588						
06-26-2023	150000						
07-18-2023	452901						
			<b>Totals ▶</b>	<b>18(b)</b>	625432	<b>18(c)</b>	0

<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>	
	<b>b</b> Contributions made to avoid restrictions adjusted to valuation date .....	<b>19b</b>	
	<b>c</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date .....	<b>19c</b>	603339
<b>20</b>	Quarterly contributions and liquidity shortfalls:		
	<b>a</b> Did the plan have a "funding shortfall" for the prior year? .....	<input checked="" type="checkbox"/> Yes <input 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 checked="" 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
0	0	0	0

<b>Part V Assumptions Used to Determine Funding Target and Target Normal Cost</b>				
<b>21</b> 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>b</b> Applicable month (enter code) .....				<b>21b</b> 0
<b>22</b> Weighted average retirement age .....				<b>22</b> 62
<b>23</b> Mortality table(s) (see instructions)	<input checked="" type="checkbox"/> Prescribed - combined <input type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute			

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

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

<b>Part VIII Minimum Required Contribution For Current Year</b>				
<b>31</b> Target normal cost and excess assets (see instructions):				
<b>a</b> Target normal cost (line 6c) .....				<b>31a</b> 0
<b>b</b> Excess assets, if applicable, but not greater than line 31a .....				<b>31b</b> 0
<b>32</b> Amortization installments:	Outstanding Balance		Installment	
<b>a</b> Net shortfall amortization installment .....	372281		42614	
<b>b</b> Waiver amortization installment.....	0		0	
<b>33</b> If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount .....				<b>33</b>
<b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)....				<b>34</b> 42614
	Carryover balance	Prefunding balance	Total balance	
<b>35</b> Balances elected for use to offset funding requirement .....	0	0	0	
<b>36</b> Additional cash requirement (line 34 minus line 35) .....				<b>36</b> 42614
<b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) .....				<b>37</b> 620743
<b>38</b> Present value of excess contributions for current year (see instructions)				
<b>a</b> Total (excess, if any, of line 37 over line 36)				<b>38a</b> 578129
<b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances.....				<b>38b</b> 0
<b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....				<b>39</b> 0
<b>40</b> Unpaid minimum required contributions for all years .....				<b>40</b> 0

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

**PENSION AGREEMENT FOR EMPLOYEES OF COMPCO METAL PRODUCTS COMPANY**  
**EIN #34-0754023 / PN 001**

**SCHEDULE SB, LINE 19 – DISCOUNTED EMPLOYER CONTRIBUTIONS**

Contribution Dates	Days After Valuation	Contribution Amounts	Effective Interest Rate	Interest Adjustment	Interest Adjusted Contributions
27-Feb-23	118	\$12,943	5.39%	(\$237)	\$12,706
16-May-23	196	\$9,588	5.39%	(\$268)	\$9,320
26-Jun-23	237	\$150,000	5.39%	(\$5,027)	\$144,973
18-Jul-23	259	\$452,901	5.39%	(\$16,561)	\$436,340
2022 Plan Year Contributions		625,432		(22,093)	603,339
2022 Plan Year Contributions					\$625,432
Interest Adjustment for Contributions made after the Beginning of the Plan Year					(\$22,093)
2022 Plan Year Discounted Contributions					\$603,339

**PENSION AGREEMENT FOR EMPLOYEES OF COMPCO METAL PRODUCTS COMPANY**  
**EIN #34-0754023 / PN 001**

**SCHEDULE SB, LINE 22 – DESCRIPTION OF WEIGHTED AVERAGE RETIREMENT AGE**

All participants are assumed to retire at age 62.

**PENSION AGREEMENT FOR EMPLOYEES OF COMPCO METAL PRODUCTS COMPANY**

**EIN #34-0754023 / PN 001**

**SCHEDULE SB, PART V - SUMMARY OF PLAN PROVISIONS**

**3.3.1 PARTICIPATION**

Effective Date	November 1, 1963; as last restated effective November 1, 2011. The Plan terminated effective January 31, 2023.
Eligibility	All employees of the participating companies who are covered by the Bargaining Agreement with the United Steelworkers of America are automatically participants in the plan. Employees who were not Participants as of October 31, 2006 will not receive a benefit under this Plan.
Date of Participation (Entry Date)	An Eligible Employee shall become a Participant on the first day of the month following the date you are employed in an eligible group.

**3.3.2 ACCRUED BENEFIT CALCULATION**

Monthly Accrued Benefit	The accrued benefit at any time is determined as for normal retirement considering service and benefit multiplier only to the date of determination. No additional benefits have been accrued under the Plan's benefit formula since the Plan was frozen on October 31, 2006.
Credited Service	A Year of Service is a 12-consecutive month period, which is the same as the Plan Year, during which at least 1 Hour of Service is completed. Years and nearest months of employment completed from date of hire to date of termination.
Vesting Service	One Year of Service for purposes for vesting upon the completion of 1,000 Hours of Service at any time during the year.

**3.3.3 FORMS OF BENEFIT**

Form of Pension	The normal form of pension is a life annuity payable for the participant's lifetime, automatically payable as a 50% Joint and Survivor Annuity for married participants.
Actuarial Equivalence	UP-1984 Society of Actuaries Mortality Table for males and 6.00% interest rate per annum.
Mandatory Cash-Out Distribution Threshold	Benefit is paid immediately to a participant as a lump sum if the Actuarial Equivalent of the monthly benefit at Normal Retirement Date payable as the Normal Form of Annuity is less than \$1,000.

**PENSION AGREEMENT FOR EMPLOYEES OF COMPCO METAL PRODUCTS COMPANY**

**EIN #34-0754023 / PN 001**

**SCHEDULE SB, PART V - SUMMARY OF PLAN PROVISIONS**

Optional Forms of Payment

The following actuarially equivalent forms of benefit are available:

- (1) Life Annuity
- (2) Life Annuity with 5, 10, or 15 Years Certain
- (3) Joint and 50%, 66 2/3%, 75%, or 100% to Spouse

**3.3.4 OTHER BENEFITS**

Pre-Retirement Death Benefit:

- Eligibility
- Retirement Eligible Employees
- Employees Prior to Eligibility

A member must be fully vested and married to be eligible for a pre-retirement death benefit.

Upon the death of a married Member who qualifies for early retirement, the Member's spouse shall receive a monthly benefit for life based on the benefit payable under a Joint and 50% Survivor Annuity which the Member's spouse would receive assuming the Member retired on the day before his death.

The spouse of any married vested participant who was not eligible for early retirement is also eligible for a benefit if the participant should die prior to his normal retirement date. The monthly pension payable at the participant's earliest retirement date will be an amount equal to the benefit calculated as though the participant survived to his earliest retirement age, selected a 50% Qualified Joint and Survivor Annuity, and died on the day after the day of attaining the earliest retirement age.

Benefit Upon Termination

A participant is fully vested in their Accrued Benefit automatically upon the attainment of Normal or Early Retirement Age, Disability, or upon termination of the plan. Otherwise, a participant is fully vested upon completion of 5 years of service. If a participant terminates prior to the completion of 5 years of vesting service for any reason other than those aforementioned, he will be entitled to no benefit from the plan.

Disability Retirement Benefit

A participant is eligible for a disability retirement benefit 6 months following the later of age 40 or 15 years of continuous service, provided that qualifies for Social Security Disability. The disability benefit is the accrued benefit based on service to date of disability.

**PENSION AGREEMENT FOR EMPLOYEES OF COMPCO METAL PRODUCTS COMPANY**

**EIN #34-0754023 / PN 001**

**SCHEDULE SB, PART V - SUMMARY OF PLAN PROVISIONS**

**3.3.5 RETIREMENT BENEFITS**

**Retirement Dates:**

- Normal  
The first day of the month coincident with or next following the earliest of: (1) the later of the attainment of age 65 or completion of 5 years of Service, (2) the later of the attainment of age 62 or completion of 15 years of Credited Service; or, (3) 35 years of Credited Service.
- Early  
Early retirement is permitted on the first of the month upon the attainment of age 55 and 15 Years of Continuous Service, provided that the sum of age and service equals 75 or more.
- Late  
The first day of the month coincident with or immediately following the date a Participant terminates employment with the Employer for any reason other than death, which is subsequent to a Participant's Normal Retirement Date.

**Retirement Benefits:**

- Normal Retirement Benefit  
The monthly retirement benefit is equal to the product of the benefit multiplier in effect as of date of determination and the years and months of Continuous service. The applicable benefit multipliers are as follows:

<u>Date</u>	<u>Benefit Multiplier</u>		
<u>Effective</u>	<u>First 15 Years</u>	<u>15-30 Years</u>	<u>30+ Years</u>
11/1/1998	\$23.25	\$24.75	\$26.25
11/1/1999	\$25.50	\$27.00	\$28.50
11/1/2000	\$27.75	\$29.25	\$30.75
11/1/2001	\$30.00	\$31.50	\$33.00
11/1/2002	\$32.25	\$33.75	\$35.25
11/1/2003	\$34.50	\$36.00	\$37.50
11/1/2004	\$34.50	\$36.00	\$37.50

Benefits were frozen as of October 31, 2006.
- Early Retirement Benefit  
The Accrued Benefit calculated as of Early Retirement Date actuarially reduced for each month by which benefit commencement precedes the Participant's Normal Retirement Date.
- Late Retirement Benefit  
The greater of the accrued benefit calculated as of Late Retirement using the applicable benefit formula on such date and the actuarial equivalent required for late commencement.

**PENSION AGREEMENT FOR EMPLOYEES OF COMPCO METAL PRODUCTS COMPANY**  
**EIN #34-0754023 / PN 001**

**SCHEDULE SB, LINE 32 – SCHEDULE OF AMORTIZATION BASES**

	<b>Shortfall Base Exemption Percentage</b>	<b>Shortfall Amortization Base</b>	<b>Remaining Amortization Period</b>	<b>Shortfall Amortization Factors</b>	<b>Shortfall Amortization Installment</b>
2022 Plan Year	84.60%	\$3,429	15	10.8211	\$317
2021 Plan Year	83.65%	(\$54,170)	14	10.3280	(\$5,245)
2020 Plan Year	80.00%	(\$312,930)	13	9.8094	(\$31,901)
2019 Plan Year	70.61%	\$735,952	12	9.2639	\$79,443
Shortfall Amortization Base		\$372,281			
Shortfall Amortization Charge					\$42,614

**Notes:**

1. If the Shortfall Base Exemption Percentage is at least 100% then no amortization base is required to be established for the current plan year.
2. When no Funding Shortfall exists, all prior Shortfall Amortization Bases are eliminated.
3. ARP amortization relief first applied for the 2019 plan year. As a result, all prior bases were eliminated and a new base equal to the funding shortfall was established with the 15 year amortization period.