

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
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Part I	Annual Report Identification Information
For calendar plan year 2022 or fiscal plan year beginning 07/01/2022 and ending 06/30/2023	
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	
1a	Name of plan RETIREMENT PLAN #3 FOR EMPLOYEES OF CHANNELLOCK, INC.	1b Three-digit plan number (PN) ▶ 011
		1c Effective date of plan 07/01/2019
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) CHANNELLOCK, INC. 1306 SOUTH MAIN STREET MEADVILLE, PA 16335	2b Employer Identification Number (EIN) 25-0399850 2c Sponsor's telephone number 814-724-8700 2d Business code (see instructions) 332210
3a	Plan administrator's name and address ☒ Same as Plan Sponsor.	3b Administrator's EIN 3c Administrator's telephone number
4	If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. a Sponsor's name c Plan Name	4b EIN 4d PN
5a	Total number of participants at the beginning of the plan year.....	5a 51
b	Total number of participants at the end of the plan year	5b 51
c	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	5c
d(1)	Total number of active participants at the beginning of the plan year	5d(1) 33
d(2)	Total number of active participants at the end of the plan year	5d(2) 32
e	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	5e 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.

SIGN HERE	Filed with authorized/valid electronic signature.	03/27/2024	STEPHEN M. SADA
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

- 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 498756. (See instructions.)

Part III Financial Information

7 Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
a Total plan assets.....	7a	986254	1024098
b Total plan liabilities.....	7b		
c Net plan assets (subtract line 7b from line 7a).....	7c	986254	1024098
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
a Contributions received or receivable from:			
(1) Employers.....	8a(1)		
(2) Participants.....	8a(2)		
(3) Others (including rollovers).....	8a(3)		
b Other income (loss).....	8b	40890	
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b).....	8c		40890
d Benefits paid (including direct rollovers and insurance premiums to provide benefits).....	8d	1058	
e Certain deemed and/or corrective distributions (see instructions).....	8e		
f Administrative service providers (salaries, fees, commissions).....	8f	1988	
g Other expenses.....	8g		
h Total expenses (add lines 8d, 8e, 8f, and 8g).....	8h		3046
i Net income (loss) (subtract line 8h from line 8c).....	8i		37844
j Transfers to (from) the plan (see instructions).....	8j		

Part IV Plan Characteristics

- 9a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
1A 1I
- b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Part V Compliance Questions

10 During the plan year:		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program).....	10a		X	
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.).....	10b		X	
c Was the plan covered by a fidelity bond?.....	10c	X		500000
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?.....	10d		X	
e 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.).....	10e		X	
f Has the plan failed to provide any benefit when due under the plan?.....	10f		X	
g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.).....	10g		X	
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....	10h		X	
i 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.....	10i			

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)

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
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For calendar plan year 2022 or fiscal plan year beginning	07/01/2022	and ending	06/30/2023
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.			

A Name of plan RETIREMENT PLAN #3 FOR EMPLOYEES OF CHANNELLOCK, INC.	B Three-digit plan number (PN) 011
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF CHANNELLOCK, INC.	D Employer Identification Number (EIN) 25-0399850
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☒ 100 or fewer ☐ 101-500 ☐ More than 500

Part I Basic Information			
1 Enter the valuation date: Month 07 Day 01 Year 2022			
2 Assets:			
a Market value	2a	986254	
b Actuarial value	2b	986254	
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	1	14944	14944
b For terminated vested participants	33	308610	308610
c For active participants	17	616731	616731
d Total	51	940285	940285
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)	☐		
a Funding target disregarding prescribed at-risk assumptions	4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5 Effective interest rate	5	5.69 %	
6 Target normal cost			
a Present value of current plan year accruals	6a	0	
b Expected plan-related expenses	6b	0	
c Total (line 6a + line 6b)	6c	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.

SIGN HERE	Signature of actuary	03/20/2024
	DANIEL G. MCCARTHY, ASA, EA, MAAA	Date
	Type or print name of actuary	23-08718
	DEFINITI LLC	Most recent enrollment number
Firm name		Telephone number (including area code)
2201 TIMBERLOCH PLACE SUITE 150 THE WOODLANDS, TX 77380		
Address of the firm		

Part II Beginning of Year Carryover and Prefunding Balances		
	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year).....	0	0
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)	0	0
10 Interest on line 9 using prior year's actual return of _____%	0	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year).....		0
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.89</u> %.....		0
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c Total available at beginning of current plan year to add to prefunding balance.....		0
d Portion of (c) to be added to prefunding balance.....		0
12 Other reductions in balances due to elections or deemed elections	0	
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12).....	0	0

Part III Funding Percentages		
14 Funding target attainment percentage	14	104.88 %
15 Adjusted funding target attainment percentage	15	104.88 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement.....	16	146.25 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

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

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
a Contributions allocated toward unpaid minimum required contributions from prior years.....	19a	0
b Contributions made to avoid restrictions adjusted to valuation date.	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.	19c	0
20 Quarterly contributions and liquidity shortfalls:		
a Did the plan have a "funding shortfall" for the prior year? ☐ Yes ☒ No		
b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☐ No		
c If line 20a is "Yes," see instructions and complete the following table as applicable:		
Liquidity shortfall as of end of quarter of this plan year		
(1) 1st	(2) 2nd	(3) 3rd

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

21 Discount rate:			
a Segment rates:	1st segment: 4.75 %	2nd segment: 5.18 %	3rd segment: 5.92 %
			☐ N/A, full yield curve used
b Applicable month (enter code).....			21b 4
22 Weighted average retirement age			22 65
23 Mortality table(s) (see instructions) ☒ Prescribed - combined ☐ Prescribed - separate ☐ Substitute			

Part VI Miscellaneous Items

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

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

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

41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. ☐ 2019 ☒ 2020 ☐ 2021
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**NT PLAN #3 FOR EMPLOYEES OF
CHANNELLOCK, INC.**

EIN: 25-0399850

PLAN NO: 002

7/1/2022 - 6/30/2023 Plan Year

Schedule SB, line 26 - Schedule of Active Participant Data

[illegible]

**RETIREMENT PLAN #3 FOR EMPLOYEES OF
CHANNELLOCK, INC.
EIN: 25-0399850
PLAN NO: 011**

7/1/2022 – 6/30/2023 Plan Year

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

Economic Assumptions

Interest Rates:

- PPA Funding Target for MRC – Current
 - 4.75% - 1st Segment Rate
 - 5.18% - 2nd Segment Rate
 - 5.92% - 3rd Segment Rate
 - 5.69% - Effective Rate
- PPA Funding Target – Prior
 - 4.75% - 1st Segment Rate
 - 5.36% - 2nd Segment Rate
 - 6.11% - 3rd Segment Rate
 - 5.89% - Effective Rate
- ASC 960 Discount Rate
 - Discount Rate 5.50% per annum

Salary Scale

Not applicable.

Demographic Assumptions

Mortality Rates

- Funding Target

The mortality is based on combined static mortality tables for males and females as prescribed in §1.430(h)(3)-1 for the current plan year.
- ASC 960

Mortality is based on Pri-2012 Blue- and White-Collar Dataset Amount-Weighted Mortality with separate tables for Employees, Retirees, and Contingent Survivors with Mortality Improvement Scale with generational projection using Scale MP-2021 set forward 2 years for Hourly and Salaried employees, respectively and Pri-2012 Total Dataset Amount-Weighted Mortality with MP-2021 improvement set forward 2 years for disabled members.
- Disability

The rates of mortality for disabled lives are based on the Disability Mortality Table per Revenue Ruling 96-7.

Turnover Rates:

Withdrawal prior to retirement is assumed to occur in accordance with Table T-3 for salaried employees and T-4 for hourly employees, with sample rates shown below:

<u>Age</u>	<u>Salaried Rate</u>	<u>Hourly Rate</u>
25	5.2704%	5.2917%
40	3.8412%	4.1878%
55	0.3344%	0.9394%

Disability Rates:	Rates varying by age according to Disability Incidence Sarason/UAW 55 (Code 109 in FDP), with sample rates shown below: <table> <tr> <th><u>Age</u></th><th><u>Rates</u></th></tr> <tr> <td>25</td><td>0.03%</td></tr> <tr> <td>40</td><td>0.07%</td></tr> <tr> <td>55</td><td>0.36%</td></tr> </table>	<u>Age</u>	<u>Rates</u>	25	0.03%	40	0.07%	55	0.36%
<u>Age</u>	<u>Rates</u>								
25	0.03%								
40	0.07%								
55	0.36%								
Retirement Age:	Age 65 and 5 years of participation, or present age if greater.								
Maximum Benefit Limitations Under IRC Sec. 415(b)	\$245,000 for 2022 (\$230,000 in prior year).								
Other Assumptions Marriage Assumptions	85% of male and female participants are assumed to be married. Males are assumed to be three years older than their spouses.								
Administrative Expenses	Administrative expenses expected to be paid from the Trust are \$0.								
Form of Payment	All active and terminated vested participants are assumed to elect the normal form of payment, which is a life annuity for union employees and a life annuity with 10 years certain for salaried employees and hourly foremen.								
Late Retirement	The benefit earned after normal retirement for active participants and deferred vested participants reflects additional accruals due to the increase in benefit service.								
Changes in Assumptions	The mortality tables used for ASC960 have changed from a 3-year set forward to a 2-year set forward. The mortality Scale has been updated from MP-2020 to MP-2021. There have been no other changes in actuarial assumptions since the prior valuation except for the adjustments to the Funding Target interest rates and mortality table as prescribed by IRS guidelines.								

Methods

Valuation Date	July 1, 2022 (first day of the plan year)
Asset Valuation Method	The value of plan assets is equal to the fair value (including discounted receivable contributions).
Projected Unit Credit Actuarial	The <u>Projected Unit Credit Actuarial Cost Method</u> Cost Method is used as a component in the development of the maximum deductible contribution limit. Under this method, the service cost is the actuarial present value of projected benefit allocated to the valuation year based on current year service and projected pay. The projected benefit obligation 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 Funding Target (FT) for PPA funding purposes and the Present Value of Accumulated Benefits (PVAB) for ASC 960 purposes. 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. For PPA funding, the Target Normal Cost includes an estimate of the annual administrative expenses expected to be paid from the Trust. The FT and PVAB 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.
Changes in Methods	There were no changes in methods during the current year.

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
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For calendar plan year 2022 or fiscal plan year beginning 07/01/2022 and ending 06/30/2023	
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Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.	
A Name of plan RETIREMENT PLAN #3 FOR EMPLOYEES OF CHANNELLOCK, INC.	B Three-digit plan number (PN) 011
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Channellock, Inc.	D Employer Identification Number (EIN) 25-0399850
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☒ 100 or fewer ☐ 101-500 ☐ More than 500

Part I	Basic Information
1	Enter the valuation date: Month 07 Day 01 Year 2022
2	Assets:
a	Market value 2a 986254
b	Actuarial value 2b 986254
3	Funding target/participant count breakdown
	(1) Number of participants (2) Vested Funding Target (3) Total Funding Target
a	For retired participants and beneficiaries receiving payment 1 14944 14944
b	For terminated vested participants 33 308610 308610
c	For active participants 17 616731 616731
d	Total 51 940285 940285
4	If the plan is in at-risk status, check the box and complete lines (a) and (b) ☐
a	Funding target disregarding prescribed at-risk assumptions 4a
b	Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor 4b
5	Effective interest rate 5 5.69 %
6	Target normal cost
a	Present value of current plan year accruals 6a 0
b	Expected plan-related expenses 6b 0
c	Total (line 6a + line 6b) 6c 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.

SIGN HERE	dm Signature of actuary DANIEL G. MCCARTHY, ASA, EA, MAAA Type or print name of actuary DEFINITI LLC Firm name 2201 TIMBERLOCH PLACE SUITE 150 THE WOODLANDS, TX 77380 Address of the firm	3/20/2024 Date 23-08718 Most recent enrollment number Telephone number (including area code)
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Part II Beginning of Year Carryover and Prefunding Balances

Beginning of Year Carryover and Prefunding Balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of _____ %.....	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.89</u> %		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III	Funding Percentages
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14	Funding target attainment percentage.....	14	104.88%
15	Adjusted funding target attainment percentage	15	104.88%
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement.....	16	146.25%
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.....	17	%

Part IV Contributions and Liquidity Shortfalls

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

(a) Date (MM-DD-YYYY)		(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)		(b) Amount paid by employer(s)	(c) Amount paid by employees	
				Totals ►	18(b)	0	18(c)	0

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

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

20 Quarterly contributions and liquidity shortfalls:

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

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

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

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

Part V	Assumptions Used to Determine Funding Target and Target Normal Cost
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21 Discount rate:			
a Segment rates:	1st segment: 4.75 %	2nd segment: 5.18 %	3rd segment: 5.92 % ☐ N/A, full yield curve used
b Applicable month (enter code)	21b		4
22 Weighted average retirement age	22		65
23 Mortality table(s) (see instructions) ☒ Prescribed - combined ☐ Prescribed - separate ☐ Substitute			

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

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

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

Part IX	Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)
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41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. ☐ 2019 ☒ 2020 ☐ 2021
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**RETIREMENT PLAN #3 FOR EMPLOYEES OF
CHANNELLOCK, INC.**

EIN: 25-0399850

PLAN NO: 011

7/1/2022 – 6/30/2023 Plan Year

SCHEDULE SB, Line 22 – Description of Weighted Average Retirement Age

Each participant is assumed to retire at age 65, the Normal Retirement Age of the Plan.

**RETIREMENT PLAN #3 FOR EMPLOYEES OF
CHANNELLOCK, INC.
EIN: 25-0399850
PLAN NO: 011
7/1/2022 – 6/30/2023 Plan Year
Schedule SB, Part V – Summary of Plan Provisions**

Effective Date	Established effective July 1, 2019.
Eligibility	All employees are eligible to participate as of their date of hire. Effective March 10, 2006, May 1, 2008, and November 1, 2011 no additional salaried, USW Union hourly, and IAM Union hourly employees shall be eligible to participate in the Plan.
Vesting Service	For periods of employment prior to July 1, 1976, Credited Service means the number of years of “Continuous Service” earned under the Plan prior to such date and for all other periods of employment, Credited Service means the number of years of Service calculated to the nearest month.
Credited Service	For periods of employment prior to July 1, 1976, Credited Service means the number of years of “Continuous Service” earned under the Plan prior to such date and for all other periods of employment, Credited Service means the number of years of Service calculated to the nearest month. Effective March 10, 2006, May 1, 2008, and November 1, 2011 no salaried, USW Union hourly, and IAM Union hourly employees, respectively, shall accrue any additional credited service.
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.
Average Monthly Compensation	The highest five consecutive calendar years of earnings out of the last ten calendar years divided by 60.
Retirement Dates:	
• Normal:	The first day of the month coinciding with or next following the date in which the participant attains age 65 and 5 years of participation.
• Early:	Early retirement is permitted upon the attainment of age 60 and 5 years of vesting service.
• Late:	The first day of the month coincident with or immediately following the date the Participant terminated employment with the Employer for any reason other than death, which is subsequent to a Participant’s Normal Retirement Date.

Retirement Benefits:

- Normal:

The monthly retirement benefit is equal to the greater of (a) 1.50% of Average Monthly Earnings multiplied by Years of Credited Service and (b) the applicable benefit multiplier in effect as of termination, retirement, death, or disability, multiplied by Years of Credited Service. The applicable benefit multipliers are as follows:

Effective Date	Benefit Multiplier
April 1, 2007	\$28.00

Benefit accruals were frozen as of March 10, 2006, May 1, 2008, and November 1, 2011 for salaried, USW Union, and IAM Union employees, respectively.

- Early:

The Accrued Benefit calculated as of Early Retirement multiplied by the applicable adjustment factor set forth below for each year and part thereof by which his early precedes normal retirement. The factors are adjusted by straight-line interpolation to allow for fractional parts of a year:

Years Early	Salaried Adj. Factor	Union Adj. Factor
5	0.8000	0.6718
4	0.8400	0.7236
3	0.8800	0.7814
2	0.9200	0.8460
1	0.9600	0.9184
0	1.0000	1.0000

If the participant has at least 30 years of vesting service, there is no reduction.

- Late:

The Accrued Benefit calculated as of Late Retirement using the applicable benefit formulas on such date.

Benefit Upon Termination

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 death or retirement, he will be entitled to no benefit from the plan.

Disability Retirement Benefit

A participant is eligible for a disability retirement benefit if he has completed at least 10 years of Vesting Service. The disability benefit is based on Average Monthly Compensation and Credited Service at the time of disability, reduced if the Participant elects the special surviving spouse benefit.

Pre-Retirement Death Benefit

For Salaried Employees and Hourly Rated Foremen, if death occurs prior to retirement but after age 60 and 15 years of vesting service, a death benefit will be payable to the surviving spouse. Upon the death of a married participant, the participant's spouse shall receive a monthly benefit based on the greater actuarial value of the following: (a) the benefit payable under a Joint and 50% Survivor Annuity which the participant's spouse would receive assuming the participant retired on the day before his death or (b) the benefit payable until the earlier of the spouse's death or the payment of 120 monthly benefit payments, reduced for early retirement. The actuarial equivalent of the benefit payable under (b) may be payable as a life annuity. For all vested participants, the amount of the surviving spouse's benefit is equal to 50% of the participant's accrued benefit reduced for early retirement at age 60 or later, if applicable. This benefit is further reduced for a 50% Joint and Survivor Option. The spouse's benefit is first payable at the time the participant would have attained early retirement age.

For union employees, upon the death of a married participant who qualifies for early retirement, the participant's spouse shall receive a monthly benefit for life based on the benefit payable under a Joint and 50% Survivor Annuity which the participant's spouse would have received assuming the participant retired on the day before his death reduced for early retirement. 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 the benefit that would have been payable to the spouse had the participant terminated employment on his date of death, survived, retired at his earliest retirement age, selected a 50% Qualified Joint and Survivor Annuity, and died on the day after the day of attaining his earliest retirement age.

Form of Pension

The normal form of pension is a life annuity payable for the participant's lifetime for union employees and a life annuity with 10 years certain for salaried employees and hourly rated foremen.

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.
Actuarial Equivalence	UP-1983 Group Annuity Mortality Table for males and 7.50% interest rate per annum.
Optional Benefit Forms	The following actuarially equivalent forms of benefit are available for Union Employees: (1) 50% or 75% joint & survivor annuity. (2) Straight Life Annuity (3) Lump Sum (if monthly benefit at normal retirement is less than \$200 or the present value of such benefit is less than \$50,000) The following actuarially equivalent forms of benefit are available for Salaried Employees and Hourly Rated Foremen: (1) 50% or 75% joint & survivor annuity with 120 months guaranteed (2) Life annuity with 120 months guaranteed (3) Lump Sum (if monthly benefit at normal retirement is less than \$200 or the present value of such benefit is less than \$50,000)
Changes in Plan Provisions	There have been no plan changes since the prior year.