

<p style="text-align: center;"><b>Form 5500</b></p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p><b>Annual Return/Report of Employee Benefit Plan</b></p> <p style="font-size: x-small;">This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</p> <p style="text-align: center;"><b>▶ Complete all entries in accordance with the instructions to the Form 5500.</b></p>	<p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: large; text-align: center;"><b>2023</b></p> <hr/> <p style="text-align: center;"><b>This Form is Open to Public Inspection</b></p>
---	---	---

**Part I Annual Report Identification Information**  
 For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/05/2023

**A** This return/report is for:  a multiemployer plan  a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)

a single-employer plan  a DFE (specify) \_\_\_\_\_

**B** This return/report is:  the first return/report  the final return/report

an amended return/report  a short plan year return/report (less than 12 months)

**C** If the plan is a collectively-bargained plan, check here. . . . .

**D** Check box if filing under:  Form 5558  automatic extension  the DFVC program

special extension (enter description)

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

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

<p><b>1a</b> Name of plan <u>CBC COATING, INC. EMPLOYEES' PENSION PLAN</u></p>	<p><b>1b</b> Three-digit plan number (PN) ▶ <u>004</u></p>
<p><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>CBC COATING, INC.</u></p> <p><u>820 SOUTH OLDE ONEIDA STREET</u> <u>APPLETON, WI 54915</u></p>	<p><b>1c</b> Effective date of plan <u>01/01/1983</u></p> <p><b>2b</b> Employer Identification Number (EIN) <u>39-0572820</u></p> <p><b>2c</b> Plan Sponsor's telephone number <u>920-991-2009</u></p> <p><b>2d</b> Business code (see instructions) <u>322100</u></p>

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

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

<b>SIGN HERE</b>	Filed with authorized/valid electronic signature.	07/02/2024	FRED HANDEL
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>	Filed with authorized/valid electronic signature.	07/02/2024	JASON STEENBOCK
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>			
	Signature of DFE	Date	Enter name of individual signing as DFE

<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>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	278
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits ..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> . ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits ..... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> . ..... <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) ..... <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) ..... <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<b>6a(1)</b>	0
	<b>6a(2)</b>	0
	<b>6b</b>	0
	<b>6c</b>	0
	<b>6d</b>	0
	<b>6e</b>	0
	<b>6f</b>	0
	<b>6g(1)</b>	
<b>6g(2)</b>		
<b>6h</b>		0
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	<b>7</b>	

**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:  
**1B 1H 1I**

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

<b>9a</b> Plan funding arrangement (check all that apply)	<b>9b</b> Plan benefit arrangement (check all that apply)
(1) <input type="checkbox"/> Insurance	(1) <input type="checkbox"/> Insurance
(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts
(3) <input checked="" type="checkbox"/> Trust	(3) <input checked="" type="checkbox"/> Trust
(4) <input type="checkbox"/> General assets of the sponsor	(4) <input type="checkbox"/> General assets of the sponsor

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

- a Pension Schedules**
- (1)  **R** (Retirement Plan Information)
  - (2)  **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
  - (3)  **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
  - (4)  **DCG** (Individual Plan Information) – Number Attached \_\_\_\_\_
  - (5)  **MEP** (Multiple-Employer Retirement Plan Information)

- b General Schedules**
- (1)  **H** (Financial Information)
  - (2)  **I** (Financial Information – Small Plan)
  - (3)  **A** (Insurance Information) – Number Attached 0
  - (4)  **C** (Service Provider Information)
  - (5)  **D** (DFE/Participating Plan Information)
  - (6)  **G** (Financial Transaction Schedules)

---

**Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)**

---

**11a** If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) .....  Yes  No

If "Yes" is checked, complete lines 11b and 11c.

---

**11b** Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) .....  Yes  No

**11c** Enter the Receipt Confirmation Code for the 2023 Form M-1 annual report. If the plan was not required to file the 2023 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code \_\_\_\_\_

---

<b>SCHEDULE C</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>Service Provider Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2023</b>  <b>This Form is Open to Public Inspection.</b>
--	--	---

For calendar plan year 2023 or fiscal plan year beginning **01/01/2023** and ending **12/05/2023**

<b>A</b> Name of plan <b>CBC COATING, INC. EMPLOYEES' PENSION PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>004</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>CBC COATING, INC.</b>	<b>D</b> Employer Identification Number (EIN) <b>39-0572820</b>	

**Part I Service Provider Information (see instructions)**

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

**1 Information on Persons Receiving Only Eligible Indirect Compensation**

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

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

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

**23-1945930**

**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation  
**CHARLES SCHWAB** **P.O. BOX 628291**  
**ORLANDO, FL 32862-8291**

**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation  
**JP MORGAN** **270 PARK AVENUE**  
**NEW YORK, NY 10016**

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

---

---

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

---

---

---

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

---

---

---

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

---

---

---

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

---

---

---

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

---

---

---

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

---

---

---

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

---

---

---

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

---

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

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

AON CONSULTING

22-2232264

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
17 50	NONE	174212	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

NORTH STAR ASSET MANAGEMENT, INC.

39-1849892

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50 51	NONE	43227	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

ASSOCIATED BANK, N.A.

200 N ADAMS ST.  
GREEN BAY, WI 54301

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21 50	NONE	22299	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

KERBERROSE SC

39-1658423

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	16000	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

MENN LAW FIRM LTD

39-1149232

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	7585	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

**Part I Service Provider Information (continued)**

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

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

**Part II Service Providers Who Fail or Refuse to Provide Information**

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

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

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

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

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

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

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

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

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>SCHEDULE H</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>Financial Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).  <b>► File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2023</b>  <b>This Form is Open to Public Inspection</b>
--	--	--

For calendar plan year 2023 or fiscal plan year beginning <b>01/01/2023</b> and ending <b>12/05/2023</b>	
<b>A</b> Name of plan <b>CBC COATING, INC. EMPLOYEES' PENSION PLAN</b>	<b>B</b> Three-digit plan number (PN) <b>►</b> <b>004</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>CBC COATING, INC.</b>	<b>D</b> Employer Identification Number (EIN) <b>39-0572820</b>

<b>Part I</b>	<b>Asset and Liability Statement</b>
---------------	--------------------------------------

**1** Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

		(a) Beginning of Year	(b) End of Year
<b>Assets</b>			
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>		
<b>b</b> Receivables (less allowance for doubtful accounts):			
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>		
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>		
<b>(3)</b> Other .....	<b>1b(3)</b>	101906	0
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	1353067	0
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>		
<b>(3)</b> Corporate debt instruments (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>		
<b>(B)</b> All other .....	<b>1c(3)(B)</b>	8129230	0
<b>(4)</b> Corporate stocks (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>	1634988	0
<b>(B)</b> Common .....	<b>1c(4)(B)</b>	1550200	0
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>		
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>		
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>		
<b>(8)</b> Participant loans .....	<b>1c(8)</b>		
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>		
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>		
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>		
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>		
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	11621450	0
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) .....	<b>1c(14)</b>		
<b>(15)</b> Other .....	<b>1c(15)</b>		

<b>1d</b> Employer-related investments:		<b>(a)</b> Beginning of Year	<b>(b)</b> End of Year
(1) Employer securities .....	<b>1d(1)</b>		
(2) Employer real property .....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation .....	<b>1e</b>		
<b>f</b> Total assets (add all amounts in lines 1a through 1e) .....	<b>1f</b>	24390841	0
<b>Liabilities</b>			
<b>g</b> Benefit claims payable .....	<b>1g</b>		
<b>h</b> Operating payables .....	<b>1h</b>		
<b>i</b> Acquisition indebtedness .....	<b>1i</b>		
<b>j</b> Other liabilities .....	<b>1j</b>		
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j) .....	<b>1k</b>	0	0
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f) .....	<b>1l</b>	24390841	0

**Part II Income and Expense Statement**

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

<b>Income</b>		<b>(a)</b> Amount	<b>(b)</b> Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers .....	<b>2a(1)(A)</b>		
<b>(B)</b> Participants .....	<b>2a(1)(B)</b>		
<b>(C)</b> Others (including rollovers) .....	<b>2a(1)(C)</b>		
(2) Noncash contributions .....	<b>2a(2)</b>		
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		0
<b>b Earnings on investments:</b>			
<b>(1) Interest:</b>			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit) .....	<b>2b(1)(A)</b>	62325	
<b>(B)</b> U.S. Government securities .....	<b>2b(1)(B)</b>		
<b>(C)</b> Corporate debt instruments .....	<b>2b(1)(C)</b>	126488	
<b>(D)</b> Loans (other than to participants) .....	<b>2b(1)(D)</b>		
<b>(E)</b> Participant loans .....	<b>2b(1)(E)</b>		
<b>(F)</b> Other .....	<b>2b(1)(F)</b>		
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		188813
<b>(2) Dividends:</b>			
<b>(A)</b> Preferred stock .....	<b>2b(2)(A)</b>	33886	
<b>(B)</b> Common stock .....	<b>2b(2)(B)</b>		
<b>(C)</b> Registered investment company shares (e.g. mutual funds) .....	<b>2b(2)(C)</b>	186884	
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		220770
(3) Rents .....	<b>2b(3)</b>		
<b>(4) Net gain (loss) on sale of assets:</b>			
<b>(A)</b> Aggregate proceeds .....	<b>2b(4)(A)</b>	42807869	
<b>(B)</b> Aggregate carrying amount (see instructions) .....	<b>2b(4)(B)</b>	43882351	
<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....	<b>2b(4)(C)</b>		-1074482
<b>(5) Unrealized appreciation (depreciation) of assets:</b>			
<b>(A)</b> Real estate .....	<b>2b(5)(A)</b>		
<b>(B)</b> Other .....	<b>2b(5)(B)</b>	1339416	
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	<b>2b(6)</b>		
(7) Net investment gain (loss) from pooled separate accounts.....	<b>2b(7)</b>		
(8) Net investment gain (loss) from master trust investment accounts.....	<b>2b(8)</b>		
(9) Net investment gain (loss) from 103-12 investment entities.....	<b>2b(9)</b>		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	<b>2b(10)</b>		136581
<b>c</b> Other income .....	<b>2c</b>		
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....	<b>2d</b>		811098

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers .....	<b>2e(1)</b>	970889	
(2) To insurance carriers for the provision of benefits.....	<b>2e(2)</b>		
(3) Other.....	<b>2e(3)</b>	22974383	
(4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		23945272
<b>f</b> Corrective distributions (see instructions).....	<b>2f</b>		
<b>g</b> Certain deemed distributions of participant loans (see instructions) .....	<b>2g</b>		
<b>h</b> Interest expense .....	<b>2h</b>		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances.....	<b>2i(1)</b>		
(2) Contract administrator fees.....	<b>2i(2)</b>		
(3) Recordkeeping fees.....	<b>2i(3)</b>		
(4) IQPA audit fees.....	<b>2i(4)</b>	16000	
(5) Investment advisory and investment management fees .....	<b>2i(5)</b>	43227	
(6) Bank or trust company trustee/custodial fees .....	<b>2i(6)</b>	22299	
(7) Actuarial fees .....	<b>2i(7)</b>	174212	
(8) Legal fees .....	<b>2i(8)</b>	7585	
(9) Valuation/appraisal fees .....	<b>2i(9)</b>		
(10) Other trustee fees and expenses .....	<b>2i(10)</b>		
(11) Other expenses .....	<b>2i(11)</b>	13344	
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		276667
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	<b>2j</b>		24221939

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		-23410841
<b>l</b> Transfers of assets:			
(1) To this plan .....	<b>2l(1)</b>		
(2) From this plan .....	<b>2l(2)</b>		980000

**Part III Accountant's Opinion**

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

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

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

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

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

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

(1) Name: **KERBERROSE SC**

(2) EIN: **39-1658423**

**d** The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

(1)  This form is filed for a CCT, PSA, DCG or MTIA. (2)  It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

**Part IV Compliance Questions**

**4** CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

	Yes	No	Amount
<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? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.) .....		X	
<b>b</b> Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.).....		X	
<b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.) .....		X	
<b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....		X	
<b>e</b> Was this plan covered by a fidelity bond?.....	X		500000
<b>f</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>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser? .....		X	
<b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?.....		X	
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....		X	
<b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.).....	X		
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? .....	X		
<b>l</b> Has the plan failed to provide any benefit when due under the plan? .....		X	
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....			
<b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. ....			

**5a** Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?.....  Yes  No  
 If "Yes," enter the amount of any plan assets that reverted to the employer this year 2924595.

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

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
CBC COATING INC. EMPLOYEES THRIFT & SAVINGS PLAN	39-0572820	003

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 500157.

<b>SCHEDULE R</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>Retirement Plan Information</b>  This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2023</b>  <b>This Form is Open to Public Inspection.</b>
--	---	---

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/05/2023

<b>A</b> Name of plan <u>CBC COATING, INC. EMPLOYEES' PENSION PLAN</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>004</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <u>CBC COATING, INC.</u>	<b>D</b> Employer Identification Number (EIN) <u>39-0572820</u>	

<b>Part I</b>	<b>Distributions</b>
---------------	----------------------

**All references to distributions relate only to payments of benefits during the plan year.**

<b>1</b> Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	0
---	---	---

**2** Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):  
 EIN(s): 25-1864068

**Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.**

<b>3</b> Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year .....	3	0
--	---	---

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

**4** Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? .....  Yes  No  N/A  
**If the plan is a defined benefit plan, go to line 8.**

**5** If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_  
**If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.**

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

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

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

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

<b>Part III</b>	<b>Amendments</b>
-----------------	-------------------

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

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

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

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

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

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

**Part V Additional Information for Multiemployer Defined Benefit Pension Plans**

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

**a** Name of contributing employer \_\_\_\_\_

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

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

**e** Contribution rate information (If more than one rate applies, check this box  and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): \_\_\_\_\_

**a** Name of contributing employer \_\_\_\_\_

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

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

**e** Contribution rate information (If more than one rate applies, check this box  and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): \_\_\_\_\_

**a** Name of contributing employer \_\_\_\_\_

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

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

**e** Contribution rate information (If more than one rate applies, check this box  and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): \_\_\_\_\_

**a** Name of contributing employer \_\_\_\_\_

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

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

**e** Contribution rate information (If more than one rate applies, check this box  and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): \_\_\_\_\_

**a** Name of contributing employer \_\_\_\_\_

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

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

**e** Contribution rate information (If more than one rate applies, check this box  and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): \_\_\_\_\_

**a** Name of contributing employer \_\_\_\_\_

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

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

**e** Contribution rate information (If more than one rate applies, check this box  and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): \_\_\_\_\_

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

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

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

<b>a</b> The corresponding number for the plan year immediately preceding the current plan year .....	<b>15a</b>	
<b>b</b> The corresponding number for the second preceding plan year .....	<b>15b</b>	

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

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

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

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

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

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

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

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

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

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

**b** If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:  
 Yes.  
 No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.  
 No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.  
 No. Other. Provide explanation.....

**Part VII IRS Compliance Questions**

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

**21b** If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).  
 Design-based safe harbor method  
 "Prior year" ADP test  
 "Current year" ADP test  
 N/A

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

# **CBC COATING, INC. EMPLOYEES' PENSION PLAN**

---

**Financial Statements  
& Supplementary Information**

**For the Periods Ended  
December 5, 2023 and December 31, 2022**

**CBC COATING, INC.  
EMPLOYEES' PENSION PLAN**

**Table of Contents  
December 5, 2023 and December 31, 2022**

---

	<u>Page</u>
<b>Independent Auditors' Report</b>	1 – 3
<b>Financial Statements</b>	
Statements of Net Assets Available for Benefits in Liquidation	4
Statement of Changes in Net Assets Available for Benefits in Liquidation	5
Notes to Financial Statements	6 – 11
<b>Supplemental Schedule</b>	
Schedule H – Line 4j – Schedule of Reportable Transactions	12 – 18

## Independent Auditors' Report

Board of Trustees  
CBC Coating, Inc. Employees' Pension Plan  
Appleton, Wisconsin

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

We have performed audits of the financial statements of CBC Coating, Inc. Employees' Pension Plan (Plan), an employee pension plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits in liquidation as of December 5, 2023 and December 31, 2022, respectively, and the related statement of changes in net assets available for benefits in liquidation for the period January 1, 2023 to December 5, 2023, and the related notes to the financial statements.

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

Management has obtained certifications from a qualified institution as of December 5, 2023 and December 31, 2022 and for the period January 1, 2023 to December 5, 2023, stating that the certified investment information, as described in Note 8 to the financial statements, is complete and accurate.

### **Opinion**

In our opinion, based on our audits and on the procedures performed as described in the Auditors' Responsibilities for the Audit of the Financial Statements section—

- the amounts and disclosures in the accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- the information in the accompanying financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

### **Basis for Opinion**

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

### ***Basis of Accounting***

As described in Note 6 to the financial statements, the Plan's management approved a plan of liquidation on March 31, 2022, and, accordingly, the Plan's financial statements are prepared on the liquidation basis of accounting. Generally accepted accounting principles require financial statements to be prepared on the liquidation basis of accounting when a plan is in liquidation or when liquidation is imminent. Our opinion is not modified with respect to that matter.

### ***Responsibilities of Management for the Financial Statements***

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

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

### ***Auditors' Responsibilities for the Audit of the Financial Statements***

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with generally accepted auditing standards, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of CBC Coating, Inc. Employees' Pension Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.

Our audit did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

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

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

**Other Matter**

***Supplemental Schedule Required by ERISA***

The supplemental schedule of reportable transactions is presented for purposes of additional analysis and is not a required part of the financial statements, but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the 2023 financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the 2023 financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, other than the information agreed to or derived from the certified investment information, including its form and content, is presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion—

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

*KerberRose SC*

**KerberRose SC**  
**Certified Public Accountants**  
Appleton, Wisconsin  
June 27, 2024

## **FINANCIAL STATEMENTS**

**CBC COATING, INC.**  
**EMPLOYEES' PENSION PLAN**

Statements of Net Assets Available for Benefits in Liquidation  
As of December 5, 2023 and December 31, 2022

---

	<u>2023</u>	<u>2022</u>
<b>ASSETS</b>		
Investments	\$ -	\$ 24,288,935
Accrued Investment Income Receivable	-	101,906
<b>NET ASSETS AVAILABLE FOR BENEFITS</b>	<u>\$ -</u>	<u>\$ 24,390,841</u>

See Accompanying Notes

**CBC COATING, INC.**  
**EMPLOYEES' PENSION PLAN**

Statement of Changes in Net Assets Available for Benefits in Liquidation  
For the Period January 1, 2023 to December 5, 2023

---

**ADDITIONS TO NET ASSETS ATTRIBUTED TO**

Investment Income:

Net Appreciation in Fair Value of Investments	\$ 401,515
Interest and Dividends	409,583
Total Investment Income	<u>811,098</u>

**DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO**

Benefits Paid to Participants	970,889
Transfer to 401k Plan	980,000
Deferred Annuity Purchase and Other Expenses	<u>23,251,050</u>

<b>Total Deductions</b>	<u>25,201,939</u>
-------------------------	-------------------

<b>NET CHANGE</b>	(24,390,841)
-------------------	--------------

**NET ASSETS AVAILABLE FOR BENEFITS**

<b>BEGINNING OF PERIOD</b>	<u>24,390,841</u>
----------------------------	-------------------

<b>END OF PERIOD</b>	<u>\$ -</u>
----------------------	-------------

**CBC COATING, INC.**  
**EMPLOYEES' PENSION PLAN**  
Notes to Financial Statements  
December 5, 2023 and December 31, 2022

---

**Note 1 – Description of Plan**

The following description of the CBC Coating, Inc. Employees' Pension Plan (Plan) provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

**General**

The Plan is a defined benefit pension plan covering substantially all employees of CBC Coating, Inc. (Company). It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA) and subsequent legislation. The Plan has been frozen since February 1, 2008. New employees after that date are not eligible to participate in the Plan. The Plan was amended effective January 1, 2015 to comply with various legislative and Internal Revenue Service (IRS) requirements.

**Pension Benefits**

*Normal Retirement Benefits*

Normal retirement benefits paid to participants who have reached age 65 and completed at least five years of vested service are based on final average compensation and years of credited service prior to the plan freezing.

The standard benefit shall be the participant's accrued benefit payable as a monthly income for the life of the participant. Optional forms of distributions are available to married participants such as joint and 100% survivor annuity or straight life annuity. If the present value of a participant benefit is less than \$5,000 the plan administrator will convert the benefit to a lump sum payment.

*Benefit Upon Early Retirement*

Early retirement benefits are available to the participants who retire prior to age 65. These benefits are discussed in the Plan document.

*Death Benefits*

If a participant should die before retirement but after completing at least 5 years of vested service, the survivor's benefit will be equal to 50% of the monthly retirement benefit the participant would have been entitled to receive if he retired on the day immediately preceding his death. Such amount will be payable at the time the deceased participant would have reached early retirement age.

*Other Benefits*

In addition to normal retirement benefits, the Plan provides for certain early and deferred retirement benefits, as well as deferred vested retirement benefits to employees who terminated employment with the Company for reasons other than death or retirement and have completed five or more years of vested service.

**Vesting**

The Plan provides for full vesting of benefits after 5 years of service.

**Expenses**

Certain Plan administrative expenses are paid by the Plan, unless otherwise paid by the Company. Expenses paid by the Company are excluded from these financial statements.

**CBC COATING, INC.**  
**EMPLOYEES' PENSION PLAN**  
Notes to Financial Statements  
December 5, 2023 and December 31, 2022

---

**Note 2 – Summary of Significant Accounting Policies**

**Basis of Accounting and Use of Estimates**

Effective March 31, 2022 the Plan was terminated. As such, the assets, liabilities, additions and deductions are shown using the liquidation basis of accounting as of December 5, 2023 and December 31, 2022 and for the period January 1, 2023 to December 5, 2023. The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, and changes therein, and disclosures of contingent assets and liabilities and the actuarial present value of accumulated plan benefits at the date of the financial statements. Actual results could differ from those estimates.

**Investment Valuation and Income Recognition**

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 5 for discussion of fair value measurements. Purchases and sales of investments are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the period.

**Payment of Benefits**

Benefit payments to participants are recorded upon distribution.

**Subsequent Events**

The Plan has evaluated subsequent events through June 27, 2024, the date the financial statements were available to be issued.

**Note 3 – Actuarial Present Value of Accumulated Plan Benefits**

Accumulated plan benefits are those future periodic payments, including lump-sum distributions, that are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees, (b) spouses of employees who have died and (c) present employees or their spouses. Benefits under the Plan are based on employees' compensation during their last ten years of credited service.

The actuarial present value of accumulated plan benefits is determined annually by independent actuaries, and is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal or retirement) between the valuation date and the expected date of payment. The significant actuarial assumptions used in the valuations as of December 5, 2023 and December 31, 2022 were (a) the life expectancy of participants (the MP-2021 and MP-2020 was used for the periods ended December 5, 2023 and December 31, 2022), (b) the withdrawal of participants (the Sarason T-1 Table was used) and (c) discount rate of 6.5%.

Assumptions were changed for the year ended December 31, 2022 due to the planned termination of the Plan after period end. The following assumptions were changed:

- Update of interest rate assumptions to include annuity purchase interest rates and lump sum interest rates.
- Lump sum take rate assumption of 75% of active employees and terminated, vested participants.

**CBC COATING, INC.**  
**EMPLOYEES' PENSION PLAN**  
Notes to Financial Statements  
December 5, 2023 and December 31, 2022

**Note 3 – Actuarial Present Value of Accumulated Plan Benefits (Continued)**

A summary of the actuarial present value of accumulated plan benefits as of December 5, 2023 and December 31, 2022 is shown below:

Vested Benefits:	<u>2023</u>	<u>2022</u>
Retired Participants and Beneficiaries Currently Receiving Benefits	\$ -	\$ 19,991,499
Other Participants	-	1,375,049
Actuarial Present Value of Accumulated Plan Benefits	<u>\$ -</u>	<u>\$ 21,366,548</u>

Due to the plan termination there were no changes in the accumulated plan benefits provided by the actuary for the period January 1, 2023 to December 5, 2023.

**Note 4 – Funding Policy**

The Company's policy is to make annual contributions based upon the actuarially determined current service cost plus unfunded past service costs which are being amortized over a 15 year period in accordance with the Pension Funding Relief Act of 2006. The Company has met the minimum funding requirements of the Employee Retirement Income Security Act of 1974.

**Note 5 – Fair Value Measurements**

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted market prices in active markets for identical assets or liabilities (level 1) and the lowest priority to unobservable inputs (level 3). The three levels of fair value hierarchy under this framework are described as follows:

- Level 1      Quoted prices (unadjusted) for identical assets or liabilities in active markets that the Plan has the ability to access as of the measurement date.
- Level 2      Significant other observable inputs other than level 1 prices such as quoted prices for similar assets or liabilities; quoted prices in markets that are not active; or other inputs that are observable or can be corroborated by observable market data. If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.
- Level 3      Inputs to the valuation methodology that are unobservable and significant to the fair value measured.

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

**CBC COATING, INC.**  
**EMPLOYEES' PENSION PLAN**  
Notes to Financial Statements  
December 5, 2023 and December 31, 2022

**Note 5 – Fair Value Measurements (Continued)**

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2022.

*Common and Preferred Stocks:* Valued at the closing price reported in the active markets in which the securities are traded (level 1 inputs).

*Corporate and Other Bonds:* Valued at the closing price reported in the active markets in which the securities are traded (level 1 inputs).

*Mutual Funds:* Valued at the daily closing price as reported by the funds. Mutual funds held by the Plan are open-ended mutual funds that are registered with the SEC. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded (level 1 inputs).

*Money Market Funds:* Fair values are estimated to approximate deposit account balances, payable on demand (level 2 inputs).

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

The Plan's assets were fully liquidated during the period January 1, 2023 to December 5, 2023. The following tables set forth by level - within the fair value hierarchy - the Plan's assets at fair value as of December 31, 2022.

**Assets at Fair Value as of December 31, 2022**

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Mutual Funds	\$ 11,621,450	\$ -	\$ -	\$ 11,621,450
Common/Preferred Stocks	3,185,188	-	-	3,185,188
Corporate and Other Bonds	8,129,230	-	-	8,129,230
Money Market Funds	-	1,353,067	-	1,353,067
Total Assets at Fair Value	<u>\$ 22,935,868</u>	<u>\$ 1,353,067</u>	<u>\$ -</u>	<u>\$ 24,288,935</u>

**CBC COATING, INC.**  
**EMPLOYEES' PENSION PLAN**  
Notes to Financial Statements  
December 5, 2023 and December 31, 2022

---

**Note 6 – Plan Termination**

The Plan terminated March 31, 2022 under conditions which are specified in the Plan agreement. The net assets of the Plan will be allocated as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated:

- a. Annuity benefits that former employees or their beneficiaries have been receiving for at least three years, or that employees eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan. The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit that would be payable under Plan provisions in effect at any time during the five years preceding the Plan termination.
- b. Other vested benefits insured by the Pension Benefit Guaranty Corporation (PBGC) (a U.S. government agency) up to applicable limitations.
- c. All other vested benefits (that is, vested benefits not insured by the PBGC).
- d. All nonvested benefits.

Participants were given the option to receive a lump sum distribution or an annuity. Those participants which selected the lump sum payment received their payment in December the year ended 2022. In May 2023, the Plan purchased an annuity in the amount of \$20,097,500 from Plan assets for those participants that chose to receive an annuity. The first payments from the annuity were made in July 2023. The Plan settled all liabilities, including a disbursement to the Plan sponsor the period ended January 1, 2023 to December 5, 2023.

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivors' pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations.

**Note 7 – Income Tax Status**

The Plan received a favorable determination letter from the Internal Revenue Service (IRS) dated April 17, 2023. As such, the Plan qualifies under applicable sections of the Internal Revenue Code (IRC) and, therefore, was not subject to tax under present income tax laws. The plan administrator believes the Plan was designed and was being operated in compliance with the applicable requirements of the IRC and therefore believes that the Plan was tax-exempt.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

**CBC COATING, INC.**  
**EMPLOYEES' PENSION PLAN**  
Notes to Financial Statements  
December 5, 2023 and December 31, 2022

---

**Note 8 – Information Certified by Trustee**

The Plan administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, the Plan's trustee, Associated Trust Bank, N.A., has certified that the following data included in the financial statements and supplemental schedule is complete and accurate:

- Investments and accrued investment income receivable, as shown in the statements of net assets available for benefits in liquidation as of December 5, 2023 and December 31, 2022, respectively.
- Investment income and the net appreciation in fair value of investments, as shown in the statement of changes in net assets available for benefits in liquidation for the period January 1, 2023 December 5, 2023.
- Schedule H, Line 4j – schedule of reportable transactions for the period January 1, 2023 to December 5, 2023.

The Plan's independent accountants did not perform auditing procedures with respect to this information, except for comparing such information to the related information included in the financial statements and supplemental schedule.

**Note 9 – Party-in-Interest Transactions**

Associated Trust Company, N.A. (Associated), is the trustee as defined by the Plan and therefore fees of \$22,152 paid to Associated for the period January 1, 2023 to December 5, 2023 qualify as party-in-interest transactions.

North Star Asset Management, Inc. (North Star) is the investment advisor defined by the Plan and therefore fees of \$35,401 paid to North Star for the period January 1, 2023 to December 5, 2023, qualify as party-in-interest transactions.

**Note 10 – Risks and Uncertainties**

In general, the investments provided by the Plan are exposed to various risks, such as interest rate, credit, and overall market volatility risks. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the statements of net assets available for benefits.

## **SUPPLEMENTAL INFORMATION**

CBC Coating, Inc. Employees' Pension  
Plan Schedule H Line 4(j)  
Employer ID # 39-0572820 - Plan #004

SCHEDULE N - 5% TRANSACTIONS  
FOR PERIOD 01/01/23 THRU 12/05/23

PAGE 91

ACCOUNT NO. 91-N042-01-4

CBC COATING INC  
EMPLOYEES' PENSION PLAN

DESCRIPTION	NO. OF TRANS	COST	CASH	REALIZED GAIN/LOSS
GOLDMAN SACHS GOVERNMENT MONEY				
PURCHASES	64	31,074,768.16	31,074,768.16	
SALES	46	32,427,835.11	32,427,835.11	
JPMORGAN ULTRA SHORT INCOME ETF				
PURCHASED 10000 SHS 01/09/23		502,100.00	502,100.00	
@ 50.18				
SOLD 10000 SHS 05/10/23		502,100.00	502,110.98	10.98
@ 50.2415				
SOLD 5000 SHS 05/10/23		250,725.00	251,047.99	322.99
@ 50.24				
SOLD 5000 SHS 05/10/23		250,675.00	251,060.49	385.49
@ 50.2425				
SOLD 10000 SHS 05/10/23		501,350.00	502,095.98	745.98
@ 50.24				
PURCHASED 4000 SHS 06/20/23		200,518.00	200,518.00	
@ 50.0995				
SOLD 1000 SHS 10/20/23		50,135.00	50,104.59	30.41-
@ 50.135				
SOLD 2000 SHS 11/06/23		100,270.00	100,069.19	200.81-
@ 50.065				
SOLD 2000 SHS 11/07/23		100,270.00	100,069.19	200.81-
@ 50.065				
SOLD 2000 SHS 11/08/23		100,259.00	100,109.19	149.81-
@ 50.085				
SOLD 2000 SHS 11/08/23		100,259.00	100,109.19	149.81-
@ 50.085				
PURCHASES	2	702,618.00	702,618.00	
SALES	9	1,956,043.00	1,956,776.79	733.79
SCHWAB 5-10 YEAR CORP BOND ETF				
PURCHASED 5000 SHS 12/28/22		215,778.00	215,778.00	
@ 43.1256				
PURCHASED 10000 SHS 01/04/23		435,998.00	435,998.00	
@ 43.5698				
PURCHASED 10000 SHS 01/09/23		442,500.00	442,500.00	
@ 44.22				

CBC Coating, Inc. Employees' Pension  
Plan Schedule H Line 4(j)  
Employer ID # 39-0572820 - Plan #004

SCHEDULE N - 5% TRANSACTIONS  
FOR PERIOD 01/01/23 THRU 12/05/23

PAGE 92

ACCOUNT NO. 91-N042-01-4

CBC COATING INC  
EMPLOYEES' PENSION PLAN

DESCRIPTION	NO. OF TRANS	COST	CASH	REALIZED GAIN/LOSS
PURCHASED 8000 SHS 01/12/23 @ 44.4825		356,100.00	356,100.00	
PURCHASED 10000 SHS 01/13/23 @ 44.7009		447,309.00	447,309.00	
PURCHASED 7500 SHS 01/23/23 @ 44.7887		336,140.25	336,140.25	
PURCHASED 5000 SHS 03/03/23 @ 43.1952		216,126.00	216,126.00	
PURCHASED 5000 SHS 03/13/23 @ 43.9604		219,952.00	219,952.00	
PURCHASED 5000 SHS 03/31/23 @ 44.5232		222,866.00	222,866.00	
SOLD 10000 SHS 05/10/23 @ 44.5667		447,967.50	445,363.43	2,604.07-
SOLD 10000 SHS 05/10/23 @ 44.59		446,914.75	445,596.43	1,318.32-
SOLD 10000 SHS 05/10/23 @ 44.54		445,276.75	445,096.43	180.32-
SOLD 10000 SHS 05/10/23 @ 44.59		442,631.25	445,596.43	2,965.18
SOLD 10000 SHS 05/10/23 @ 44.59		440,281.80	445,596.43	5,314.63
SOLD 10000 SHS 05/10/23 @ 44.5902		436,193.30	445,598.43	9,405.13
SOLD 10000 SHS 05/10/23 @ 44.5732		435,755.75	445,428.43	9,672.68
SOLD 10000 SHS 05/10/23 @ 44.5803		432,113.35	445,499.43	13,386.08
SOLD 5000 SHS 09/25/23 @ 42.5293		213,990.15	212,494.79	1,495.36-
SOLD 2500 SHS 10/12/23 @ 41.88		106,895.75	104,624.16	2,271.59-
SOLD 1000 SHS 10/20/23 @ 41.1317		42,758.30	41,101.37	1,656.93-
SOLD 2000 SHS 10/31/23 @ 41.41		85,516.60	82,759.33	2,757.27-

CBC Coating, Inc. Employees' Pension  
Plan Schedule H Line 4(j)  
Employer ID # 39-0572820 - Plan #004

SCHEDULE N - 5% TRANSACTIONS  
FOR PERIOD 01/01/23 THRU 12/05/23

PAGE 93

ACCOUNT NO. 91-N042-01-4

CBC COATING INC  
EMPLOYEES' PENSION PLAN

DESCRIPTION	NO. OF TRANS	COST	CASH	REALIZED GAIN/LOSS
SOLD 2000 SHS 11/01/23 @ 41.425		83,880.00	82,789.33	1,090.67-
SOLD 2000 SHS 11/03/23 @ 42.24		83,880.00	84,419.32	539.32
SOLD 3000 SHS 11/06/23 @ 42.0301		125,711.00	125,999.29	288.29
PURCHASES	9	2,892,769.25	2,892,769.25	
SALES	15	4,269,766.25	4,297,963.03	28,196.78
SCHWAB SHORT TERM US TREASURY ETF				
PURCHASED 10000 SHS 01/26/23 @ 48.59		486,200.00	486,200.00	
PURCHASED 10000 SHS 02/22/23 @ 48.19		482,200.00	482,200.00	
PURCHASED 10000 SHS 03/13/23 @ 48.6195		486,495.00	486,495.00	
PURCHASED 5000 SHS 03/14/23 @ 48.461		242,455.00	242,455.00	
PURCHASED 5000 SHS 03/31/23 @ 48.7192		243,846.00	243,846.00	
SOLD 10000 SHS 05/10/23 @ 48.74		487,093.50	487,096.10	2.60
SOLD 10000 SHS 05/10/23 @ 48.78		486,347.50	487,496.09	1,148.59
SOLD 10000 SHS 05/10/23 @ 48.78		485,555.00	487,496.09	1,941.09
PURCHASED 5000 SHS 06/06/23 @ 48.24		241,350.00	241,350.00	
SOLD 1000 SHS 10/20/23 @ 47.835		48,270.00	47,804.61	465.39-
SOLD 2000 SHS 11/06/23 @ 47.92		96,540.00	95,779.23	760.77-
SOLD 2000 SHS 11/07/23 @ 47.905		96,540.00	95,749.23	790.77-
SOLD 2000 SHS 11/08/23 @ 47.92		96,440.00	95,779.23	660.77-

CBC Coating, Inc. Employees' Pension  
Plan Schedule H Line 4(j)  
Employer ID # 39-0572820 - Plan #004

SCHEDULE N - 5% TRANSACTIONS  
FOR PERIOD 01/01/23 THRU 12/05/23

PAGE 94

ACCOUNT NO. 91-N042-01-4

CBC COATING INC  
EMPLOYEES' PENSION PLAN

DESCRIPTION	NO. OF TRANS	COST	CASH	REALIZED GAIN/LOSS
SOLD 2000 SHS 11/08/23 @ 47.92		96,440.00	95,779.23	660.77-
SOLD 2000 SHS 11/09/23 @ 47.915		96,440.00	95,769.23	670.77-
SOLD 4000 SHS 11/10/23 @ 47.865		192,880.00	191,338.46	1,541.54-
PURCHASES	6	2,182,546.00	2,182,546.00	
SALES	10	2,182,546.00	2,180,087.50	2,458.50-
VANGUARD SHORT BOND ET				
PURCHASED 10000 SHS 02/22/23 @ 49.06		490,900.00	490,900.00	
PURCHASED 5000 SHS 04/11/23 @ 49.156		245,930.00	245,930.00	
SOLD 10000 SHS 05/10/23 @ 49.1703		493,156.75	491,399.06	1,757.69-
SOLD 10000 SHS 05/10/23 @ 49.169		492,787.00	491,386.06	1,400.94-
SOLD 10000 SHS 05/10/23 @ 49.1701		492,772.00	491,397.06	1,374.94-
SOLD 10000 SHS 05/10/23 @ 49.1604		491,380.00	491,300.06	79.94-
PURCHASED 5000 SHS 06/05/23 @ 49.0297		245,298.50	245,298.50	
PURCHASED 5000 SHS 06/06/23 @ 49.0328		245,314.00	245,314.00	
PURCHASED 5000 SHS 06/20/23 @ 49.09		245,600.00	245,600.00	
SOLD 2000 SHS 10/20/23 @ 49.14		98,240.00	98,219.21	20.79-
SOLD 2000 SHS 11/06/23 @ 49.095		98,240.00	98,129.21	110.79-
SOLD 3000 SHS 11/07/23 @ 49.0902		147,300.00	147,179.42	120.58-
SOLD 3000 SHS 11/08/23 @ 49.1		147,270.00	147,208.82	61.18-

CBC Coating, Inc. Employees' Pension  
Plan Schedule H Line 4(j)  
Employer ID # 39-0572820 - Plan #004

SCHEDULE N - 5% TRANSACTIONS  
FOR PERIOD 01/01/23 THRU 12/05/23

PAGE 95

ACCOUNT NO. 91-N042-01-4

CBC COATING INC  
EMPLOYEES' PENSION PLAN

DESCRIPTION	NO. OF TRANS	COST	CASH	REALIZED GAIN/LOSS
SOLD 3000 SHS 11/08/23 @ 49.1017		147,188.40	147,213.92	25.52
SOLD 2000 SHS 11/09/23 @ 49.1056		98,125.60	98,150.41	24.81
SOLD 5000 SHS 11/10/23 @ 49.1		245,298.50	245,348.03	49.53
PURCHASES	5	1,473,042.50	1,473,042.50	
SALES	11	2,951,758.25	2,946,931.26	4,826.99-
VANGUARD SHORT TERM CORP BD ETF				
PURCHASED 5000 SHS 01/23/23 @ 76.2574		381,437.00	381,437.00	
PURCHASED 10000 SHS 03/13/23 @ 75.752		757,820.00	757,820.00	
PURCHASED 2500 SHS 03/15/23 @ 75.3288		188,397.00	188,397.00	
SOLD 10000 SHS 05/10/23 @ 76.4113		772,069.00	763,806.88	8,262.12-
SOLD 10000 SHS 05/10/23 @ 76.411		772,014.00	763,803.88	8,210.12-
SOLD 15000 SHS 05/10/23 @ 76.4		1,156,558.75	1,145,540.83	11,017.92-
SOLD 10000 SHS 05/10/23 @ 76.4121		769,489.25	763,814.88	5,674.37-
SOLD 10000 SHS 05/10/23 @ 76.41		764,673.00	763,793.88	879.12-
SOLD 10000 SHS 05/10/23 @ 76.4148		762,327.90	763,841.88	1,513.98
SOLD 10000 SHS 05/10/23 @ 76.3425		758,677.20	763,118.89	4,441.69
SOLD 10000 SHS 05/10/23 @ 76.4101		757,239.20	763,794.88	6,555.68
SOLD 10000 SHS 05/10/23 @ 76.4105		749,170.50	763,798.88	14,628.38
SOLD 5000 SHS 05/11/23 @ 76.59		372,040.25	382,796.93	10,756.68

CBC Coating, Inc. Employees' Pension  
Plan Schedule H Line 4(j)  
Employer ID # 39-0572820 - Plan #004

SCHEDULE N - 5% TRANSACTIONS  
FOR PERIOD 01/01/23 THRU 12/05/23

PAGE 96

ACCOUNT NO. 91-N042-01-4

CBC COATING INC  
EMPLOYEES' PENSION PLAN

DESCRIPTION	NO. OF TRANS	COST	CASH	REALIZED GAIN/LOSS
SOLD 5000 SHS 06/06/23 @ 75.655		370,231.50	378,121.97	7,890.47
SOLD 1500 SHS 07/05/23 @ 75.375		111,069.45	113,016.59	1,947.14
PURCHASED 1000 SHS 07/24/23 @ 75.776		75,806.00	75,806.00	
SOLD 1000 SHS 10/20/23 @ 74.695		73,919.20	74,664.40	745.20
SOLD 2000 SHS 10/31/23 @ 74.885		147,965.50	149,708.80	1,743.30
SOLD 2000 SHS 11/01/23 @ 74.8145		147,838.40	149,567.80	1,729.40
SOLD 2000 SHS 11/03/23 @ 75.3404		147,838.40	150,619.59	2,781.19
SOLD 1000 SHS 11/06/23 @ 75.224		73,919.20	75,193.39	1,274.19
SOLD 2000 SHS 11/07/23 @ 75.235		147,838.40	150,408.79	2,570.39
SOLD 2000 SHS 11/08/23 @ 75.315		149,725.20	150,568.79	843.59
PURCHASES	4	1,403,460.00	1,403,460.00	
SALES	19	9,004,604.30	9,029,981.93	25,377.63
VANGUARD INTERMEDIATE TERM CORP BOND ETF				
PURCHASED 5000 SHS 01/23/23 @ 80.4187		402,243.50	402,243.50	
PURCHASED 5000 SHS 03/31/23 @ 79.9965		400,232.50	400,232.50	
SOLD 10000 SHS 05/10/23 @ 79.9804		802,476.00	799,497.60	2,978.40-
SOLD 10000 SHS 05/10/23 @ 80.0022		755,973.00	799,715.59	43,742.59
SOLD 10000 SHS 05/10/23 @ 79.91		750,000.00	798,793.60	48,793.60

CBC Coating, Inc. Employees' Pension  
Plan Schedule H Line 4(j)  
Employer ID # 39-0572820 - Plan #004

SCHEDULE N - 5% TRANSACTIONS  
FOR PERIOD 01/01/23 THRU 12/05/23

PAGE 97

ACCOUNT NO. 91-N042-01-4

CBC COATING INC  
EMPLOYEES' PENSION PLAN

DESCRIPTION	NO. OF TRANS	COST	CASH	REALIZED GAIN/LOSS
PURCHASES	2	802,476.00	802,476.00	
SALES	3	2,308,449.00	2,398,006.79	89,557.79

<b>Plan Name</b>	<b>CBC Coating, Inc. Employees' Pension Plan</b>
<b>Plan Sponsor EIN</b>	<b>39-0572820</b>
<b>ERISA Plan No.</b>	<b>004</b>
<b>Plan Year End</b>	<b>12/05/2023</b>

**The required attachment noted below is included within the Accountant's Opinion attachment to the Form 5500 Schedule H, Part III, which consists of the entire Audit report issued by the Plan's Independent Qualified Public Accountant (IQPA).**

<b>Form/Schedule</b>	<b>Line Item</b>	<b>Description</b>
5500 Schedule H	Line 4j	Schedule of Reportable Transactions