

**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

**2023**

**This Form is Open to Public Inspection**

**Part I Annual Report Identification Information**

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

- A** This return/report is for:  a single-employer plan  a multiple-employer plan (not multiemployer) (Pension Plan filers checking this box must attach Schedule MEP. Other plans 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 the plan is a collectively-bargained plan, check here ..... ▶
- 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**

<b>1a</b> Name of plan BRADFORD COATINGS INC EMPLOYEE PENSION PLAN		<b>1b</b> Three-digit plan number (PN) ▶	001
		<b>1c</b> Effective date of plan	01/12/1987
<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) BRADFORD COATINGS INC		<b>2b</b> Employer Identification Number (EIN)	81-2774877
		<b>2c</b> Sponsor's telephone number	
<b>75 ROGERS ST</b> <b>LOWELL, MA 01852-3617</b>		<b>2d</b> Business code (see instructions)	326100
<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor.		<b>3b</b> Administrator's EIN	
		<b>3c</b> Administrator's telephone number	
<b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. <b>a</b> Sponsor's name <b>c</b> Plan Name		<b>4b</b> EIN	
		<b>4d</b> PN	
<b>5a</b> Total number of participants at the beginning of the plan year .....	<b>5a</b>		39
<b>b</b> Total number of participants at the end of the plan year.....	<b>5b</b>		29
<b>c(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) .....	<b>5c(1)</b>		
<b>c(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....	<b>5c(2)</b>		
<b>d(1)</b> Total number of active participants at the beginning of the plan year.....	<b>5d(1)</b>		14
<b>d(2)</b> Total number of active participants at the end of the plan year.....	<b>5d(2)</b>		9
<b>e</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<b>5e</b>		0

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

<b>SIGN HERE</b>	Filed with authorized/valid electronic signature.	09/26/2024	MONICA KUMAR
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

- 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 514229. (See instructions.)

<b>Part III Financial Information</b>			
<b>7</b> Plan Assets and Liabilities		<b>(a) Beginning of Year</b>	<b>(b) End of Year</b>
<b>a</b> Total plan assets .....	<b>7a</b>	462308	554134
<b>b</b> Total plan liabilities .....	<b>7b</b>		
<b>c</b> Net plan assets (subtract line 7b from line 7a) .....	<b>7c</b>	462308	554134
<b>8</b> Income, Expenses, and Transfers for this Plan Year		<b>(a) Amount</b>	<b>(b) Total</b>
<b>a</b> Contributions received or receivable from:			
<b>(1)</b> Employers .....	<b>8a(1)</b>	280457	
<b>(2)</b> Participants .....	<b>8a(2)</b>		
<b>(3)</b> Others (including rollovers) .....	<b>8a(3)</b>		
<b>b</b> Other income (loss) .....	<b>8b</b>	58864	
<b>c</b> Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) .....	<b>8c</b>		339321
<b>d</b> Benefits paid (including direct rollovers and insurance premiums to provide benefits) .....	<b>8d</b>	246645	
<b>e</b> Certain deemed and/or corrective distributions (see instructions) .	<b>8e</b>		
<b>f</b> Administrative service providers (salaries, fees, commissions) .....	<b>8f</b>		
<b>g</b> Other expenses .....	<b>8g</b>	850	
<b>h</b> Total expenses (add lines 8d, 8e, 8f, and 8g) .....	<b>8h</b>		247495
<b>i</b> Net income (loss) (subtract line 8h from line 8c) .....	<b>8i</b>		91826
<b>j</b> Transfers to (from) the plan (see instructions) .....	<b>8j</b>		

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

<b>Part V Compliance Questions</b>				
<b>10</b> During the plan year:		<b>Yes</b>	<b>No</b>	<b>Amount</b>
<b>a</b> Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program) .....	<b>10a</b>		X	
<b>b</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) .....	<b>10b</b>		X	
<b>c</b> Was the plan covered by a fidelity bond? .....	<b>10c</b>	X		250000
<b>d</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....	<b>10d</b>		X	
<b>e</b> Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.) .....	<b>10e</b>		X	
<b>f</b> Has the plan failed to provide any benefit when due under the plan? .....	<b>10f</b>		X	
<b>g</b> Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) .....	<b>10g</b>		X	
<b>h</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) .....	<b>10h</b>			
<b>i</b> If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3 .....	<b>10i</b>			

**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

**a** 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)

**Part VIII IRS Compliance Questions**

**14a** 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

**14b** 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

**15** 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 \_\_\_\_\_.

<b>SCHEDULE SB</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Single-Employer Defined Benefit Plan</b> <b>Actuarial Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).  <b>▶ File as an attachment to Form 5500 or 5500-SF.</b>	<small>OMB No. 1210-0110</small>  <b>2023</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

▶ **Round off amounts to nearest dollar.**

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

<b>A</b> Name of plan <u>BRADFORD COATINGS INC EMPLOYEE PENSION PLAN</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>001</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>BRADFORD COATINGS INC</u>	<b>D</b> Employer Identification Number (EIN) <u>81-2774877</u>	
<b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	<b>F</b> Prior year plan size: <input checked="" type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input type="checkbox"/> More than 500	

<b>Part I Basic Information</b>			
<b>1</b> Enter the valuation date:	Month <u>01</u>	Day <u>01</u>	Year <u>2023</u>
<b>2</b> Assets:			
<b>a</b> Market value .....	<b>2a</b>	<u>461401</u>	
<b>b</b> Actuarial value .....	<b>2b</b>	<u>461401</u>	
<b>3</b> Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
<b>a</b> For retired participants and beneficiaries receiving payment .....	<u>1</u>	<u>17539</u>	<u>17539</u>
<b>b</b> For terminated vested participants .....	<u>24</u>	<u>505325</u>	<u>505325</u>
<b>c</b> For active participants .....	<u>14</u>	<u>353971</u>	<u>353971</u>
<b>d</b> Total .....	<u>39</u>	<u>876835</u>	<u>876835</u>
<b>4</b> If the plan is in at-risk status, check the box and complete lines (a) and (b) .....	<input type="checkbox"/>		
<b>a</b> Funding target disregarding prescribed at-risk assumptions .....	<b>4a</b>		
<b>b</b> Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor .....	<b>4b</b>		
<b>5</b> Effective interest rate .....	<b>5</b>	<u>5.28 %</u>	
<b>6</b> Target normal cost			
<b>a</b> Present value of current plan year accruals .....	<b>6a</b>	<u>0</u>	
<b>b</b> Expected plan-related expenses .....	<b>6b</b>	<u>0</u>	
<b>c</b> Target normal cost .....	<b>6c</b>	<u>0</u>	

**Statement by Enrolled Actuary**

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

<b>SIGN HERE</b>		
	Signature of actuary	<u>09/24/2024</u> Date
	<u>SCOTT BOULAY</u> Type or print name of actuary	<u>23-06423</u> Most recent enrollment number
	<u>HUB INTERNATIONAL</u> Firm name	<u>781-229-9500</u> Telephone number (including area code)
	<u>300 BALLARDVALE STREET WILMINGTON, MA 01887</u> Address of the firm	

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

<b>Part II Beginning of Year Carryover and Prefunding Balances</b>		(a) Carryover balance	(b) Prefunding balance
<b>7</b>	Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....	0	16634
<b>8</b>	Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....	0	0
<b>9</b>	Amount remaining (line 7 minus line 8) .....	0	16634
<b>10</b>	Interest on line 9 using prior year's actual return of <u>-20.05</u> % .....	0	-3335
<b>11</b>	Prior year's excess contributions to be added to prefunding balance:		
<b>a</b>	Present value of excess contributions (line 38a from prior year) .....		1370
<b>b(1)</b>	Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.42</u> % .....		74
<b>b(2)</b>	Interest on line 38b from prior year Schedule SB, using prior year's actual return .....		0
<b>c</b>	Total available at beginning of current plan year to add to prefunding balance .....		1444
<b>d</b>	Portion of (c) to be added to prefunding balance .....		1444
<b>12</b>	Other reductions in balances due to elections or deemed elections .....	0	0
<b>13</b>	Balance at beginning of current year (line 9 + line 10 + line 11d - line 12) .....	0	14743

<b>Part III Funding Percentages</b>			
<b>14</b>	Funding target attainment percentage .....	<b>14</b>	50.94 %
<b>15</b>	Adjusted funding target attainment percentage .....	<b>15</b>	50.94 %
<b>16</b>	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement .....	<b>16</b>	55.21 %
<b>17</b>	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage .....	<b>17</b>	52.62 %

<b>Part IV Contributions and Liquidity Shortfalls</b>		<b>18 Contributions made to the plan for the plan year by employer(s) and employees:</b>					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees		
06/18/2024	251357						
01/16/2024	9700						
07/17/2023	9700						
10/16/2023	9700						
			<b>Totals ▶</b>	<b>18(b)</b>	280457	<b>18(c)</b>	0

<b>19</b>	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
<b>a</b>	Contributions allocated toward unpaid minimum required contributions from prior years. ....	<b>19a</b>	0
<b>b</b>	Contributions made to avoid restrictions adjusted to valuation date .....	<b>19b</b>	0
<b>c</b>	Contributions allocated toward minimum required contribution for current year adjusted to valuation date .....	<b>19c</b>	254689
<b>20</b>	Quarterly contributions and liquidity shortfalls:		
<b>a</b>	Did the plan have a "funding shortfall" for the prior year? .....	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>b</b>	If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? .....	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>c</b>	If line 20a is "Yes," see instructions and complete the following table as applicable:		
Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

<b>Part V Assumptions Used to Determine Funding Target and Target Normal Cost</b>				
<b>21</b> Discount rate:				
<b>a</b> Segment rates:	1st segment: 4.75 %	2nd segment: 5.00 %	3rd segment: 5.74 %	<input type="checkbox"/> N/A, full yield curve used
<b>b</b> Applicable month (enter code).....				<b>21b</b> 0
<b>22</b> Weighted average retirement age .....				<b>22</b> 66
<b>23</b> Mortality table(s) (see instructions)	<input checked="" type="checkbox"/> Prescribed - combined <input type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute			

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

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

<b>Part VIII Minimum Required Contribution For Current Year</b>				
<b>31</b> Target normal cost and excess assets (see instructions):				
<b>a</b> Target normal cost (line 6c).....				<b>31a</b> 0
<b>b</b> Excess assets, if applicable, but not greater than line 31a .....				<b>31b</b> 0
<b>32</b> Amortization installments:	Outstanding Balance		Installment	
<b>a</b> Net shortfall amortization installment .....	430177		42965	
<b>b</b> Waiver amortization installment .....	0		0	
<b>33</b> If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount .....				<b>33</b>
<b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....				<b>34</b> 42965
	Carryover balance	Prefunding balance	Total balance	
<b>35</b> Balances elected for use to offset funding requirement .....	0	0	0	
<b>36</b> Additional cash requirement (line 34 minus line 35).....				<b>36</b> 42965
<b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....				<b>37</b> 254689
<b>38</b> Present value of excess contributions for current year (see instructions)				
<b>a</b> Total (excess, if any, of line 37 over line 36)				<b>38a</b> 211724
<b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....				<b>38b</b> 0
<b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....				<b>39</b> 0
<b>40</b> Unpaid minimum required contributions for all years .....				<b>40</b> 0

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

**Bradford Coatings, Inc. Employee Pension Plan  
Age & Service Chart  
Attachment to Form 5500 Schedule SB**

	Under 1	1 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 and up
<b>Under 25</b>	0	0	0	0	0	0	0	0	0	0
<b>25 to 29</b>	0	0	0	0	0	0	0	0	0	0
<b>30 to 34</b>	0	0	0	0	0	0	0	0	0	0
<b>35 to 39</b>	0	0	0	0	0	0	0	0	0	0
<b>40 to 44</b>	0	0	0	0	0	0	0	0	0	0
<b>45 to 49</b>	0	0	0	0	0	3	0	0	0	0
<b>50 to 54</b>	0	0	0	0	0	0	1	1	0	0
<b>55 to 59</b>	0	0	0	0	1	0	0	2	1	0
<b>60 to 64</b>	0	0	0	0	0	0	0	0	1	1
<b>65 to 69</b>	0	0	0	0	0	0	0	0	0	2
<b>70 and up</b>	0	0	0	0	1	0	0	0	0	0

## APPENDIX A: STATEMENT OF ACTUARIAL ASSUMPTIONS AND METHODS

<b>Plan Sponsor</b>	Bradford Coatings, Inc.		
<b>EIN/PN</b>	81-2774877 / 001		
<b>Key Interest Rates</b>	PPA funding liability rates	ARPA	PBGC
	1st segment rate	4.75%	4.84%
	2nd segment rate	5.00%	5.15%
	3rd segment rate	5.74%	4.85%
	PPA rates used are the applicable segment rates for January 2023, adjusted for ARPA. These resulted in a net effective rate of 5.28%		
	ASC960 valuation interest rate	N/A	
<b>Compensation Increases</b>	Not applicable; plan is frozen (4/15/2004).		
<b>Administrative Expenses</b>	Expenses are assumed to be paid outside of the plan's assets.		
<b>Mortality</b>	PPA:	We have assumed mortality according to the combined 2023 IRS Static Table for plan funding purposes as prescribed by the IRS.	
	Lump Sums:	We have utilized the applicable mortality and interest assumptions as prescribed by IRC Section 417( e ).	
<b>Retirement</b>	All participants are assumed to retire on their Normal Retirement Date(s).		
<b>Representative Termination Rates</b>	We have made no explicit termination assumption with respect to pre-retirement termination.		
<b>Representative Disability Rates (pre-retirement)</b>	We have not made any specific assumption as to the incidence of disability. It is our opinion that the impact on liability is de minimus.		
<b>Form of Payment</b>	Participants are assumed to elect the normal form of annuity.		
<b>Marriage</b>	90% of male participants and 60% of female participants are assumed to be married; male spouses are assumed to be three years older than female spouses.		
<b>Cost-of-Living Adjustment</b>	Not applicable		
<b>Covered Compensation</b>	Not applicable		
<b>Employees</b>	No new or rehired employees.		
<b>Inclusion Date</b>	Not applicable - plan is frozen entry. An eligible employee will enter the plan coincident with Employment Date. Employees who are not in the plan as of April 19, 2017 are not eligible to enter the plan.		

## APPENDIX A: STATEMENT OF ACTUARIAL ASSUMPTIONS AND METHODS

***Cost Method***

PPA Unit Credit Cost Method

***Employee Data***

Employee data was supplied by Bradford as of January 1, 2023.

***Asset Method***

Market value. The plan does not use 24-month asset smoothing as permitted by PPA.

***Nature of Actuarial Calculations***

The results documented in this report are estimates based on data that may be imperfect as well as on assumptions with respect to future events. Certain plan provisions may be approximated or deemed immaterial and therefore are not valued. Reasonable efforts were made to ensure that items significant to the context of the actuarial liabilities and costs are treated appropriately.

Future experience may differ from the assumptions used in these calculations. As differences arise, future expenses will be adjusted to reflect actual plan experience.

***Changes in Assumptions and Methods Since Most Recent Actuarial Valuation***

The mortality and interest assumptions were updated to remain consistent with required funding assumptions, including adoption of the most recent mortality table that was deferred from the prior year. We have not made any specific assumption with respect to the incidence of disability.

## APPENDIX B: SUMMARY OF PRINCIPAL PLAN PROVISIONS

<b>Plan Sponsor EIN/PN</b>	Bradford Coatings, Inc. 81-2774877 / 001
<b>Effective Date</b>	January 12, 1987
<b>Eligibility</b>	Plan has been frozen to new participants since April 15, 2004.
<b>Accrued Benefit</b>	The accrued benefit as of the plan's freeze date based on earnings and service as of that date.
<b>Normal Retirement</b>	<p><u>Eligibility:</u> First day of the month coincident with or next following the attainment of age 65</p> <p><u>Benefit Formula:</u> Benefit is the accrued benefit.</p> <p><u>Commencement Date:</u> Payments will commence on the retired participant's Normal Retirement Date.</p> <p><u>Form of Payment:</u> Payable monthly for life. Optional forms are available on an actuarially equivalent basis (may be partially subsidized)</p>
<b>Early Retirement</b>	<p><u>Eligibility:</u> Ten years early (age 55)</p> <p><u>Benefit Payable:</u> Accrued benefit as of the early retirement date reduced using the plan's definition of actuarial equivalence.</p> <p><u>Commencement Date:</u> Payments will commence on the retired participant's Early Retirement Date.</p> <p><u>Form of Payment:</u> Payable monthly for life. Optional forms are available on an actuarially equivalent basis.</p>
<b>Late Retirement</b>	<p><u>Eligibility:</u> Retirement after age 65.</p> <p><u>Benefit Payable:</u> The benefit calculated as of the participant's Actual/Late Retirement Date</p> <p><u>Commencement Date:</u> Payments will commence on the retired participant's Deferred Retirement Date.</p> <p><u>Form of Payment:</u> Payable monthly for life. Optional forms are available on an actuarially equivalent basis.</p>
<b>Vested Deferred Retirement</b>	<p><u>Eligibility:</u> All participants are fully vested.</p> <p><u>Benefit:</u> Accrued benefit to date of termination multiplied by vested percentage.</p> <p><u>Commencement Date:</u> Deferred until normal retirement date. Participants may elect a benefit commencement date as early as age 55, reduced for early retirement (as applicable).</p> <p><u>Form of Payment:</u> Payable monthly for life. Optional forms are available on an actuarially equivalent basis.</p>

## APPENDIX B: SUMMARY OF PRINCIPAL PLAN PROVISIONS

<b><i>Death Before Retirement</i></b>	<p><u>Eligibility:</u> Married with an eligible Spouse (as defined by the Plan).</p> <p><u>Benefit:</u> Lifetime benefit equal to 50% of the participant's deferred vested benefit (including a reduction to reflect an assumed election of a 50% joint &amp; survivor option if the surviving spouse is more than ten years younger than the Participant), payable immediately but not earlier than age 55.</p> <p><u>Commencement Date:</u> Payable at the earliest date that the participant would have become eligible for early retirement.</p> <p><u>Form of Payment:</u> Payable monthly for life.</p>
<b><i>Death After Retirement</i></b>	There are no benefits paid if a participant dies after retirement unless the participant has chosen an optional form of payment which provides for payments after death.
<b><i>Disability Benefit</i></b>	The plan does not provide any special disability benefits.
<b><i>Cost-of-Living Adjustments</i></b>	Not applicable.
<b><i>Forms of Payment</i></b>	<p>The normal form of payment for single participants is the life annuity. The normal form for married participants is a joint &amp; survivor annuity.</p> <p>Optional forms of payment include actuarially reduced joint &amp; contingent annuities (50%, 75% and 100%).</p> <p>120 month certain &amp; life</p> <p>Lump sum (in lieu of any future payments)</p>
<b><i>Benefits not Valued</i></b>	No specific disability benefit has been valued.
<b><i>Changes Since Prior Valuation</i></b>	None.

<b>SCHEDULE SB</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Single-Employer Defined Benefit Plan</b> <b>Actuarial Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).  <b>▶ File as an attachment to Form 5500 or 5500-SF.</b>	<small>OMB No. 1210-0110</small>  <b>2023</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

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

<b>A</b> Name of plan <u>BRADFORD COATINGS INC EMPLOYEE PENSION PLAN</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>001</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>BRADFORD COATINGS INC</u>	<b>D</b> Employer Identification Number (EIN) <u>81-2774877</u>	
<b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	<b>F</b> Prior year plan size: <input checked="" type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input type="checkbox"/> More than 500	

<b>Part I Basic Information</b>			
<b>1</b> Enter the valuation date:	Month <u>01</u>	Day <u>01</u>	Year <u>2023</u>
<b>2</b> Assets:			
<b>a</b> Market value .....	<b>2a</b>		<u>461401</u>
<b>b</b> Actuarial value .....	<b>2b</b>		<u>461401</u>
<b>3</b> Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
<b>a</b> For retired participants and beneficiaries receiving payment .....	<u>1</u>	<u>17539</u>	<u>17539</u>
<b>b</b> For terminated vested participants .....	<u>24</u>	<u>505325</u>	<u>505325</u>
<b>c</b> For active participants .....	<u>14</u>	<u>353971</u>	<u>353971</u>
<b>d</b> Total .....	<u>39</u>	<u>876835</u>	<u>876835</u>
<b>4</b> If the plan is in at-risk status, check the box and complete lines (a) and (b) .....	<input type="checkbox"/>		
<b>a</b> Funding target disregarding prescribed at-risk assumptions .....	<b>4a</b>		
<b>b</b> Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor .....	<b>4b</b>		
<b>5</b> Effective interest rate .....	<b>5</b>		<u>5.28 %</u>
<b>6</b> Target normal cost			
<b>a</b> Present value of current plan year accruals .....	<b>6a</b>		<u>0</u>
<b>b</b> Expected plan-related expenses .....	<b>6b</b>		<u>0</u>
<b>c</b> Target normal cost .....	<b>6c</b>		<u>0</u>

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

<b>SIGN HERE</b>	 Signature of actuary	<u>09/24/2024</u> Date
	<u>SCOTT BOULAY</u> Type or print name of actuary	<u>23-06423</u> Most recent enrollment number
	<u>HUB INTERNATIONAL</u> Firm name	<u>781-229-9500</u> Telephone number (including area code)
	<u>300 BALLARDVALE STREET</u> <u>WILMINGTON, MA 01887</u>  Address of the firm	

<b>Part II Beginning of Year Carryover and Prefunding Balances</b>		(a) Carryover balance	(b) Prefunding balance
<b>7</b>	Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....	0	16634
<b>8</b>	Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....	0	0
<b>9</b>	Amount remaining (line 7 minus line 8) .....	0	16634
<b>10</b>	Interest on line 9 using prior year's actual return of <u>-20.05 %</u> .....	0	-3335
<b>11</b>	Prior year's excess contributions to be added to prefunding balance:		
	<b>a</b> Present value of excess contributions (line 38a from prior year) .....		1370
	<b>b(1)</b> Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.42 %</u> .....		74
	<b>b(2)</b> Interest on line 38b from prior year Schedule SB, using prior year's actual return .....		0
	<b>c</b> Total available at beginning of current plan year to add to prefunding balance.....		1444
	<b>d</b> Portion of (c) to be added to prefunding balance .....		1444
<b>12</b>	Other reductions in balances due to elections or deemed elections .....	0	0
<b>13</b>	Balance at beginning of current year (line 9 + line 10 + line 11d - line 12).....	0	14743

<b>Part III Funding Percentages</b>			
<b>14</b>	Funding target attainment percentage.....	<b>14</b>	50.94%
<b>15</b>	Adjusted funding target attainment percentage.....	<b>15</b>	50.94%
<b>16</b>	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement .....	<b>16</b>	55.21%
<b>17</b>	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.....	<b>17</b>	52.62%

<b>Part IV Contributions and Liquidity Shortfalls</b>					
<b>18</b> Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
06/18/2024	251357				
01/16/2024	9700				
07/17/2023	9700				
10/16/2023	9700				
			<b>Totals ▶</b>	<b>18(b)</b>	<b>18(c)</b>
				280457	0

<b>19</b>	Discounted employer contributions -- see instructions for small plan with a valuation date after the beginning of the year:		
	<b>a</b> Contributions allocated toward unpaid minimum required contributions from prior years. ....	<b>19a</b>	0
	<b>b</b> Contributions made to avoid restrictions adjusted to valuation date.....	<b>19b</b>	0
	<b>c</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date.....	<b>19c</b>	254689

<b>20</b>	Quarterly contributions and liquidity shortfalls:		
	<b>a</b> Did the plan have a "funding shortfall" for the prior year? .....	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
	<b>b</b> If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? .....	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
	<b>c</b> If line 20a is "Yes," see instructions and complete the following table as applicable:		

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

<b>Part V Assumptions Used to Determine Funding Target and Target Normal Cost</b>			
21 Discount rate:			
a Segment rates:	1st segment: 4.75%	2nd segment: 5.00%	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code).....	21b		0
22 Weighted average retirement age .....	22		66
23 Mortality table(s) (see instructions) <input checked="" type="checkbox"/> Prescribed - combined <input type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute			

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

<b>Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years</b>			
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

<b>Part VIII Minimum Required Contribution For Current Year</b>			
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 .....		430177	42965
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	42965
	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	42965
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....		37	254689
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)		38a	211724
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

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

# DEVELOPMENT OF TARGET NORMAL COST AND SHORTFALL AMORTIZATION CHARGE

For the Plan Year Beginning January 1, 2023

### **Development of Target Normal Cost**

First segment rate (benefit payments in next 5 years)	4.75%
Second segment rate (payments from years 5 to 20)	5.00%
Third segment rate (payments made after 20 years)	5.74%
Effective interest rate	5.28%

### **Development of Target Normal Cost**

Target Normal Cost as prescribed by PPA	\$	0
<u>Expenses assumed to be paid from plan assets</u>		<u>0</u>
Target Normal Cost	\$	0

### **Summary of Funding Shortfall and Outstanding Shortfall Installments**

Funding Target, includes at-risk adjustment	\$	876,835
Adjusted plan assets		
Actuarial value of assets (AVA)	\$	461,401
Funding standard account carryover balance (COB)		0
<u>Prefunding balance (PFB)</u>		<u>14,743</u>
Adjusted plan assets	\$	446,658
Preliminary Funding Shortfall	\$	430,177
Present value of prior year shortfall amortization installments		

<u>Date Base Established</u>	<u>Original Payment</u>	<u>Discount Rate</u>	<u>Payments Recognized</u>	<u>Present Value Shortfall Amort Installments</u>
January 1, 2017	0	4.75%	0	0
January 1, 2018	0	4.75%	0	0
January 1, 2019	0	4.75%	0	0
January 1, 2020	0	4.75%	0	0
January 1, 2021	24,699	5.00%	49,398	244,123
January 1, 2022	26,522	5.00%	26,522	276,207
TOTALS:	\$ 51,221			\$ 520,330

### **Exemption from New Shortfall Amortization Base**

Target liability percentage	100.00%
Shortfall funding target	\$ 876,835
Prefunding balance (PFB), if used to reduce the required contribution (else, use \$0)	14,743
Exempt test; exempt if AVA - PFB (imm above) exceeds shortfall funding target	No

### **Development of Shortfall Amortization Base**

Current year shortfall amortization base = Funding Shortfall - PV(prior year installments)	\$	(90,153)
<u>Amortization factor*</u>		<u>10.9193</u>
New shortfall installment amount	\$	(8,256)

<b>Shortfall Amortization Charge</b>	<b>\$</b>	<b>42,965</b>
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\*

## Application for Extension of Time To File Certain Employee Plan Returns

Go to [www.irs.gov/Form5558](http://www.irs.gov/Form5558) for the latest information.

**File With IRS Only**

### Part I Identification

<p><b>A</b> Name of filer, plan administrator, or plan sponsor (see instructions)</p> <hr/> <p>Number, street, and room or suite no. (If a P.O. box, see instructions.)</p> <hr/> <p>City or town, state, and ZIP code</p>	<p><b>B</b> Employer identification number (EIN)</p> <div style="background-color: #cccccc; height: 60px;"></div>
<p><b>C</b> Name of plan</p>	<p><b>D</b> Three-digit plan number (PN)</p>
<p><b>E</b> Plan year end date</p>	

### Part II Extension of Time To File Form 5500 Series, and/or Form 8955-SSA

- 1  Check this box if you are requesting an extension of time on line 2 to file the first Form 5500 series return/report for the plan listed in Part I, item C, above.
- 2 I request an extension of time until \_\_\_\_ / \_\_\_\_ / \_\_\_\_ to file Form 5500 series. See instructions.
- 3 I request an extension of time until \_\_\_\_ / \_\_\_\_ / \_\_\_\_ to file Form 8955-SSA. See instructions.

The application **is automatically approved** to the date shown on line 2 and/or line 3 (above) if (a) the Form 5558 is filed on or before the normal due date of Form 5500 series, and/or Form 8955-SSA for which this extension is requested; and (b) the date on line 2 and/or line 3 (above) is not later than the 15th day of the 3rd month after the normal due date.

## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

### Future Developments

For the latest information about developments related to Form 5558 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/Form5558](http://www.irs.gov/Form5558).

### What's New

Form 5558 has been revised for use only for an extension of time to file Form 5500 series (Form 5500, Annual Return/Report of Employee Benefit Plan; Form 5500-SF, Short Form Annual Return/Report of Small Employee Benefit Plan; Form 5500-EZ, Annual Return of One-Participant (Owners and Their Spouses) Retirement Plan or A Foreign Plan); and/or Form 8955-SSA, Annual Registration Statement Identifying Separated Participants With Deferred Vested Benefits.

### Purpose of Form

Use Form 5558 to apply for a one-time extension of time to file the Form 5500 series, and Form 8955-SSA.



To avoid processing delays, the most recent version of this Form 5558 must be used. For example, this Form 5558 (Rev. January 2024) must be used instead of the September 2018 version or any other prior version. To determine the most recent version of this form, go to [www.irs.gov/Form5558](http://www.irs.gov/Form5558).

### Where To File

You can file paper Form 5558 with the Department of the Treasury, Internal Revenue Service Center, Ogden, UT 84201-0045.

**Private delivery services.** You can use certain private delivery services (PDSs) designated by the IRS to meet the "timely mailing as timely filing" rule for tax returns. Go to [www.irs.gov/PDS](http://www.irs.gov/PDS) for the current list of designated services.

The PDS can tell you how to get written proof of the mailing date.

For the IRS mailing address to use if you're using a PDS, go to [www.irs.gov/PDSstreetAddresses](http://www.irs.gov/PDSstreetAddresses).



PDSs can't deliver items to P.O. boxes. You must use the U.S. Postal Service to mail any item to an IRS P.O. box address.

## Specific Instructions

### Part I. Identification

#### A. Name and Address

Enter your name and address in the heading if you are requesting an extension of time to file Form 5500, Form 5500-SF, Form 5500-EZ, and/or Form 8955-SSA.

The plan sponsor (generally, the employer for a single-employer plan) or plan administrator listed on the application should be the same as the plan sponsor or plan administrator listed on the annual return/report filed for the plan.

Include the suite, room, or other unit number after the street address. If the post office does not deliver mail to the street address and you have a P.O. box, show the box number instead of the street address.

If the entity's address is outside the United States or its territories, enter in the space for city or town, state, and ZIP code, the information in the following order: city, province or state, and country. Follow the country's practice for entering the postal code. Do not abbreviate the country name.

If your mailing address has changed since you filed your last return, use Form 8822-B, Change of Address or Responsible Party — Business, to notify the IRS of the change. A new address shown on Form 5558 will not update your records. You can get Form 8822-B at [www.irs.gov/Form8822B](http://www.irs.gov/Form8822B).

#### B. Employer Identification Number

Enter the nine-digit EIN, in an XX-XXXXXX format, assigned to the employer for all applications filed for the Form 5500 series (Form 5500, Form 5500-SF, Form 5500-EZ) and/or Form 8955-SSA.

An entity that does not have an EIN must apply for one as soon as possible. You may apply online by going to [www.irs.gov/EIN](http://www.irs.gov/EIN). The EIN is issued immediately once the application information is validated. You may also apply for an EIN by faxing or mailing Form SS-4 to the IRS, obtained at [www.irs.gov/OrderForms](http://www.irs.gov/OrderForms). If the principal business was created or organized outside of the United States or its territories, you may apply for an EIN by calling 267-941-1099 (toll call).

#### C. Name of Plan

Enter the formal name of the plan.

#### D. Three-Digit Plan Number (PN)

Form 5558 must include the PN. Enter the three-digit PN that the employer assigned to the plan. Plans must be numbered consecutively starting with 001. Once a PN is used for a plan, it must be used as the PN for all future filings of returns for the plan, and this number may not be used for any other plan even after the plan is terminated.

#### E. Plan Year End Date

Enter plan year ending date (MM/DD/YYYY). "Plan year" means the calendar or fiscal year for which the records of the plan are kept.

### Part II. Extension of Time To File Form 5500 Series and/or Form 8955-SSA

Use Form 5558 to apply for a one-time extension of time to file the Form 5500 series (Form 5500, Form 5500-SF, Form 5500-EZ) and/or Form 8955-SSA.



Do not include the Form 5500 series (Form 5500, Form 5500-SF, Form 5500-EZ) or the Form 8955-SSA with this form.

**Exception:** Form 5500, Form 5500-SF, Form 5500-EZ, and Form 8955-SSA filers are automatically granted extensions of time to file until the extended due date of the federal income tax return of the employer (and are not required to file Form 5558) if both of the following conditions are met: (1) the plan year and the employer's tax year are the same; and (2) the employer has been granted an extension of time to file its federal income tax return to a date later than the normal due date for filing Form 5500, Form 5500-SF, Form 5500-EZ, or Form 8955-SSA. An extension granted under this exception cannot be extended further by filing Form 5558 after the normal due date of Form 5500, Form 5500-SF, Form 5500-EZ, or Form 8955-SSA.

An extension of time to file Form 5500, Form 5500-SF, Form 5500-EZ, and/or Form 8955-SSA does not operate as an extension of time to file the PBGC (Pension Benefit Guaranty Corporation) Form 1, Annual Premium Payment.

**How to file.** A separate Form 5558 must be used for each plan for which an extension is requested. For example, if an employer maintains a defined benefit plan and a profit-sharing plan, a separate Form 5558 must be filed for each plan. A single Form 5558 may, however, be used to extend the time to file a plan's Form 5500 series return/report and its Form 8955-SSA.

Do not attach lists of other plans to Form 5558. Only the plan listed on Form 5558 will be processed. Lists attached to the Form 5558 will not be processed.

**When to file.** To request an extension of time to file Form 5500, Form 5500-SF, Form 5500-EZ, and/or Form 8955-SSA, file Form 5558 on or before the return/report's normal due date. The normal due date is the date the Form 5500, Form 5500-SF, Form 5500-EZ, and/or Form 8955-SSA would otherwise be due, without extension.

Applications for an extension of time to file Form 5500, Form 5500-SF, Form 5500-EZ, and/or Form 8955-SSA that are filed on or before the return/report's normal due date on a properly completed Form 5558 will be automatically approved to the date that is no later than the 15th day of the 3rd month after the return/report's normal due date.

**Note:** If the filing date falls on a Saturday, Sunday, or legal holiday, the return may be filed on the next day that is not a Saturday, Sunday, or legal holiday.

Approved copies of Form 5558 requesting an extension of time to file Form 5500, Form 5500-SF, Form 5500-EZ, and/or Form 8955-SSA will not be returned to the filer from the IRS.

**Line 1.** Check this box if the extension of time to file being requested on line 2 is for the first Form 5500 series return/report filed for the plan. Do not check this box if the plan previously filed a Form 5500 series return/report at any time for any year.

**Line 2.** Enter on line 2 the due date for which you are requesting to file Form 5500, Form 5500-SF, or Form 5500-EZ. This date should not be later than the 15th day of the 3rd month after the normal due date of the return/report.

If Form 5558 is timely filed and complete, you will be granted an extension to not later than the 15th day of the 3rd month after the return/report's normal due date to file Form 5500, Form 5500-SF, or Form 5500-EZ.

**Line 3.** Enter on line 3 the due date for which you are requesting to file Form 8955-SSA. This date should not be later than the 15th day of the 3rd month after the normal due date of the return.

If Form 5558 is timely filed and complete, you will be granted an extension to not later than the 15th day of the 3rd month after the return's normal due date to file Form 8955-SSA.

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**Privacy Act and Paperwork Reduction Act Notice.** We ask for the information on this form to carry out the Internal Revenue laws of the United States and the Employee Retirement Income Security Act of 1974 (ERISA). We need it to determine if you are entitled to an extension of time to file Form 5500, Form 5500-SF, Form 5500-EZ, and/or Form 8955-SSA. You are not required to request an extension; however, if you want an extension, section 6081 requires you to provide the information.

Section 6109 requires you to provide your identification number. Failure to provide this information may delay or prevent processing your request; providing false information may subject you to penalties.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential as required by section 6103.

However, section 6103 allows or requires the IRS to disclose this information to others. We may disclose to the Department of Justice for civil or criminal litigation, to the Department of Labor and the Pension Benefit Guaranty Corporation for the administration of ERISA, and to cities, states, the District of Columbia, and U.S. commonwealths or territories to carry out their tax laws. We may also disclose the information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

The time needed to complete and file this form will vary depending on individual circumstances. The estimated average time is 24 minutes.

**Comments and suggestions.** We welcome your comments about this publication and suggestions for future editions.

You can send us comments through [www.irs.gov/FormComments](http://www.irs.gov/FormComments). Or, you can write to the Internal Revenue Service, Tax Forms and Publications, 1111 Constitution Ave. NW, IR-6526, Washington, DC 20224.

Although we can't respond individually to each comment received, we do appreciate your feedback and will consider your comments and suggestions as we revise our tax forms, instructions, and publications. **Don't** send tax questions, tax returns, or payments to the above address. Instead, see *Where To File*, earlier.

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

2023

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

- A This return/report is for: [X] a single-employer plan [ ] a multiple-employer plan (not multiemployer)
B This return/report is [ ] the first return/report [ ] the final return/report
C Check box if filing under: [X] Form 5558 [ ] automatic extension [ ] DFVC program
D If the plan is a collectively-bargained plan, check here [ ]
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here [ ]

Part II Basic Plan Information—enter all requested information

1a Name of plan: BRADFORD COATINGS INC EMPLOYEE PENSION PLAN
1b Three-digit plan number (PN): 001
1c Effective date of plan: 01/12/1987
2a Plan sponsor's name: BRADFORD COATINGS INC
2b Employer Identification Number (EIN): 81-2774877
2c Sponsor's telephone number
2d Business code: 326100
3a Plan administrator's name and address: [X] 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.
4b EIN
4d PN
5a Total number of participants at the beginning of the plan year: 39
5b Total number of participants at the end of the plan year: 29
5c(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)
5c(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)
5d(1) Total number of active participants at the beginning of the plan year: 14
5d(2) Total number of active participants at the end of the plan year: 9
5e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested: 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 [Signature] Date Enter name of individual signing as plan administrator
SIGN HERE [Signature] Date Enter name of individual signing as employer or plan sponsor

# FILING AUTHORIZATION

## 2023 FORM 5500 / 5500-SF

Plan Name: Bradford Coatings, Inc. Employee Pension Plan  
EIN/PN: 81-2774877 / 001  
Plan Year Ending: December 31, 2023

### Part I - Authorization of Practitioner to Electronically Sign and File

I hereby authorize HUB International ("HUB") to electronically sign and file the above-named return/report through EFAST2. I understand that in granting this authority that:

- \* I/we must manually sign and date page 2 of the Form 5500/5500-SF and provide a PDF/scanned copy of the Form 5500/5500-SF to HUB before the electronic filing can be initiated;
- \* HUB will retain a copy of this written authorization in its records;
- \* HUB will notify the individual(s) signing below as plan administrator/employer about any inquiries and information it receives from EFAST2, DOL or IRS regarding this annual return/report; and
- \* A copy of my signature, as it appears on page 2 of the Form 5500/5500-SF, will be included with the return/report posted by the Department of Labor on the Internet for public disclosure.
- \* HUB shall not be deemed an administrator or other fiduciary with respect to any Plan solely on account of the services performed under this authorization.

This authorization is applicable only to the filing for the above-named Plan and applies only for Plan year end stated above.

  
\_\_\_\_\_  
Plan Administrator

9/26/24  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Employer/Plan Sponsor (if not the Plan Administrator)

9/26/24  
\_\_\_\_\_  
Date



### Part II - Acknowledgement of Receipt of Authorization

On behalf of HUB, I hereby certify that the firm will use the authority granted only for the express purposes described above; that the firm will not disclose confidential information to any parties other than the DOL, as required for EFAST filing; and that the firm will take reasonable steps to assure that confidential information provided by the Plan Administrator or Plan Sponsor is protected from unauthorized disclosure.

  
\_\_\_\_\_  
HUB Authorized Representative

9/26/2024  
\_\_\_\_\_  
Date

Note: The designated service provider must retain this authorization.