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| <div>Form 5500</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security<br/>Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Annual Return/Report of Employee Benefit Plan</div> <div>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).</div> <div>▶ Complete all entries in accordance with the instructions to the Form 5500.</div> | <div>OMB Nos. 1210-0110<br/>1210-0089</div> <div>2023</div> <div>This Form is Open to Public Inspection</div> |
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| 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: <div><div><input type="checkbox"/> a multiemployer plan</div><div><input type="checkbox"/> a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)</div><div><input checked="" type="checkbox"/> a single-employer plan</div><div><input type="checkbox"/> a DFE (specify) _____</div><div><input type="checkbox"/> the first return/report</div><div><input type="checkbox"/> the final return/report</div><div><input type="checkbox"/> an amended return/report</div><div><input type="checkbox"/> a short plan year return/report (less than 12 months)</div></div> |
| C                                                                                          | If the plan is a collectively-bargained plan, check here. .... ▶ <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| D                                                                                          | Check box if filing under: <div><div><input checked="" type="checkbox"/> Form 5558</div><div><input type="checkbox"/> automatic extension</div><div><input type="checkbox"/> the DFVC program</div><div><input type="checkbox"/> special extension (enter description)</div></div>                                                                                                                                                                                                                                                                                                                                                                                                       |
| E                                                                                          | If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. .... ▶ <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |

|         |                                                                                                                                                                                                                                                                                                                                  |
|---------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Part II | Basic Plan Information—enter all requested information                                                                                                                                                                                                                                                                           |
| 1a      | Name of plan<br>HOFFMASTER GROUP CONSOLIDATED PENSION PLAN                                                                                                                                                                                                                                                                       |
| 1b      | Three-digit plan number (PN) ▶ 009                                                                                                                                                                                                                                                                                               |
| 1c      | Effective date of plan<br>05/06/1996                                                                                                                                                                                                                                                                                             |
| 2a      | Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br>HOFFMASTER GROUP, INC.<br><br>2920 NORTH MAIN STREET<br>OSHKOSH, WI 54901 |
| 2b      | Employer Identification Number (EIN)<br>20-3642844                                                                                                                                                                                                                                                                               |
| 2c      | Plan Sponsor's telephone number<br>315-750-9425                                                                                                                                                                                                                                                                                  |
| 2d      | Business code (see instructions)<br>322200                                                                                                                                                                                                                                                                                       |

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.

|           |                                                   |            |                                                              |
|-----------|---------------------------------------------------|------------|--------------------------------------------------------------|
| SIGN HERE | Filed with authorized/valid electronic signature. | 10/08/2024 | BRUCE HARRIS                                                 |
|           | Signature of plan administrator                   | Date       | Enter name of individual signing as plan administrator       |
| SIGN HERE |                                                   |            |                                                              |
|           | Signature of employer/plan sponsor                | Date       | Enter name of individual signing as employer or plan sponsor |
| SIGN HERE |                                                   |            |                                                              |
|           | 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<br><br><b>3c</b> Administrator's telephone number<br><br><div style="background-color: #cccccc; height: 40px; width: 100%;"></div>                                                                               |
| <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:<br><b>a</b> Sponsor's name<br><b>c</b> Plan Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>4b</b> EIN<br><br><b>4d</b> PN                                                                                                                                                                                                              |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>5</b> 232                                                                                                                                                                                                                                   |
| <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> ).<br><b>a(1)</b> Total number of active participants at the beginning of the plan year .....<br><b>a(2)</b> Total number of active participants at the end of the plan year .....<br><b>b</b> Retired or separated participants receiving benefits .....<br><b>c</b> Other retired or separated participants entitled to future benefits .....<br><b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> . .....<br><b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits .....<br><b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> . .....<br><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) .....<br><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) .....<br><b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested ..... | <div style="background-color: #cccccc; height: 20px; width: 100%;"></div> <b>6a(1)</b> 13<br><b>6a(2)</b> 12<br><b>6b</b> 127<br><b>6c</b> 69<br><b>6d</b> 208<br><b>6e</b> 19<br><b>6f</b> 227<br><b>6g(1)</b><br><b>6g(2)</b><br><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 1I 3H

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

|                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                 |                                                                                                |
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| <div>SCHEDULE SB<br/>(Form 5500)<br/><br/>Department of the Treasury<br/>Internal Revenue Service<br/><br/>Department of Labor<br/>Employee Benefits Security Administration<br/><br/>Pension Benefit Guaranty Corporation</div> | <div>Single-Employer Defined Benefit Plan<br/>Actuarial Information</div> <div>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).</div> <div>File as an attachment to Form 5500 or 5500-SF.</div> | <div>OMB No. 1210-0110</div> <div>2023</div> <div>This Form is Open to Public Inspection</div> |
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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.              |                                                                                                                                                  |
| A Name of plan<br>HOFFMASTER GROUP CONSOLIDATED PENSION PLAN                                                                       | B Three-digit plan number (PN) 009                                                                                                               |
| C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br>HOFFMASTER GROUP, INC.                                        | D Employer Identification Number (EIN)<br>20-3642844                                                                                             |
| E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B | F Prior year plan size: <input type="checkbox"/> 100 or fewer <input checked="" type="checkbox"/> 101-500 <input type="checkbox"/> More than 500 |

|        |                                                                                                                                                                                                  |                            |                           |                          |
|--------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|---------------------------|--------------------------|
| Part I | Basic Information                                                                                                                                                                                |                            |                           |                          |
| 1      | Enter the valuation date: Month 01 Day 01 Year 2023                                                                                                                                              |                            |                           |                          |
| 2      | Assets:                                                                                                                                                                                          |                            |                           |                          |
| a      | Market value                                                                                                                                                                                     | 2a                         | 7368758                   |                          |
| b      | Actuarial value                                                                                                                                                                                  | 2b                         | 8105633                   |                          |
| 3      | Funding target/participant count breakdown                                                                                                                                                       | (1) Number of participants | (2) Vested Funding Target | (3) Total Funding Target |
| a      | For retired participants and beneficiaries receiving payment                                                                                                                                     | 145                        | 6272716                   | 6272716                  |
| b      | For terminated vested participants                                                                                                                                                               | 74                         | 2166455                   | 2166455                  |
| c      | For active participants                                                                                                                                                                          | 13                         | 432513                    | 432845                   |
| d      | Total                                                                                                                                                                                            | 232                        | 8871684                   | 8872016                  |
| 4      | If the plan is in at-risk status, check the box and complete lines (a) and (b) <input type="checkbox"/>                                                                                          |                            |                           |                          |
| a      | Funding target disregarding prescribed at-risk assumptions                                                                                                                                       | 4a                         |                           |                          |
| b      | Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor | 4b                         |                           |                          |
| 5      | Effective interest rate                                                                                                                                                                          | 5                          | 5.15 %                    |                          |
| 6      | Target normal cost                                                                                                                                                                               |                            |                           |                          |
| a      | Present value of current plan year accruals                                                                                                                                                      | 6a                         | 0                         |                          |
| b      | Expected plan-related expenses                                                                                                                                                                   | 6b                         | 294057                    |                          |
| c      | Target normal cost                                                                                                                                                                               | 6c                         | 294057                    |                          |

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.

|                          |                                                                                                                                                                                                                                                            |                                                                                                                                                                              |
|--------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <div>SIGN<br/>HERE</div> | <div>Signature of actuary</div> <div>JUSTIN R. FRAZIER</div> <div>Type or print name of actuary</div> <div>AON CONSULTING, INC.</div> <div>Firm name</div> <div>MSC# 17755<br/>PO BOX 1447<br/>LINCOLNSHIRE, IL 60069</div> <div>Address of the firm</div> | <div>09/30/2024</div> <div>Date</div> <div>23-08185</div> <div>Most recent enrollment number</div> <div>847-442-3168</div> <div>Telephone number (including area code)</div> |
|--------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

| Part II Beginning of Year Carryover and Prefunding Balances                                                                                                          |                       |                        |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|------------------------|
|                                                                                                                                                                      | (a) Carryover balance | (b) Prefunding balance |
| <b>7</b> Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....                                                             | 0                     | 148651                 |
| <b>8</b> Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....                                                          | 0                     | 148651                 |
| <b>9</b> Amount remaining (line 7 minus line 8) .....                                                                                                                | 0                     | 0                      |
| <b>10</b> Interest on line 9 using prior year's actual return of <u>-15.80</u> % .....                                                                               | 0                     | 0                      |
| <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) .....                                                                                      |                       | 43                     |
| <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>5.33</u> % ..... |                       | 0                      |
| <b>b(2)</b> Interest on line 38b from prior year Schedule SB, using prior year's actual return .....                                                                 |                       | -7                     |
| <b>c</b> Total available at beginning of current plan year to add to prefunding balance .....                                                                        |                       | 36                     |
| <b>d</b> Portion of (c) to be added to prefunding balance .....                                                                                                      |                       | 0                      |
| <b>12</b> Other reductions in balances due to elections or deemed elections .....                                                                                    | 0                     | 0                      |
| <b>13</b> Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) .....                                                                         | 0                     | 0                      |

| Part III Funding Percentages                                                                                                                                               |           |  |         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--|---------|
| <b>14</b> Funding target attainment percentage .....                                                                                                                       | <b>14</b> |  | 91.36 % |
| <b>15</b> Adjusted funding target attainment percentage .....                                                                                                              | <b>15</b> |  | 91.36 % |
| <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> |  | 97.81 % |
| <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> |  | %       |

| Part IV Contributions and Liquidity Shortfalls                                           |                                   |                                 |                          |                                   |                                 |
|------------------------------------------------------------------------------------------|-----------------------------------|---------------------------------|--------------------------|-----------------------------------|---------------------------------|
| <b>18</b> Contributions made to the plan for the plan year by employer(s) and employees: |                                   |                                 |                          |                                   |                                 |
| (a) Date<br>(MM-DD-YYYY)                                                                 | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees | (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees |
| 04/14/2023                                                                               | 88000                             | 0                               |                          |                                   |                                 |
| 07/13/2023                                                                               | 88000                             | 0                               |                          |                                   |                                 |
| 10/12/2023                                                                               | 85000                             | 0                               |                          |                                   |                                 |
| 01/09/2024                                                                               | 85000                             | 0                               |                          |                                   |                                 |
| 09/10/2024                                                                               | 47000                             | 0                               |                          |                                   |                                 |
|                                                                                          |                                   |                                 | <b>Totals ►</b>          | <b>18(b)</b>                      | 393000                          |
|                                                                                          |                                   |                                 |                          | <b>18(c)</b>                      | 0                               |

|                                                                                                                                      |                                                                     |         |
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| <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>                                                          | 378120  |
| <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 |
| 0                                                                                                                                    | 0                                                                   | 0       |
|                                                                                                                                      |                                                                     | (4) 4th |
|                                                                                                                                      |                                                                     | 0       |

|               |                                                                            |
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| <b>Part V</b> | <b>Assumptions Used to Determine Funding Target and Target Normal Cost</b> |
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|                                                                                                                                                                                              |                        |                        |                                                     |
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| <b>21</b> Discount rate:                                                                                                                                                                     |                        |                        |                                                     |
| <b>a</b> Segment rates:                                                                                                                                                                      | 1st segment:<br>4.75 % | 2nd segment:<br>5.00 % | 3rd segment:<br>5.74 %                              |
|                                                                                                                                                                                              |                        |                        | <input type="checkbox"/> N/A, full yield curve used |
| <b>b</b> Applicable month (enter code).....                                                                                                                                                  |                        |                        | <b>21b</b> 4                                        |
| <b>22</b> Weighted average retirement age .....                                                                                                                                              |                        |                        | <b>22</b> 65                                        |
| <b>23</b> Mortality table(s) (see instructions) <input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute |                        |                        |                                                     |

|                |                            |
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| <b>Part VI</b> | <b>Miscellaneous Items</b> |
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|                                                                                                                                                                        |  |                                                                     |
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| <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 checked="" type="checkbox"/> Yes <input 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>                                                           |

|                 |                                                                                |
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| <b>Part VII</b> | <b>Reconciliation of Unpaid Minimum Required Contributions For Prior Years</b> |
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|                                                                                                                                     |           |   |
|-------------------------------------------------------------------------------------------------------------------------------------|-----------|---|
| <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</b> | <b>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>          | 294057        |
| <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 .....                                                                                                                                |                   | 766383              | 83307         |
| <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>           | 377364        |
|                                                                                                                                                                                      | 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>           | 377364        |
| <b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....                                                   |                   | <b>37</b>           | 378120        |
| <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>          | 756           |
| <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</b> | <b>Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)</b> |
|----------------|---------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                                                                                                                                  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>41</b> If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. <input checked="" type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input type="checkbox"/> 2021 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                             |                                         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|
| <div>SCHEDULE C</div> <div>(Form 5500)</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Service Provider Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> | OMB No. 1210-0110                       |
|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                             | 2023                                    |
|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                             | This Form is Open to Public Inspection. |

|                                                                                            |                                                      |     |
|--------------------------------------------------------------------------------------------|------------------------------------------------------|-----|
| For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023 |                                                      |     |
| A Name of plan<br>HOFFMASTER GROUP CONSOLIDATED PENSION PLAN                               | B Three-digit plan number (PN) ▶                     | 009 |
|                                                                                            |                                                      |     |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>HOFFMASTER GROUP, INC.           | D Employer Identification Number (EIN)<br>20-3642844 |     |

|        |                                                 |
|--------|-------------------------------------------------|
| 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 |                                                                 |
| INVESCO DEVELOPING MARKETS FUND                                                                            | INVESCO LTD 280 PARK AVENUE<br>12TH FLOOR<br>NEW YORK, NY 10017 |

|                                                                                                            |                                                                     |
|------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| (b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |                                                                     |
| JPMORGAN CORE BOND FUND                                                                                    | JP MORGAN FUNDS 270 PARK AVENUE<br>22ND FLOOR<br>NEW YORK, NY 10017 |

|                                                                                                            |                                                |
|------------------------------------------------------------------------------------------------------------|------------------------------------------------|
| (b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |                                                |
| LORD ABBETT DISTRIBUTOR, LLC.                                                                              | 90 HUDSON STREET<br>JERSEY CITY, NJ 07302-3973 |

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

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

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

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

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

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

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

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

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

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**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, INC.

22-2232264

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 11 50                  | ACTUARY                                                                                           | 117961                                                                 | 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)

MORGAN STANLEY SMITH BARNEY LLC

26-4310632

| (b)<br>Service Code(s)                 | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|----------------------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 15 19 27 33<br>49 50 55 64<br>71 72 99 | NONE                                                                                              | 50820                                                                  | 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)

BMO HARRIS BANK N.A.

111 W. MONROE ST.  
CHICAGO, IL 60603

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 21 50                  | NONE                                                                                              | 21490                                                                  | 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)

CLIFTONLARSONALLEN LLP

41-0746749

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 10 50                  | ACCOUNTANT                                                                                        | 15750                                                                  | 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)

ALIGHT SOLUTIONS LLC

36-2235791

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 50                     | NONE                                                                                              | 3300                                                                   | 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)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>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.

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

| (a) Enter name and EIN or address of service provider (see instructions) | (b) Nature of Service Code(s) | (c) Describe the information that the service provider failed or refused to provide |
|--------------------------------------------------------------------------|-------------------------------|-------------------------------------------------------------------------------------|
|                                                                          |                               |                                                                                     |
| (a) Enter name and EIN or address of service provider (see instructions) | (b) Nature of Service Code(s) | (c) Describe the information that the service provider failed or refused to provide |
|                                                                          |                               |                                                                                     |
| (a) Enter name and EIN or address of service provider (see instructions) | (b) Nature of Service Code(s) | (c) Describe the information that the service provider failed or refused to provide |
|                                                                          |                               |                                                                                     |
| (a) Enter name and EIN or address of service provider (see instructions) | (b) Nature of Service Code(s) | (c) Describe the information that the service provider failed or refused to provide |
|                                                                          |                               |                                                                                     |
| (a) Enter name and EIN or address of service provider (see instructions) | (b) Nature of Service Code(s) | (c) Describe the information that the service provider failed or refused to provide |
|                                                                          |                               |                                                                                     |
| (a) Enter name and EIN or address of service provider (see instructions) | (b) Nature of Service Code(s) | (c) 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><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Financial Information</b><br><br>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).<br><br><b>► File as an attachment to Form 5500.</b> | OMB No. 1210-0110                             |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                              | <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>12/31/2023</b> |                                                                    |            |
| <b>A</b> Name of plan<br><b>HOFFMASTER GROUP CONSOLIDATED PENSION PLAN</b>                               | <b>B</b> Three-digit plan number (PN) <b>►</b>                     | <b>009</b> |
|                                                                                                          |                                                                    |            |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>HOFFMASTER GROUP, INC.</b>           | <b>D</b> Employer Identification Number (EIN)<br><b>20-3642844</b> |            |

| Part I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Asset and Liability Statement |                       |                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|-----------------------|-----------------|
| <b>1</b> 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. <b>Round off amounts to the nearest dollar.</b> 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. |                               |                       |                 |
| Assets                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                               | (a) Beginning of Year | (b) End of Year |
| <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>                  | 128000                | 132000          |
| <b>(2)</b> Participant contributions .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1b(2)</b>                  |                       |                 |
| <b>(3)</b> Other .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>1b(3)</b>                  | 9116                  | 10849           |
| <b>c</b> General investments:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                               |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>1c(1)</b>                  | 168818                | 251329          |
| <b>(2)</b> U.S. Government securities .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>1c(2)</b>                  | 537534                | 552692          |
| <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>               | 293952                | 325164          |
| <b>(4)</b> Corporate stocks (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                               |                       |                 |
| <b>(A)</b> Preferred.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>1c(4)(A)</b>               |                       |                 |
| <b>(B)</b> Common .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1c(4)(B)</b>               | 3101393               | 3155466         |
| <b>(5)</b> Partnership/joint venture interests .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>1c(5)</b>                  | 425325                | 452426          |
| <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>                 | 1249454               | 1491533         |
| <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>                 | 1458118               | 1581278         |

|                                                                           |              |                       |                 |
|---------------------------------------------------------------------------|--------------|-----------------------|-----------------|
| <b>1d</b> Employer-related investments:                                   |              | (a) Beginning of Year | (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>    | 7371710               | 7952737         |
| <b>Liabilities</b>                                                        |              |                       |                 |
| <b>g</b> Benefit claims payable .....                                     | <b>1g</b>    |                       |                 |
| <b>h</b> Operating payables .....                                         | <b>1h</b>    | 1083                  | 0               |
| <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>    | 1083                  | 0               |
| <b>Net Assets</b>                                                         |              |                       |                 |
| <b>l</b> Net assets (subtract line 1k from line 1f) .....                 | <b>1l</b>    | 7370627               | 7952737         |

**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>                                                                                 |                 | (a) Amount | (b) Total |
| <b>a Contributions:</b>                                                                       |                 |            |           |
| (1) Received or receivable in cash from: (A) Employers .....                                  | <b>2a(1)(A)</b> | 393000     |           |
| (B) Participants .....                                                                        | <b>2a(1)(B)</b> |            |           |
| (C) 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), (C), and line <b>2a(2)</b> .....    | <b>2a(3)</b>    |            | 393000    |
| <b>b Earnings on investments:</b>                                                             |                 |            |           |
| (1) Interest:                                                                                 |                 |            |           |
| (A) Interest-bearing cash (including money market accounts and certificates of deposit) ..... | <b>2b(1)(A)</b> | 4          |           |
| (B) U.S. Government securities .....                                                          | <b>2b(1)(B)</b> | 16616      |           |
| (C) Corporate debt instruments .....                                                          | <b>2b(1)(C)</b> | 13987      |           |
| (D) Loans (other than to participants) .....                                                  | <b>2b(1)(D)</b> |            |           |
| (E) Participant loans .....                                                                   | <b>2b(1)(E)</b> |            |           |
| (F) Other .....                                                                               | <b>2b(1)(F)</b> | 29726      |           |
| (G) Total interest. Add lines <b>2b(1)(A)</b> through (F) .....                               | <b>2b(1)(G)</b> |            | 60333     |
| (2) Dividends: (A) Preferred stock .....                                                      | <b>2b(2)(A)</b> |            |           |
| (B) Common stock .....                                                                        | <b>2b(2)(B)</b> | 53306      |           |
| (C) Registered investment company shares (e.g. mutual funds) .....                            | <b>2b(2)(C)</b> | 79245      |           |
| (D) Total dividends. Add lines <b>2b(2)(A)</b> , (B), and (C) .....                           | <b>2b(2)(D)</b> |            | 132551    |
| (3) Rents .....                                                                               | <b>2b(3)</b>    |            |           |
| (4) Net gain (loss) on sale of assets: (A) Aggregate proceeds .....                           | <b>2b(4)(A)</b> | 1877585    |           |
| (B) Aggregate carrying amount (see instructions) .....                                        | <b>2b(4)(B)</b> | 1440020    |           |
| (C) Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....            | <b>2b(4)(C)</b> |            | 437565    |
| (5) Unrealized appreciation (depreciation) of assets: (A) Real estate .....                   | <b>2b(5)(A)</b> |            |           |
| (B) Other .....                                                                               | <b>2b(5)(B)</b> | 108307     |           |
| (C) Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and (B) .....          | <b>2b(5)(C)</b> |            |           |

|                                                                                                 |        | (a) Amount | (b) Total |
|-------------------------------------------------------------------------------------------------|--------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts.....                               | 2b(6)  |            |           |
| (7) Net investment gain (loss) from pooled separate accounts.....                               | 2b(7)  |            |           |
| (8) Net investment gain (loss) from master trust investment accounts.....                       | 2b(8)  |            |           |
| (9) Net investment gain (loss) from 103-12 investment entities.....                             | 2b(9)  |            |           |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) ..... | 2b(10) |            | 363489    |
| <b>c</b> Other income .....                                                                     | 2c     |            | 12        |
| <b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....        | 2d     |            | 1495257   |

**Expenses**

|                                                                                             |        |        |        |
|---------------------------------------------------------------------------------------------|--------|--------|--------|
| <b>e</b> Benefit payment and payments to provide benefits:                                  |        |        |        |
| (1) Directly to participants or beneficiaries, including direct rollovers .....             | 2e(1)  | 598926 |        |
| (2) To insurance carriers for the provision of benefits.....                                | 2e(2)  |        |        |
| (3) Other .....                                                                             | 2e(3)  |        |        |
| (4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....                 | 2e(4)  |        | 598926 |
| <b>f</b> Corrective distributions (see instructions) .....                                  | 2f     |        |        |
| <b>g</b> Certain deemed distributions of participant loans (see instructions) .....         | 2g     |        |        |
| <b>h</b> Interest expense .....                                                             | 2h     |        |        |
| <b>i</b> Administrative expenses:                                                           |        |        |        |
| (1) Salaries and allowances .....                                                           | 2i(1)  |        |        |
| (2) Contract administrator fees.....                                                        | 2i(2)  |        |        |
| (3) Recordkeeping fees.....                                                                 | 2i(3)  |        |        |
| (4) IQPA audit fees.....                                                                    | 2i(4)  | 15750  |        |
| (5) Investment advisory and investment management fees .....                                | 2i(5)  | 54120  |        |
| (6) Bank or trust company trustee/custodial fees .....                                      | 2i(6)  | 21490  |        |
| (7) Actuarial fees .....                                                                    | 2i(7)  | 117961 |        |
| (8) Legal fees .....                                                                        | 2i(8)  |        |        |
| (9) Valuation/appraisal fees .....                                                          | 2i(9)  |        |        |
| (10) Other trustee fees and expenses .....                                                  | 2i(10) |        |        |
| (11) Other expenses .....                                                                   | 2i(11) | 104900 |        |
| (12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....        | 2i(12) |        | 314221 |
| <b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total ..... | 2j     |        | 913147 |

**Net Income and Reconciliation**

|                                                                               |       |  |        |
|-------------------------------------------------------------------------------|-------|--|--------|
| <b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> ..... | 2k    |  | 582110 |
| <b>l</b> Transfers of assets:                                                 |       |  |        |
| (1) To this plan .....                                                        | 2l(1) |  |        |
| (2) From this plan .....                                                      | 2l(2) |  |        |

**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: **CLIFTONLARSONALLEN LLP**

(2) EIN: **41-0746749**

**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.) .....                 |                                     | <input checked="" type="checkbox"/> |         |
| <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.) ..... |                                     | <input checked="" type="checkbox"/> |         |
| <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.) .....                                                                                                                             |                                     | <input checked="" type="checkbox"/> |         |
| <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.) .....                                                                                                                  |                                     | <input checked="" type="checkbox"/> |         |
| <b>e</b> Was this plan covered by a fidelity bond? .....                                                                                                                                                                                                                                                         | <input checked="" type="checkbox"/> |                                     | 3000000 |
| <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? .....                                                                                                                                                                          |                                     | <input checked="" type="checkbox"/> |         |
| <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? .....                                                                                                                                       |                                     | <input checked="" type="checkbox"/> |         |
| <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? .....                                                                                                                             |                                     | <input checked="" type="checkbox"/> |         |
| <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.) .....                                                                                                                                                   | <input checked="" type="checkbox"/> |                                     |         |
| <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.) .....                                                                                     | <input checked="" type="checkbox"/> |                                     |         |
| <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? .....                                                                                                                                              |                                     | <input checked="" type="checkbox"/> |         |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan? .....                                                                                                                                                                                                                               |                                     | <input checked="" type="checkbox"/> |         |
| <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 \_\_\_\_\_.

**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.)

| <b>5b(1)</b> Name of plan(s) | <b>5b(2)</b> EIN(s) | <b>5b(3)</b> PN(s) |
|------------------------------|---------------------|--------------------|
|                              |                     |                    |
|                              |                     |                    |
|                              |                     |                    |
|                              |                     |                    |

**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 518961.

|                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| <div>SCHEDULE R<br/>(Form 5500)<br/><br/>Department of the Treasury<br/>Internal Revenue Service<br/><br/>Department of Labor<br/>Employee Benefits Security Administration<br/><br/>Pension Benefit Guaranty Corporation</div> | <div>Retirement Plan Information</div> <div>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).</div> <div>▶ File as an attachment to Form 5500.</div> | <div>OMB No. 1210-0110</div> <div>2023</div> <div>This Form is Open to Public Inspection.</div> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|

|                                                                                            |                                                      |     |
|--------------------------------------------------------------------------------------------|------------------------------------------------------|-----|
| For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023 |                                                      |     |
| A Name of plan<br>HOFFMASTER GROUP CONSOLIDATED PENSION PLAN                               | B Three-digit plan number (PN) ▶                     | 009 |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>HOFFMASTER GROUP, INC.           | D Employer Identification Number (EIN)<br>20-3642844 |     |

|        |               |
|--------|---------------|
| Part I | Distributions |
|--------|---------------|

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

|                                                                  |                                                                                                                                                                                                                                                    |   |   |
|------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|---|
| 1                                                                | 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):<br><br>EIN(s): 39-1795674 |   |   |
| Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3. |                                                                                                                                                                                                                                                    |   |   |
| 3                                                                | Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year .....                                                                                                                            | 3 | 0 |

|         |                                                                                                                                                                        |
|---------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Part II | Funding Information (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)? .....                                                                                                                                                                                                                                        | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> 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 _____<br>If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule. |                              |                             |                                         |
| 6                                                    | a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....                                                                                                                                                                                                              | 6a                           |                             |                                         |
|                                                      | b Enter the amount contributed by the employer to the plan for this plan year .....                                                                                                                                                                                                                                                                | 6b                           |                             |                                         |
|                                                      | c 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? .....                                                                                                                                                                                                                                                          | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> 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? .....                                                                                 | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> N/A |

|          |            |
|----------|------------|
| Part III | Amendments |
|----------|------------|

|   |                                                                                                                                                                                                                    |                                   |                                   |                               |                                        |
|---|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------|-------------------------------|----------------------------------------|
| 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. .... | <input type="checkbox"/> Increase | <input type="checkbox"/> Decrease | <input type="checkbox"/> Both | <input checked="" type="checkbox"/> No |
|---|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------|-------------------------------|----------------------------------------|

|         |                                                                                                                                            |
|---------|--------------------------------------------------------------------------------------------------------------------------------------------|
| Part IV | ESOPs (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? .....                                                         | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 11 | a Does the ESOP hold any preferred stock? .....                                                                                                                                       | <input type="checkbox"/> Yes | <input type="checkbox"/> 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.) ..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 12 | Does the ESOP hold any stock that is not readily tradable on an established securities market? .....                                                                                  | <input type="checkbox"/> Yes | <input type="checkbox"/> 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): \_\_\_\_\_

|                                                                                                                                                                                                                                                                                                                                  |            |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--|
| <b>14</b> 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> |  |
| <b>15</b> 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> |  |
| <b>16</b> 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> |  |
| <b>17</b> 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..... <input type="checkbox"/>                                                                    |            |  |

|                |                                                                                                   |
|----------------|---------------------------------------------------------------------------------------------------|
| <b>Part VI</b> | <b>Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans</b> |
|----------------|---------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                                                                                                                                                                                                                                |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>18</b> 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..... <input type="checkbox"/> |  |
| <b>19</b> If the total number of participants is 1,000 or more, complete lines (a) and (b):                                                                                                                                                                                                                                                                                                                    |  |
| <b>a</b> Enter the percentage of plan assets held as:<br>Public Equity: <u>65.1</u> % Private Equity: _____ % Investment-Grade Debt and Interest Rate Hedging Assets: <u>24.7</u> %<br>High-Yield Debt: <u>2.7</u> % Real Assets: _____ % Cash or Cash Equivalents: <u>1.6</u> % Other: <u>5.9</u> %                                                                                                           |  |
| <b>b</b> Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:<br><input checked="" type="checkbox"/> 0-5 years <input type="checkbox"/> 5-10 years <input type="checkbox"/> 10-15 years <input type="checkbox"/> 15 years or more                                                                                                                                       |  |
| <b>20 PBGC missed contribution reporting requirements.</b> If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.                                                                                                                                                                                                                                                |  |
| <b>a</b> Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                      |  |
| <b>b</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:                                                                                                                                                                                                                                                                     |  |
| <input type="checkbox"/> Yes.                                                                                                                                                                                                                                                                                                                                                                                  |  |
| <input type="checkbox"/> 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.                                                                                                                                                                                                |  |
| <input type="checkbox"/> 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.                                                                                                                                                         |  |
| <input type="checkbox"/> No. Other. Provide explanation: _____                                                                                                                                                                                                                                                                                                                                                 |  |

|                 |                                 |
|-----------------|---------------------------------|
| <b>Part VII</b> | <b>IRS Compliance Questions</b> |
|-----------------|---------------------------------|

|                                                                                                                                                                                                                                                                                         |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>21a</b> 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                 |  |
| <b>21b</b> 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). |  |
| <input type="checkbox"/> Design-based safe harbor method                                                                                                                                                                                                                                |  |
| <input type="checkbox"/> "Prior year" ADP test                                                                                                                                                                                                                                          |  |
| <input type="checkbox"/> "Current year" ADP test                                                                                                                                                                                                                                        |  |
| <input checked="" type="checkbox"/> N/A                                                                                                                                                                                                                                                 |  |
| <b>22</b> 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 _____.                                                           |  |

**HOFFMASTER GROUP  
CONSOLIDATED PENSION PLAN**

**FINANCIAL STATEMENTS AND  
ERISA-REQUIRED SUPPLEMENTAL SCHEDULES**

**YEARS ENDED DECEMBER 31, 2023 AND 2022**



CPAs | CONSULTANTS | WEALTH ADVISORS

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YEARS ENDED DECEMBER 31, 2023 AND 2022**

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## INDEPENDENT AUDITORS' REPORT

Plan Administrator  
Hoffmaster Group Consolidated Pension Plan  
Oshkosh, Wisconsin

### Report on the Audit of the Financial Statements

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

We have performed audits of the accompanying financial statements of Hoffmaster Group Consolidated Pension Plan, an employee benefit 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 as of December 31, 2023 and 2022, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of Hoffmaster Group Consolidated 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 31, 2023 and 2022, and for the years then ended, stating that the certified investment information, as described in Note 7 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 financial statements referred to above, 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 financial statements referred to above 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 Hoffmaster Group Consolidated 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.

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

Management is responsible for the preparation and fair presentation of the 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.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Hoffmaster Group Consolidated Pension Plan's ability to continue as a going concern for one year after the date that the financial statements are available to be issued.

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 GAAS 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 GAAS, 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 the Hoffmaster Group Consolidated 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.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Hoffmaster Group Consolidated Pension Plan's ability to continue as a going concern for a reasonable period of time.

Our audits 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 Schedules Required by ERISA***

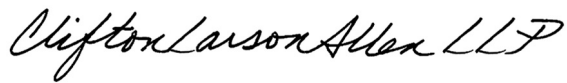
The supplemental schedule of assets (held by end of year) and schedule of reportable transactions as of or for the year ended December 31, 2023 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department 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 financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the 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 schedules 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 schedules, we evaluated whether the supplemental schedules, 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.

Plan Administrator  
Hoffmaster Group Consolidated Pension Plan

In our opinion

- the form and content of the supplemental schedules, other than the information in the supplemental schedules 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 schedules 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).

A handwritten signature in black ink that reads "CliftonLarsonAllen LLP". The signature is written in a cursive, flowing style.

**CliftonLarsonAllen LLP**

Appleton, Wisconsin  
September 30, 2024

**HOFFMASTER GROUP CONSOLIDATED PENSION PLAN  
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS  
DECEMBER 31, 2023 AND 2022**

|                                          | <u>2023</u>                | <u>2022</u>                |
|------------------------------------------|----------------------------|----------------------------|
| <b>ASSETS</b>                            |                            |                            |
| <b>INVESTMENTS (at Fair Value)</b>       |                            |                            |
| Cash Equivalents                         | \$ 251,329                 | \$ 168,818                 |
| Common Stocks                            | 3,155,466                  | 3,101,393                  |
| Exchange-Traded Funds                    | 1,581,278                  | 1,458,118                  |
| U.S. Government Securities               | 552,692                    | 537,534                    |
| Limited Partnership                      | 452,426                    | 425,325                    |
| Mutual Funds                             | 1,491,533                  | 1,249,454                  |
| Corporate Debt Instruments               | <u>325,164</u>             | <u>293,952</u>             |
| Total Investments at Fair Value          | 7,809,888                  | 7,234,594                  |
| <b>RECEIVABLES</b>                       |                            |                            |
| Employer Contributions                   | 132,000                    | 128,000                    |
| Interest and Dividend Income             | 10,261                     | 9,116                      |
| Due From Broker                          | <u>588</u>                 | <u>-</u>                   |
| Total Receivables                        | <u>142,849</u>             | <u>137,116</u>             |
| Total Assets                             | 7,952,737                  | 7,371,710                  |
| <b>LIABILITIES</b>                       |                            |                            |
| <b>DUE TO BROKER</b>                     | <u>-</u>                   | <u>1,083</u>               |
| <b>NET ASSETS AVAILABLE FOR BENEFITS</b> | <u><u>\$ 7,952,737</u></u> | <u><u>\$ 7,370,627</u></u> |

See accompanying Notes to Financial Statements.

**HOFFMASTER GROUP CONSOLIDATED PENSION PLAN**  
**STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS**  
**YEARS ENDED DECEMBER 31, 2023 AND 2022**

|                                                              | <u>2023</u>                | <u>2022</u>                |
|--------------------------------------------------------------|----------------------------|----------------------------|
| <b>ADDITIONS:</b>                                            |                            |                            |
| <b>INVESTMENT INCOME (LOSS)</b>                              |                            |                            |
| Net Appreciation (Depreciation) in Fair Value of Investments | \$ 909,373                 | \$ (1,538,046)             |
| Interest and Dividends                                       | <u>192,884</u>             | <u>174,528</u>             |
| Total Investment Income (Loss)                               | 1,102,257                  | (1,363,518)                |
| <b>EMPLOYER CONTRIBUTIONS</b>                                | <u>393,000</u>             | <u>212,000</u>             |
| Total Additions                                              | 1,495,257                  | (1,151,518)                |
| <b>DEDUCTIONS:</b>                                           |                            |                            |
| <b>BENEFITS PAID TO PARTICIPANTS</b>                         | 598,926                    | 588,145                    |
| <b>PBGC PREMIUMS</b>                                         | 104,900                    | 112,759                    |
| <b>ADMINISTRATIVE EXPENSES</b>                               | <u>209,321</u>             | <u>237,122</u>             |
| Total Deductions                                             | <u>913,147</u>             | <u>938,026</u>             |
| <b>NET INCREASE (DECREASE)</b>                               | 582,110                    | (2,089,544)                |
| <b>NET ASSETS AVAILABLE FOR BENEFITS:</b>                    |                            |                            |
| Beginning of Year                                            | <u>7,370,627</u>           | <u>9,460,171</u>           |
| End of Year                                                  | <u><u>\$ 7,952,737</u></u> | <u><u>\$ 7,370,627</u></u> |

See accompanying Notes to Financial Statements.

**HOFFMASTER GROUP CONSOLIDATED PENSION PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
**DECEMBER 31, 2023 AND 2022**

**NOTE 1 DESCRIPTION OF PLAN**

The following description of the Hoffmaster Group Consolidated Pension Plan (the Plan) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

**General**

The Plan is a noncontributory defined benefit pension plan covering the following groups of employees of the Hoffmaster Group, Inc. (Company or Employer); certain employees of the Creative Expressions Group (Creative Expressions), certain employees of the Fonda Group division (Fonda), certain employees of the Chesapeake division (Chesapeake), and certain employees of the Smith-Lee division (Smith-Lee). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended. Plan participation and benefit accruals are frozen.

**Vesting and Pension Benefits**

Creative Expressions participants generally become fully vested after five years of service. Pension benefits are calculated based solely on years of credited service. The monthly benefit is \$5 for credited service years prior to May 6, 1996, and \$23 for credited service from May 6, 1996 to December 31, 2001. Reduced benefits are available to participants retiring early. The Plan also provides certain disability and death benefits. Participants may elect to receive their pension benefits in the form of a lifetime annuity, life annuity with term certain, or a joint and survivor annuity.

Fonda participants generally become fully vested after five years of service. The monthly pension benefit is equal to one-twelfth of the following: 1.5% of final average compensation less 1.5% of the Social Security Benefit, multiplied by the number of months of credited service over 12. Reduced benefits are available to participants retiring early. The Plan also provides certain disability and death benefits. Participants may elect to receive their pension benefits in the form of a lifetime annuity, life annuity with term certain, or a joint and survivor annuity.

Chesapeake participants generally become fully vested after five years of service. The monthly pension benefit is equal to one-twelfth of the sum of the following: .88% of final average compensation multiplied by years of credited service, .65% of average compensation in excess of the Social Security Benefit multiplied by years of credited service (maximum of 35 years), \$12 multiplied by the credited years of service in excess of 10 but less than 20, \$27 multiplied by the credited years of service in excess of 20 but less than 30, \$39 multiplied by the credited years of service in excess of 30 but less than 40, \$48 multiplied by the credited years of service in excess of 40. The Plan also provides certain disability and death benefits. Participants may elect to receive their pension benefits in the form of a lifetime annuity, life annuity with term certain, or a joint and survivor annuity.

**HOFFMASTER GROUP CONSOLIDATED PENSION PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
**DECEMBER 31, 2023 AND 2022**

**NOTE 1 DESCRIPTION OF PLAN (CONTINUED)**

**Vesting and Pension Benefits (Continued)**

Smith-Lee participants generally become fully vested after five years of service. Pension benefits are calculated based solely on years of credited service and the date of retirement of the participant. The monthly benefit ranges from \$11 per year of credited service for participants who retired prior to September 1, 1986, to \$22 per year of credited service for participants who retired after October 1, 2001. Reduced benefits are available to participants retiring early. The Plan also provides certain disability and death benefits. Participants may elect to receive their pension benefits in the form of a lifetime annuity, life annuity with term certain, or a joint and survivor annuity.

**Funding Policy**

The Company's contributions to the Plan are based on an actuarial calculation of amounts necessary to provide for defined benefit payments upon retirement or death. The Company's contributions for 2023 and 2022 met or exceeded the minimum funding requirements of ERISA.

Although it has not expressed any intention to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA.

**NOTE 2 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**

**Basis of Accounting**

The Plan's financial statements are prepared on the accrual basis of accounting.

**Use of Estimates**

The preparation of financial statements in accordance 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 and liabilities and changes therein, disclosure 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 3 for a 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 (depreciation) includes the Plan's gains and losses on investments bought and sold as well as held during the year.

**HOFFMASTER GROUP CONSOLIDATED PENSION PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
**DECEMBER 31, 2023 AND 2022**

**NOTE 2 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)**

**Benefit Payments**

Benefits are recorded when paid.

**Administrative Expenses**

The Plan's expenses are paid by either the Plan or the Company as provided by the Plan document. Expenses that are paid directly by the Company are excluded from these financial statements. Certain expenses incurred in connection with the general administration of the Plan that are paid by the Plan are recorded as deductions in the accompanying statements of changes in net assets available for benefits. In addition, certain investment related expenses are included in net appreciation (depreciation) of fair value of investments presented in the accompanying statements of changes in net assets available for benefits.

**Subsequent Events**

The Plan has evaluated events and transactions for potential recognition or disclosure in the financial statements through September 30, 2024, the date on which the financial statements were available to be issued.

**NOTE 3 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 prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy are described as follows:

*Level 1* – Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

*Level 2* – Inputs to the valuation methodology include:

- quoted prices for similar assets or liabilities in active markets;
- quoted prices for identical or similar assets or liabilities in inactive markets;
- inputs other than quoted prices that are observable for the asset or liability;
- inputs that are derived principally from or corroborated by observable market data by correlation or other means.

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 are unobservable and significant to the fair value measurement.

**HOFFMASTER GROUP CONSOLIDATED PENSION PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
**DECEMBER 31, 2023 AND 2022**

**NOTE 3 FAIR VALUE MEASUREMENTS (CONTINUED)**

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.

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, 2023 and 2022.

*Cash Equivalents:* Valued at cost, which approximates fair value.

*Mutual Funds:* Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the Securities and Exchange Commission. 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.

*Common Stocks and Exchange-Traded Funds:* Valued at the closing price reported on the active market on which the individual securities are traded.

*U.S. Government Securities:* Valued using pricing models maximizing the use of observable inputs for similar securities.

*Corporate Debt Instruments:* Valued using pricing models maximizing the use of observable inputs for similar securities. This includes basing value on yields currently available on comparable securities of issuers with similar credit ratings.

*Limited Partnership:* Valued based on the NAV per share provided by its underlying investment funds. NAV is used as a practical expedient to estimate fair value.

The following tables sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2023 and 2022:

|                                               | 2023                |                   |                     |
|-----------------------------------------------|---------------------|-------------------|---------------------|
|                                               | Level 1             | Level 2           | Level 3             |
| Common Stocks                                 | \$ 3,155,466        | \$ -              | \$ -                |
| Exchange-Traded Funds                         | 1,581,278           | -                 | -                   |
| U.S. Government Securities                    | -                   | 552,692           | -                   |
| Mutual Funds                                  | 1,491,533           | -                 | -                   |
| Corporate Debt Instruments                    | -                   | 325,164           | -                   |
| Cash Equivalents                              | 251,329             | -                 | -                   |
| Total Investments in the Fair Value Hierarchy | <u>\$ 6,479,606</u> | <u>\$ 877,856</u> | <u>\$ -</u>         |
| Investments Measured at Net Asset Value*      |                     |                   | 452,426             |
| Total Investments at Fair Value               |                     |                   | <u>\$ 7,809,888</u> |

**HOFFMASTER GROUP CONSOLIDATED PENSION PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
**DECEMBER 31, 2023 AND 2022**

**NOTE 3 FAIR VALUE MEASUREMENTS (CONTINUED)**

|                                               | 2022                |                   |                     |
|-----------------------------------------------|---------------------|-------------------|---------------------|
|                                               | Level 1             | Level 2           | Level 3             |
| Common Stocks                                 | \$ 3,101,393        | \$ -              | \$ -                |
| Exchange-Traded Funds                         | 1,458,118           | -                 | -                   |
| U.S. Government Securities                    | -                   | 537,534           | -                   |
| Mutual Funds                                  | 1,249,454           | -                 | -                   |
| Corporate Debt Instruments                    | -                   | 293,952           | -                   |
| Cash Equivalents                              | 168,818             | -                 | -                   |
| Total Investments in the Fair Value Hierarchy | <u>\$ 5,977,783</u> | <u>\$ 831,486</u> | <u>\$ -</u>         |
| Investments Measured at Net Asset Value*      |                     |                   | 425,325             |
| Total Investments at Fair Value               |                     |                   | <u>\$ 7,234,594</u> |

\*Certain investments that were measured at net asset value per share (or its equivalent) practical expedient have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statements of net assets available for benefits.

The following table summarizes investments for which fair value is measured using the net asset value per share practical expedient as of December 31, 2023 and 2022, respectively.

| Investment                 | Fair Value at December 31, |            | Unfunded    | Redemption Frequency (if Currently Eligible) | Redemption Notice Period |
|----------------------------|----------------------------|------------|-------------|----------------------------------------------|--------------------------|
|                            | 2023                       | 2022       | Commitments |                                              |                          |
| Limited Partnership:       |                            |            |             |                                              |                          |
| Multi-Strategy Hedge Funds | \$ 452,426                 | \$ 425,325 | N/A         | Quarterly, Semi-Annually                     | 65-95 Days               |

The limited partnership is comprised of hedge funds with the objective to seek capital appreciation with limited variability of returns.

**NOTE 4 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 or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Benefits payable under all circumstances – retirement, death, disability, and termination of employment – are included, to the extent they are deemed attributable to employee service rendered to the valuation date.

The actuarial present value of accumulated Plan benefits is determined by an actuary 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.

**HOFFMASTER GROUP CONSOLIDATED PENSION PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
**DECEMBER 31, 2023 AND 2022**

**NOTE 4 ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS (CONTINUED)**

The following presents the accumulated Plan benefits as of December 31, 2022:

Actuarial Present Value of Accumulated

Plan Benefits:

Vested Benefits:

|                                           |              |
|-------------------------------------------|--------------|
| Participants Currently Receiving Payments | \$ 7,664,773 |
|-------------------------------------------|--------------|

|                                     |           |
|-------------------------------------|-----------|
| Participants with Deferred Benefits | 3,696,447 |
|-------------------------------------|-----------|

|                    |     |
|--------------------|-----|
| Nonvested Benefits | 440 |
|--------------------|-----|

|                                                            |                      |
|------------------------------------------------------------|----------------------|
| Total Actuarial Present Value of Accumulated Plan Benefits | <u>\$ 11,361,660</u> |
|------------------------------------------------------------|----------------------|

The following presents the changes in accumulated Plan benefits for the year ended December 31, 2022:

|                                                                          |               |
|--------------------------------------------------------------------------|---------------|
| Actuarial Present Value of Accumulated Plan Benefits - Beginning of Year | \$ 10,278,643 |
|--------------------------------------------------------------------------|---------------|

Increase (Decrease) During the Year Attributable to:

|               |           |
|---------------|-----------|
| Benefits Paid | (588,145) |
|---------------|-----------|

|                                                          |         |
|----------------------------------------------------------|---------|
| Increase for Interest Due to Decrease in Discount Period | 374,523 |
|----------------------------------------------------------|---------|

|                    |           |
|--------------------|-----------|
| Assumption Changes | 1,308,631 |
|--------------------|-----------|

|               |          |
|---------------|----------|
| Other Changes | (11,992) |
|---------------|----------|

|                                                                    |                      |
|--------------------------------------------------------------------|----------------------|
| Actuarial Present Value of Accumulated Plan Benefits - End of Year | <u>\$ 11,361,660</u> |
|--------------------------------------------------------------------|----------------------|

The significant actuarial assumptions used in the valuation were as follows:

- a. Life expectancy of participants – Pri-2012 mortality table projected generationally from 2012 with Scale MP-2021
- b. Retirement age assumption – Age 65
- c. Investment return – 2.55% compounded annually

The increase in accumulated Plan benefits for assumption changes was due to a change in the interest rate.

The forgoing actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated Plan benefits.

The computation of the actuarial present value of accumulated Plan benefits was made as of January 1, 2023. Had the valuation been performed as of December 31, 2022, there would be no material differences.

**HOFFMASTER GROUP CONSOLIDATED PENSION PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
**DECEMBER 31, 2023 AND 2022**

**NOTE 5 PARTY-IN-INTEREST TRANSACTIONS**

Certain administrative expenses related to the Plan are paid by the Company.

Certain Plan investments are a money market fund managed by BMO Harris Bank N.A., who is the trustee of the Plan.

Administrative expenses paid by the Plan to various companies for recordkeeping, actuary, audit, and investment advisory services amounted to \$209,321 and \$237,122 for the years ended December 31, 2023 and 2022, respectively.

These transactions qualify as party-in-interest transactions.

**NOTE 6 RISKS AND UNCERTAINTIES**

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least 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.

Plan contributions are made and the actuarial present value of accumulated Plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates, and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

**NOTE 7 CERTIFICATION OF INVESTMENT INFORMATION**

BMO Harris Bank N.A., the trustee of the Plan, has supplied the Plan administrator with a certification as to the completeness and accuracy of all investment information reflected on the accompanying statements of net assets available for benefits as of December 31, 2023 and 2022, the statements of changes in net assets available for benefits for the years then ended, and the supplemental schedule of assets (held at end of year) and schedule of reportable transactions as of and for the year ended December 31, 2023.

**NOTE 8 PLAN TERMINATION**

In the event the Plan is terminated, the net assets of the Plan will be allocated for payment of Plan benefits to the participants in order of priority determined in accordance with ERISA, applicable regulations thereunder, and the Plan document.

**HOFFMASTER GROUP CONSOLIDATED PENSION PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
**DECEMBER 31, 2023 AND 2022**

**NOTE 8    PLAN TERMINATION (CONTINUED)**

Certain benefits under the Plan are insured by the Pension Benefit Guaranty Corporation (PBGC) if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's 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. Vested benefits under the Plan are guaranteed at the date of the Plan's termination, subject to a statutory ceiling on the amount of an individual's monthly benefit.

Whether all participants receive their benefits, should the Plan be terminated at some future time, will depend on the sufficiency, at that time, of the Plan's net assets to provide those benefits, the priority of those benefits to be paid and the level and type of benefits guaranteed by the PBGC at that time. Some benefits may be fully or partially provided for by the then existing assets and the PBGC guaranty while other benefits may not be provided for at all.

**NOTE 9    TAX STATUS**

The Internal Revenue Service (IRS) has determined and informed the Company by a letter dated October 8, 2015, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). The Plan administrator believes that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the IRS and, therefore, believes that the Plan is qualified, and the related trust is 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 Company has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

Schedule SB Attachment (Form 5500)—2023 Plan Year  
Hoffmaster Group Consolidated Pension Plan  
EIN: 20-3642844 PN: 009

Schedule SB, line 26a—Schedule of Active Participant Data as of January 1, 2023

| Attained Age | Number of Participants<br>Years of Credited Service |     |     |       |       |       |       |       |       |     |
|--------------|-----------------------------------------------------|-----|-----|-------|-------|-------|-------|-------|-------|-----|
|              | <1                                                  | 1-4 | 5-9 | 10-14 | 15-19 | 20-24 | 25-29 | 30-34 | 35-39 | 40+ |
| <25          |                                                     |     |     |       |       |       |       |       |       |     |
| 25-29        |                                                     |     |     |       |       |       |       |       |       |     |
| 30-34        |                                                     |     |     |       |       |       |       |       |       |     |
| 35-39        |                                                     |     |     |       |       |       |       |       |       |     |
| 40-44        |                                                     |     |     |       |       |       |       |       |       |     |
| 45-49        |                                                     |     |     |       |       |       |       |       |       |     |
| 50-54        |                                                     | 3   |     |       |       |       |       |       |       |     |
| 55-59        |                                                     |     | 3   | 1     |       |       |       |       |       |     |
| 60-64        |                                                     |     | 4   | 1     |       | 1     |       |       |       |     |
| 65-69        |                                                     |     |     |       |       |       |       |       |       |     |
| 70+          |                                                     |     |     |       |       |       |       |       |       |     |

N-13

Schedule SB Attachment (Form 5500)—2023 Plan Year  
Hoffmaster Group Consolidated Pension Plan  
EIN: 20-3642844 PN: 009

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

|                                             |                                                                                                                                                                            |
|---------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Interest Rates for Minimum Funding Purposes | Based on segment rates with a four-month lookback (as of September 2022), each adjusted as needed to fall within the 25-year average interest rate stabilization corridor. |
| 1st Segment Rate                            | 4.75%                                                                                                                                                                      |
| 2nd Segment Rate                            | 5.00%                                                                                                                                                                      |
| 3rd Segment Rate                            | 5.74%                                                                                                                                                                      |
| Interest Rates for Maximum Tax Purposes     | Based on segment rates with a four-month lookback (as of September 2022), without regard to interest rate stabilization.                                                   |
| 1st Segment Rate                            | 1.41%                                                                                                                                                                      |
| 2nd Segment Rate                            | 3.09%                                                                                                                                                                      |
| 3rd Segment Rate                            | 3.58%                                                                                                                                                                      |
| Optional Payment Form Election Percentage   | 70% life annuity<br>30% joint and 50% survivor annuity                                                                                                                     |
| Retirement Age                              |                                                                                                                                                                            |
| Active Participants                         | Age 65                                                                                                                                                                     |
| Terminated Vested Participants              | Age 65                                                                                                                                                                     |
| Mortality Rates                             |                                                                                                                                                                            |
| Healthy and Disabled                        | 2023 static mortality table for annuitants and non-annuitants per section 1.430(h)(3)-1(a)(3) and IRS Notice 2022-22.                                                      |
| Withdrawal Rates                            | See Table 1                                                                                                                                                                |
| Disability Rates                            | See Table 2                                                                                                                                                                |
| Benefit Commencement for Disability         | Immediate for participants in the Former Salaried Plan and deferred to age 65 for participants in the Former Chesapeake Plan                                               |
| Decrement Timing                            | Middle of year decrements (except that retirement is assumed to occur at the beginning of the year for ages where the assumed retirement rate is 100%)                     |
| Surviving Spouse Benefit                    | It is assumed that 100% of males and 100% of females have an eligible spouse, and that males are three years older than their spouses.                                     |
| Benefit Limits                              | Projected benefits are limited by the current IRC section 415 maximum benefit of \$265,000.                                                                                |

Schedule SB Attachment (Form 5500)—2023 Plan Year  
Hoffmaster Group Consolidated Pension Plan  
EIN: 20-3642844 PN: 009

Valuation of Plan Assets

Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value.

A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii).

Expected Return on Assets

|                |       |
|----------------|-------|
| 2021 Plan Year | 4.10% |
| 2022 Plan Year | 3.75% |
| 2023 Plan Year | 2.55% |

Trust Expenses Included in Target Normal Cost

The prior year's actual plan administrative expenses (\$294,057)

Actuarial Method

Standard unit credit cost method

Valuation Date

January 1, 2023

Schedule SB Attachment (Form 5500)—2023 Plan Year  
Hoffmaster Group Consolidated Pension Plan  
EIN: 20-3642844 PN: 009

Table 1

**Withdrawal Rates**

| <b>Age</b> | <b>Rate</b> | <b>Age</b> | <b>Rate</b> |
|------------|-------------|------------|-------------|
| 15         | 5.4384%     | 45         | 0.2653%     |
| 16         | 5.4384%     | 46         | 0.1595%     |
| 17         | 5.4384%     | 47         | 0.0798%     |
| 18         | 5.4384%     | 48         | 0.0274%     |
| 19         | 5.4384%     | 49         | 0.0015%     |
| 20         | 5.4384%     | 50+        | 0.0000%     |
| 21         | 5.4083%     |            |             |
| 22         | 5.3344%     |            |             |
| 23         | 5.2213%     |            |             |
| 24         | 5.0732%     |            |             |
| 25         | 4.8948%     |            |             |
| 26         | 4.6904%     |            |             |
| 27         | 4.4648%     |            |             |
| 28         | 4.2220%     |            |             |
| 29         | 3.9665%     |            |             |
| 30         | 3.7020%     |            |             |
| 31         | 3.4319%     |            |             |
| 32         | 3.1593%     |            |             |
| 33         | 2.8866%     |            |             |
| 34         | 2.6160%     |            |             |
| 35         | 2.3492%     |            |             |
| 36         | 2.0879%     |            |             |
| 37         | 1.8335%     |            |             |
| 38         | 1.5875%     |            |             |
| 39         | 1.3518%     |            |             |
| 40         | 1.1283%     |            |             |
| 41         | 0.9186%     |            |             |
| 42         | 0.7250%     |            |             |
| 43         | 0.5500%     |            |             |
| 44         | 0.3960%     |            |             |

Schedule SB Attachment (Form 5500)—2023 Plan Year  
Hoffmaster Group Consolidated Pension Plan  
EIN: 20-3642844 PN: 009

Table 2

**Disability Rates**

| <b>Age</b> | <b>Male</b> | <b>Female</b> | <b>Age</b> | <b>Male</b> | <b>Female</b> |
|------------|-------------|---------------|------------|-------------|---------------|
| 15         | 0.03%       | 0.03%         | 45         | 0.16%       | 0.24%         |
| 16         | 0.03%       | 0.03%         | 46         | 0.18%       | 0.27%         |
| 17         | 0.03%       | 0.03%         | 47         | 0.21%       | 0.30%         |
| 18         | 0.03%       | 0.03%         | 48         | 0.25%       | 0.33%         |
| 19         | 0.03%       | 0.03%         | 49         | 0.28%       | 0.36%         |
| 20         | 0.03%       | 0.03%         | 50         | 0.33%       | 0.40%         |
| 21         | 0.03%       | 0.03%         | 51         | 0.39%       | 0.44%         |
| 22         | 0.03%       | 0.03%         | 52         | 0.46%       | 0.49%         |
| 23         | 0.03%       | 0.03%         | 53         | 0.53%       | 0.54%         |
| 24         | 0.03%       | 0.03%         | 54         | 0.61%       | 0.59%         |
| 25         | 0.03%       | 0.03%         | 55         | 0.69%       | 0.64%         |
| 26         | 0.03%       | 0.03%         | 56         | 0.77%       | 0.69%         |
| 27         | 0.03%       | 0.03%         | 57         | 0.86%       | 0.74%         |
| 28         | 0.03%       | 0.04%         | 58         | 0.95%       | 0.80%         |
| 29         | 0.03%       | 0.04%         | 59         | 1.05%       | 0.85%         |
| 30         | 0.03%       | 0.04%         | 60         | 1.15%       | 0.90%         |
| 31         | 0.03%       | 0.05%         | 61         | 1.26%       | 0.96%         |
| 32         | 0.03%       | 0.05%         | 62         | 1.38%       | 1.01%         |
| 33         | 0.03%       | 0.06%         | 63         | 1.51%       | 1.05%         |
| 34         | 0.03%       | 0.06%         | 64         | 1.64%       | 1.09%         |
| 35         | 0.04%       | 0.07%         | 65+        | 0.00%       | 0.00%         |
| 36         | 0.04%       | 0.08%         |            |             |               |
| 37         | 0.05%       | 0.09%         |            |             |               |
| 38         | 0.06%       | 0.10%         |            |             |               |
| 39         | 0.07%       | 0.12%         |            |             |               |
| 40         | 0.08%       | 0.13%         |            |             |               |
| 41         | 0.09%       | 0.15%         |            |             |               |
| 42         | 0.10%       | 0.17%         |            |             |               |
| 43         | 0.12%       | 0.19%         |            |             |               |
| 44         | 0.14%       | 0.22%         |            |             |               |

**HOFFMASTER GROUP CONSOLIDATED PENSION PLAN**  
**E.I.N. 20-3642844 PLAN NO. 009**  
**SCHEDULE H, LINE 4j – SCHEDULE OF REPORTABLE TRANSACTIONS**  
**YEAR ENDED DECEMBER 31, 2023**

| (a)                                                                                    | (b)                                                                             | (c)               | (d)              | (e)             | (f)                                     | (g)              | (h)                                                 | (i)                |
|----------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|-------------------|------------------|-----------------|-----------------------------------------|------------------|-----------------------------------------------------|--------------------|
| Identity of<br>Party Involved                                                          | Description of Asset<br>(Include Interest Rate and<br>Maturity in Case of Loan) | Purchase<br>Price | Selling<br>Price | Lease<br>Rental | Expense<br>Incurred With<br>Transaction | Cost<br>of Asset | Current Value<br>of Asset on<br>Transaction<br>Date | Net Gain<br>(Loss) |
| <b><u>Category (iii) - A Series of Transactions in Excess of 5% of Plan Assets</u></b> |                                                                                 |                   |                  |                 |                                         |                  |                                                     |                    |
| Morgan Stanley Citigroup                                                               | Bank Deposits Program                                                           | \$ 2,255,047      | \$ -             | \$ -            | \$ -                                    | \$ 2,255,047     | \$ 2,255,047                                        | \$ -               |
| Morgan Stanley Citigroup                                                               | Bank Deposits Program                                                           | -                 | 2,174,577        | -               | -                                       | 2,174,577        | 2,174,577                                           | -                  |
| Goldman Sachs                                                                          | Fin Sq Gov #465                                                                 | 884,387           | -                | -               | -                                       | 884,387          | 884,387                                             | -                  |
| Goldman Sachs                                                                          | Fin Sq Gov #466                                                                 | -                 | 882,347          | -               | -                                       | 882,347          | 882,347                                             | -                  |

*There were no category (i), (ii) or (iv) reportable transactions for the year ended December 31, 2023.*



**SCHEDULE SB  
(Form 5500)**Department of the Treasury  
Internal Revenue ServiceDepartment of Labor  
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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

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

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

OMB No. 1210-0110

**2023****This Form is Open to Public  
Inspection**

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.

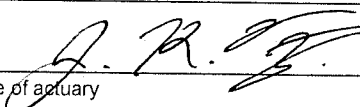
|                                                                                                                                           |  |                                                                                                                                                         |
|-------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>A</b> Name of plan<br>HOFFMASTER GROUP CONSOLIDATED PENSION PLAN                                                                       |  | <b>B</b> Three-digit plan number (PN) ▶ 009                                                                                                             |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br>Hoffmaster Group, Inc.                                        |  | <b>D</b> Employer Identification Number (EIN)<br>20-3642844                                                                                             |
| <b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B |  | <b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input checked="" type="checkbox"/> 101-500 <input type="checkbox"/> More than 500 |

**Part I Basic Information**

|                                                                                                                                                                                                         |                            |                           |                          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|---------------------------|--------------------------|
| <b>1</b> Enter the valuation date: Month 01 Day 01 Year 2023                                                                                                                                            |                            |                           |                          |
| <b>2</b> Assets:                                                                                                                                                                                        |                            |                           |                          |
| a Market value.....                                                                                                                                                                                     |                            | <b>2a</b>                 | 7,368,758                |
| b Actuarial value.....                                                                                                                                                                                  |                            | <b>2b</b>                 | 8,105,633                |
| <b>3</b> Funding target/participant count breakdown                                                                                                                                                     |                            |                           |                          |
|                                                                                                                                                                                                         | (1) Number of participants | (2) Vested Funding Target | (3) Total Funding Target |
| a For retired participants and beneficiaries receiving payment.....                                                                                                                                     | 145                        | 6,272,716                 | 6,272,716                |
| b For terminated vested participants.....                                                                                                                                                               | 74                         | 2,166,455                 | 2,166,455                |
| c For active participants.....                                                                                                                                                                          | 13                         | 432,513                   | 432,845                  |
| d Total.....                                                                                                                                                                                            | 232                        | 8,871,684                 | 8,872,016                |
| <b>4</b> If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>                                                                                   |                            |                           |                          |
| a Funding target disregarding prescribed at-risk assumptions.....                                                                                                                                       |                            | <b>4a</b>                 |                          |
| b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor..... |                            | <b>4b</b>                 |                          |
| <b>5</b> Effective interest rate.....                                                                                                                                                                   |                            | <b>5</b>                  | 5.15%                    |
| <b>6</b> Target normal cost                                                                                                                                                                             |                            |                           |                          |
| a Present value of current plan year accruals.....                                                                                                                                                      |                            | <b>6a</b>                 | 0                        |
| b Expected plan-related expenses.....                                                                                                                                                                   |                            | <b>6b</b>                 | 294,057                  |
| c Target normal cost.....                                                                                                                                                                               |                            | <b>6c</b>                 | 294,057                  |

**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>                                                          | JUSTIN R. FRAZIER |  | 9/30/2024 |
|                                                                           |                   | Signature of actuary                                                                | Date      |
| JUSTIN R. FRAZIER                                                         |                   | 2308185                                                                             |           |
| Type or print name of actuary                                             |                   | Most recent enrollment number                                                       |           |
| AON CONSULTING, INC.                                                      |                   | 847-442-3168                                                                        |           |
| Firm name                                                                 |                   | Telephone number (including area code)                                              |           |
| MSC# 17755<br>PO Box 1447<br>LINCOLNSHIRE IL 60069<br>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 ☐

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

Schedule SB (Form 5500) 2023  
v. 230728

## Part II

|          |                     |
|----------|---------------------|
| Part III | Funding Percentages |
|----------|---------------------|

## Part III

|         |                                        |
|---------|----------------------------------------|
| Part IV | Contributions and Liquidity Shortfalls |
|---------|----------------------------------------|

## Part IV

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

|          |       |         |       |  |
|----------|-------|---------|-------|--|
| Totals ▶ | 18(b) | 393,000 | 18(c) |  |
|----------|-------|---------|-------|--|

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

|                                                                                                                 |     |         |
|-----------------------------------------------------------------------------------------------------------------|-----|---------|
| a Contributions allocated toward unpaid minimum required contributions from prior years.....                    | 19a | 0       |
| b Contributions made to avoid restrictions adjusted to valuation date.....                                      | 19b | 0       |
| c Contributions allocated toward minimum required contribution for current year adjusted to valuation date..... | 19c | 378,120 |

20 Quarterly contributions and liquidity shortfalls:

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

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

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

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

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

|                                                                                                                                                                                       |                        |                        |                                                     |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|------------------------|-----------------------------------------------------|
| 21 Discount rate:                                                                                                                                                                     |                        |                        |                                                     |
| a Segment rates:                                                                                                                                                                      | 1st segment:<br>4.75 % | 2nd segment:<br>5.00 % | 3rd segment:<br>5.74 %                              |
|                                                                                                                                                                                       |                        |                        | <input type="checkbox"/> N/A, full yield curve used |
| b Applicable month (enter code).....                                                                                                                                                  |                        |                        | 21b 4                                               |
| 22 Weighted average retirement age .....                                                                                                                                              |                        |                        | 22 65                                               |
| 23 Mortality table(s) (see instructions) <input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute |                        |                        |                                                     |

**Part VI Miscellaneous Items**

|                                                                                                                                                                 |  |                                                                     |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------|
| 24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. .... |  | <input checked="" type="checkbox"/> Yes <input 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                                                                  |

**Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years**

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

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

|                                                                                                                                                                               |                     |                    |               |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|--------------------|---------------|
| 31 Target normal cost and excess assets (see instructions):                                                                                                                   |                     |                    |               |
| a Target normal cost (line 6c) .....                                                                                                                                          | 31a                 | 294,057            |               |
| b Excess assets, if applicable, but not greater than line 31a .....                                                                                                           | 31b                 | 0                  |               |
| 32 Amortization installments:                                                                                                                                                 | Outstanding Balance | Installment        |               |
| a Net shortfall amortization installment .....                                                                                                                                | 766,383             | 83,307             |               |
| 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                 | 377,364       |
|                                                                                                                                                                               | 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                  | 377,364            |               |
| 37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) .....                                                  | 37                  | 378,120            |               |
| 38 Present value of excess contributions for current year (see instructions)                                                                                                  |                     |                    |               |
| a Total (excess, if any, of line 37 over line 36) .....                                                                                                                       | 38a                 | 756                |               |
| b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....                                                                | 38b                 | 0                  |               |
| 39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....                                                                      | 39                  | 0                  |               |
| 40 Unpaid minimum required contributions for all years .....                                                                                                                  | 40                  | 0                  |               |

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

|                                                                                                                                                                                                                                                                                                           |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. <input checked="" type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input type="checkbox"/> 2021 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

Schedule SB Attachment (Form 5500)—2023 Plan Year  
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Schedule SB, line 19—Discounted Employer Contributions

Year applied for contributions: 2023

| <b>Date</b>        | <b>Amount</b> | <b>Days to<br/>Discount to<br/>1/1/2023 at<br/>5.15%</b> | <b>Interest<br/>Adjusted<br/>Contribution</b> |
|--------------------|---------------|----------------------------------------------------------|-----------------------------------------------|
| April 14, 2023     | \$ 88,000     | 103                                                      | \$ 86,762                                     |
| July 13, 2023      | 88,000        | 193                                                      | 85,694                                        |
| October 12, 2023   | 85,000        | 284                                                      | 81,743                                        |
| January 9, 2024    | 85,000        | 373                                                      | 80,748                                        |
| September 10, 2024 | 47,000        | 618                                                      | 43,173                                        |
| Total Contribution | \$ 393,000    |                                                          | \$ 378,120                                    |

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Schedule SB, line 22—Description of Weighted Average Retirement Age

All active participants are assumed to retire at age 65.

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

|                                             |                                                                                                                                                                            |
|---------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Interest Rates for Minimum Funding Purposes | Based on segment rates with a four-month lookback (as of September 2022), each adjusted as needed to fall within the 25-year average interest rate stabilization corridor. |
| 1st Segment Rate                            | 4.75%                                                                                                                                                                      |
| 2nd Segment Rate                            | 5.00%                                                                                                                                                                      |
| 3rd Segment Rate                            | 5.74%                                                                                                                                                                      |
| Interest Rates for Maximum Tax Purposes     | Based on segment rates with a four-month lookback (as of September 2022), without regard to interest rate stabilization.                                                   |
| 1st Segment Rate                            | 1.41%                                                                                                                                                                      |
| 2nd Segment Rate                            | 3.09%                                                                                                                                                                      |
| 3rd Segment Rate                            | 3.58%                                                                                                                                                                      |
| Optional Payment Form Election Percentage   | 70% life annuity<br>30% joint and 50% survivor annuity                                                                                                                     |
| Retirement Age                              |                                                                                                                                                                            |
| Active Participants                         | Age 65                                                                                                                                                                     |
| Terminated Vested Participants              | Age 65                                                                                                                                                                     |
| Mortality Rates                             |                                                                                                                                                                            |
| Healthy and Disabled                        | 2023 static mortality table for annuitants and non-annuitants per section 1.430(h)(3)-1(a)(3) and IRS Notice 2022-22.                                                      |
| Withdrawal Rates                            | See Table 1                                                                                                                                                                |
| Disability Rates                            | See Table 2                                                                                                                                                                |
| Benefit Commencement for Disability         | Immediate for participants in the Former Salaried Plan and deferred to age 65 for participants in the Former Chesapeake Plan                                               |
| Decrement Timing                            | Middle of year decrements (except that retirement is assumed to occur at the beginning of the year for ages where the assumed retirement rate is 100%)                     |
| Surviving Spouse Benefit                    | It is assumed that 100% of males and 100% of females have an eligible spouse, and that males are three years older than their spouses.                                     |
| Benefit Limits                              | Projected benefits are limited by the current IRC section 415 maximum benefit of \$265,000.                                                                                |

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Valuation of Plan Assets

Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value.

A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii).

Expected Return on Assets

|                |       |
|----------------|-------|
| 2021 Plan Year | 4.10% |
| 2022 Plan Year | 3.75% |
| 2023 Plan Year | 2.55% |

Trust Expenses Included in Target Normal Cost

The prior year's actual plan administrative expenses (\$294,057)

Actuarial Method

Standard unit credit cost method

Valuation Date

January 1, 2023

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Table 1

**Withdrawal Rates**

| <b>Age</b> | <b>Rate</b> | <b>Age</b> | <b>Rate</b> |
|------------|-------------|------------|-------------|
| 15         | 5.4384%     | 45         | 0.2653%     |
| 16         | 5.4384%     | 46         | 0.1595%     |
| 17         | 5.4384%     | 47         | 0.0798%     |
| 18         | 5.4384%     | 48         | 0.0274%     |
| 19         | 5.4384%     | 49         | 0.0015%     |
| 20         | 5.4384%     | 50+        | 0.0000%     |
| 21         | 5.4083%     |            |             |
| 22         | 5.3344%     |            |             |
| 23         | 5.2213%     |            |             |
| 24         | 5.0732%     |            |             |
| 25         | 4.8948%     |            |             |
| 26         | 4.6904%     |            |             |
| 27         | 4.4648%     |            |             |
| 28         | 4.2220%     |            |             |
| 29         | 3.9665%     |            |             |
| 30         | 3.7020%     |            |             |
| 31         | 3.4319%     |            |             |
| 32         | 3.1593%     |            |             |
| 33         | 2.8866%     |            |             |
| 34         | 2.6160%     |            |             |
| 35         | 2.3492%     |            |             |
| 36         | 2.0879%     |            |             |
| 37         | 1.8335%     |            |             |
| 38         | 1.5875%     |            |             |
| 39         | 1.3518%     |            |             |
| 40         | 1.1283%     |            |             |
| 41         | 0.9186%     |            |             |
| 42         | 0.7250%     |            |             |
| 43         | 0.5500%     |            |             |
| 44         | 0.3960%     |            |             |

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Table 2

**Disability Rates**

| <b>Age</b> | <b>Male</b> | <b>Female</b> | <b>Age</b> | <b>Male</b> | <b>Female</b> |
|------------|-------------|---------------|------------|-------------|---------------|
| 15         | 0.03%       | 0.03%         | 45         | 0.16%       | 0.24%         |
| 16         | 0.03%       | 0.03%         | 46         | 0.18%       | 0.27%         |
| 17         | 0.03%       | 0.03%         | 47         | 0.21%       | 0.30%         |
| 18         | 0.03%       | 0.03%         | 48         | 0.25%       | 0.33%         |
| 19         | 0.03%       | 0.03%         | 49         | 0.28%       | 0.36%         |
| 20         | 0.03%       | 0.03%         | 50         | 0.33%       | 0.40%         |
| 21         | 0.03%       | 0.03%         | 51         | 0.39%       | 0.44%         |
| 22         | 0.03%       | 0.03%         | 52         | 0.46%       | 0.49%         |
| 23         | 0.03%       | 0.03%         | 53         | 0.53%       | 0.54%         |
| 24         | 0.03%       | 0.03%         | 54         | 0.61%       | 0.59%         |
| 25         | 0.03%       | 0.03%         | 55         | 0.69%       | 0.64%         |
| 26         | 0.03%       | 0.03%         | 56         | 0.77%       | 0.69%         |
| 27         | 0.03%       | 0.03%         | 57         | 0.86%       | 0.74%         |
| 28         | 0.03%       | 0.04%         | 58         | 0.95%       | 0.80%         |
| 29         | 0.03%       | 0.04%         | 59         | 1.05%       | 0.85%         |
| 30         | 0.03%       | 0.04%         | 60         | 1.15%       | 0.90%         |
| 31         | 0.03%       | 0.05%         | 61         | 1.26%       | 0.96%         |
| 32         | 0.03%       | 0.05%         | 62         | 1.38%       | 1.01%         |
| 33         | 0.03%       | 0.06%         | 63         | 1.51%       | 1.05%         |
| 34         | 0.03%       | 0.06%         | 64         | 1.64%       | 1.09%         |
| 35         | 0.04%       | 0.07%         | 65+        | 0.00%       | 0.00%         |
| 36         | 0.04%       | 0.08%         |            |             |               |
| 37         | 0.05%       | 0.09%         |            |             |               |
| 38         | 0.06%       | 0.10%         |            |             |               |
| 39         | 0.07%       | 0.12%         |            |             |               |
| 40         | 0.08%       | 0.13%         |            |             |               |
| 41         | 0.09%       | 0.15%         |            |             |               |
| 42         | 0.10%       | 0.17%         |            |             |               |
| 43         | 0.12%       | 0.19%         |            |             |               |
| 44         | 0.14%       | 0.22%         |            |             |               |

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Schedule SB, Part V—Summary of Plan Provisions

The Creative Expressions Group, Inc. Pension Plan for UPI Local 1105 (the “CEG Plan”) was originally established as of May 6, 1996. On December 31, 2001, benefit accruals were frozen, and the plan was closed to new participants. As of January 1, 2010, the plan was amended and restated, and renamed as the Hoffmaster Group Consolidated Pension Plan.

|                                   |                                                                                                                                                                                                     |                           |                                                   |
|-----------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|---------------------------------------------------|
| Plan Year                         | Twelve-month period beginning January 1 and ending December 31.                                                                                                                                     |                           |                                                   |
| Participation Requirements        |                                                                                                                                                                                                     |                           |                                                   |
| Eligibility                       | Age 21 and one year of employment with 1,000 hours of service. Service with James River Paper Company, Inc. and Paper Art Company, Inc., shall be included as service when determining eligibility. |                           |                                                   |
| Normal Retirement                 |                                                                                                                                                                                                     |                           |                                                   |
| Eligibility                       | Age 65.                                                                                                                                                                                             |                           |                                                   |
| Benefit                           | A monthly benefit for each year of service pursuant to the following:                                                                                                                               |                           |                                                   |
|                                   | <b>Effective Date</b>                                                                                                                                                                               | <b>Prior Plan Service</b> | <b>Credited Service Subsequent to May 6, 1996</b> |
|                                   | December 1, 2000                                                                                                                                                                                    | \$ 5.00                   | \$ 23.00                                          |
| Early Retirement                  |                                                                                                                                                                                                     |                           |                                                   |
| Eligibility                       | Later of age 55 or 15 years of seniority service.                                                                                                                                                   |                           |                                                   |
| Benefit                           | Accrued benefit at date of actual retirement payable at normal retirement.                                                                                                                          |                           |                                                   |
| Reductions for Early Commencement | Reduced actuarial equivalent of the normal retirement benefit determined as of early retirement date.                                                                                               |                           |                                                   |
| Disability Retirement             |                                                                                                                                                                                                     |                           |                                                   |
| Eligibility                       | Fifteen years of seniority service and totally and permanently disabled as determined for Social Security Act disability benefit purposes.                                                          |                           |                                                   |
| Benefit                           | Actuarial equivalent of accrued benefit at disability retirement date.                                                                                                                              |                           |                                                   |
| Termination                       |                                                                                                                                                                                                     |                           |                                                   |
| Eligibility                       | Five years of service.                                                                                                                                                                              |                           |                                                   |
| Benefit                           | Accrued benefit at date of termination.                                                                                                                                                             |                           |                                                   |

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Preretirement Death  
Eligibility

Five years of service.

Amount of Benefit

A monthly spouse's benefit equal to 50% of the joint and survivor benefit payable to the participant assuming he/she had retired or terminated the day before death.

Definitions  
Employee

Any person employed by the employer and represented by the United Paperworkers International Union, AFL-CIO, Local 1105.

Accrued Benefit

Prospective normal retirement benefit using service to date.

Service  
Vesting

The sum of all plan years in which the employee has completed 1,000 or more hours of service as an employee of Creative Expressions Group, Inc. or while employed by James River Paper Company, Inc. or Paper Art Company, Inc.

(Break in service rules, as defined in the document, apply.)

Benefit  
Credited Service

The sum of service determined as follows:

For each plan year while a participant, an employee is credited with service according to the following table:

| Hours of Service | Credited Service    |
|------------------|---------------------|
| 1,600 or More    | One Year            |
| 1,200–1,600      | $\frac{3}{4}$ Year  |
| 800–1,200        | $\frac{1}{2}$ Year  |
| 400–800          | $\frac{1}{4}$ Year  |
| Less Than 400    | No credited service |

No credited service is earned under this plan after December 31, 2001.

Prior Plan Service

Credited service earned under the Paper Art Company, Inc. Pension Plan and Trust as of May 6, 1996.

Seniority Service

Seniority of an employee under the Collective Bargaining Agreement.

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Normal Form of Payment  
Unmarried Retirees

A monthly pension benefit payable for life only.

Married Retirees

(Unless otherwise elected) A monthly benefit payable in a reduced amount to the retiree and upon the retiree's death 50% of the benefit will be payable to the surviving spouse.

Optional Forms of Payment

Actuarial equivalent of normal form of payment available as: Life annuity; life annuity with period certain of 10 years; joint and survivor annuity with 50%, 75% or 100% continuing to surviving spouse.

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Former Salaried Plan

The Fonda Group, Inc. Retirement Plan for Salaried Continuing Employees (the “Salaried Plan”) was originally established as of January 1, 1995. On December 31, 1996, benefit accruals were frozen and the plan was closed to new participants. As of January 1, 2010, the plan was merged into the Creative Expressions Group, Inc. Pension Plan for UPI Local 1105, which was renamed as the Hoffmaster Group Consolidated Pension Plan.

Participation Requirements

Eligibility

Full-time employees are eligible to participate on the day following completion of one year of employment.

Part-time employees are eligible to participate on the first pay day following completion of one year of employment, provided they completed 870 hours of service during this period.

As a result of the plan freeze, no employees were eligible to participate after December 31, 1996.

Normal Retirement

Eligibility

Age 65.

Benefit

1.5% of the final average compensation multiplied by a fraction, the numerator of which is the number of months of credited employment and the denominator of which is 12; less

1.5% of the Social Security benefit multiplied by a fraction, the numerator of which is the number of months of credited employment after 1978 and the denominator of which is 12. However, this deduction shall not exceed one-half of such benefit.

Early Retirement

Eligibility

Either (1) 15 years of employment and attained age 55 while employed or (2) 20 years of employment, has attained age 55 (whether or not employed) and was terminated involuntarily (as described in the document) or terminated pursuant to an agreed-workforce reduction.

Benefit

If the participant has attained age 62, his accrued benefit without actuarial reduction, calculated using his Social Security benefit as of the later of his eligibility to receive an early retirement Social Security benefit or his retirement.

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However, if the months of credited employment an employee would have earned from December 31, 1978 until attainment of age 65, exceed 400 then the Social Security reduction used in calculating the benefit is:

One-half of his Social Security benefit multiplied by a fraction. The numerator is the number of months of credited employment after December 31, 1978. The denominator he would have earned from December 31, 1978 until age 65, if he worked until age 65.

Also, if the participant is entitled to a benefit under any other retirement plan which is reduced due to an actuarial reduction from age 65 rather than 62, then the early retirement benefit under this plan can be increased by an amount equal to such reduction.

Early Commencement

If benefit elected after age 55 but before age 62, the benefit shall be the actuarial equivalent of the benefit payable at age 62, except, prior to the participant becoming eligible for an early retirement Social Security benefit, it shall not include the Social Security related deduction.

The early retirement benefit shall be arranged, so that when combined with any benefit under any other retirement plan and payments for life under any government-sponsored pension plan the participant will receive the same total amount each year before and after he is eligible to receive an early retirement benefit under the government-sponsored pension plan.

Disability Retirement  
Eligibility

Total and permanent disability (as defined in the Plan document) occurring while an employee with 10 or more years of employment.

Benefit

Normal retirement benefit (without actuarial reduction) based on average final compensation and credited employment on the earlier of the disability retirement date or December 31, 1996, less \$12.00 (one dollar per month).

Benefit Commencement Date

First day of calendar month following the date the Retirement Board receives proof of total and permanent disability.

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Termination

Eligibility

100% after completion of five years of employment.

Benefit

Accrued benefit at date of termination multiplied by the vested percentage payable at normal retirement.

However, if the months of credited employment an employee would have earned from December 31, 1978 until attainment of age 65, exceed 400 then the Social Security reduction used in calculating the benefit is:

One-half of his Social Security multiplied by a fraction. The numerator is the number of months of credited employment after December 31, 1978. The denominator is the number of months of credited employment he would have earned from December 31, 1978 until age 65, if he worked until age 65.

Early Commencement

If the participant had five years of employment, he/she may elect early commencement as early as age 55. In this case, his benefit will be the actuarial equivalent of his vested benefit described above.

Preretirement Death

Eligibility

Vested in all or a portion of accrued benefit.

Benefit

A monthly spouse's benefit equal to 50% of the joint and survivor benefit payable to the participant assuming he/she had terminated on date of death and elected a 50% joint and survivor option at normal retirement date.

Principal Definitions

Employee

Any person on the employer (or related company) payroll at a stated rate of basic compensation. For periods beginning after December 31, 1975 it includes both full-time and part-time employees as defined in the document.

Accrued Benefit

Benefit calculated using final earnings and credited service as of the earlier of severance from service or December 31, 1996.

Compensation

Basic wages paid by the employer, inclusive of overtime, bonuses, commissions, etc.

Final Earnings

The highest average earnings received in any four full calendar years during the last 10 years ending December 31, 1996.

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Service

Vesting Service

For each plan year (including plan years under the Scott Plan prior to January 1, 1995 for continuing employees).

Full-Time Employees

The sum of the continuous periods of service.

Part-Time Employees

The greater of:

(a) 12 months if he accumulates more than 435 hours worked for plan years before 1987 or at least 870 hours worked for plan years after 1986; or

(b) The sum of the continuous periods, if any, during which he is a full-time employee during the plan year.

Benefit Service

For each plan year (including plan years under the Scott Plan prior to January 1, 1995 for continuing employees):

Full-Time Employees

One year of service if employed the entire plan year.

Part-Time Employees

(a) One year of service if works at least 1,740 hours; or

(b) A fraction of a year if works at least 870 hours but less than 1,740 hours (fraction equals hours worked divided by 1,740).

Normal Form of Payment

Unmarried Retirees

A monthly pension benefit payable for life only.

Married Retirees

(Unless otherwise elected) A monthly benefit payable in a reduced amount to the retiree and upon the retiree's death 50% of the benefit will be payable to the surviving spouse.

Optional Forms of Payment

Actuarial equivalent of normal form of payment available as: Life annuity; life annuity with period certain of 10 years; joint and survivor annuity with 50%, 75% or 100% continuing to surviving spouse.

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Former Chesapeake Plan

The Fonda Group, Inc. Retirement Plan for Salaried Employees (Chesapeake Acquisition) (the “Chesapeake Plan”) was originally established as of January 1, 1996. On December 31, 1996, benefit accruals were frozen and the plan was closed to new participants. As of January 1, 2010, the plan was merged into the Creative Expressions Group, Inc. Pension Plan for UPI Local 1105, which was renamed as the Hoffmaster Group Consolidated Pension Plan.

Participation Requirements

Eligibility

Each employee who was a participant in the Chesapeake Corporation Retirement Plan for Salaried Employees on December 31, 1995 shall become a participant in the plan on January 1, 1996. No new employees will be eligible to participate subsequent to December 31, 1996.

Normal Retirement

Eligibility

Age 65 or completion of five years of credited service, if later.

Benefit

A benefit payable for life only equal to one twelfth of the sum of (a), (b), (c), (d), (e), and (f):

- (a) 0.88% of final average compensation multiplied by years of credited service.
- (b) 0.65% of final average compensation in excess of Social Security covered compensation multiplied by years of credited service (not to exceed 35).
- (c) \$12.00 multiplied by years of credited service in excess of 10 but below 20.
- (d) \$27.00 multiplied by years of credited service in excess of 20 but below 30.
- (e) \$39.00 multiplied by years of credited service in excess of 30 but below 40.
- (f) \$48.00 multiplied by years of credited service in excess of 40.

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Early Retirement  
Eligibility

Either (a) or (b):

- (a) Age 55 and completion of 10 years of credited service.
- (b) If employed by Wisconsin Tissue Mills, Inc. or Plainwell Paper Co, Inc. on July 1, 1985, age 55 and completion of five years of credited service.

Benefit

Greater of (a) and (b):

- (a) Accrued benefit as of August 31, 1989 under the Chesapeake Plan.
- (b) As of September 1, 1989, accrued benefit at normal retirement age, the base portion of which is reduced by 4% for the first three years of early commencement and 5% for the next seven, and the excess portion of which is reduced by 8% for the first three years and 5% for the next seven.

Disability Retirement  
Eligibility

Total and permanent disability (as defined in the Plan document) occurring while an employee if the employee has completed 10 or more years of credited service.

Benefit

Normal retirement benefit determined by using final earnings and credited service on the earlier of the disability retirement date or December 31, 1996.

Benefit Commencement Date

First day of any calendar month six months following the date the employee last performed services for the employer prior to his normal retirement date.

Termination  
Eligibility

100% after completion of five years of credited service.

Benefit

Accrued benefit at date of termination multiplied by the vested percentage payable at normal retirement.

Preretirement Death  
Eligibility

Vested in all or a portion of accrued benefit.

Benefit

A monthly spouse's benefit equal to 50% of the joint and survivor benefit payable to the participant assuming participant had terminated on date of death and elected a 50% joint and survivor option at normal retirement date.

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Definitions

Employee

Any person employed by the employer due to the acquisition of Chesapeake Consumer Products Company who is compensated on a salaried or commission basis and completes or is expected to complete 1,000 hours of service during a 12-month period. Persons temporarily filling positions designated as salaried are excluded, as are independent contractors and leased employees.

Accrued Benefit

Benefit calculated using final earnings and credited service as of the earlier of severance from service or December 31, 1996.

Compensation

Basic wages paid by the employer, exclusive of overtime, bonuses, extra compensation, etc.

Final Average Compensation

One-fifth of the compensation earned by a participant during the 60 consecutive months during the last 120 consecutive months that produces the greatest average. Compensation earned subsequent to December 31, 1996 will not be considered.

Credited Service

The number of full and partial 12-month periods representative of an employee's service with the employer, inclusive of service with Chesapeake Consumer Products Company. Total credited service shall be determined by adding credited service prior to September 1, 1989 to credited service subsequent to September 1, 1989.

Normal Form of Payment  
Unmarried Retirees

A monthly pension benefit payable for life only.

Married Retirees

(Unless otherwise elected) A monthly benefit payable in a reduced amount to the retiree and upon the retiree's death 50% of the benefit will be payable to the surviving spouse.

Optional Forms of Payment

Actuarial equivalent of normal form of payment available as: Life annuity; life annuity with period certain of 10 years; joint and survivor annuity with 50%, 75% or 100% continuing to surviving spouse.

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Hoffmaster Group Consolidated Pension Plan  
EIN: 20-3642844 PN: 009

Former Smith-Lee Plan

The Smith-Lee Company, Inc. Production Employee's Retirement Plan (the "Smith-Lee Plan") was originally established as of March 1, 1956. On April 30, 2003, benefit accruals were frozen. As of January 1, 2010, the plan was merged into the Creative Expressions Group, Inc. Pension Plan for UPI Local 1105, which was renamed as the Hoffmaster Group Consolidated Pension Plan.

Participation Requirements

Eligibility

Eligibility for participation is immediate upon becoming an employee if the employee is covered by a collective bargaining agreement with United Paper Workers International Union.

Normal Retirement

Eligibility

The attainment of age 65 and the completion of five or more years of service.

Benefit

The monthly amount payable to participants is equal to the applicable pension factor multiplied by the number of years of credited service.

Pension Factor

The applicable pension factor is as follows:

| Retirement<br>On or After | But Before        | Pension<br>Factor |
|---------------------------|-------------------|-------------------|
| September 1, 1985         | September 1, 1986 | \$11.00           |
| September 1, 1986         | September 1, 1987 | \$12.00           |
| September 1, 1987         | September 1, 1989 | \$13.00           |
| September 1, 1989         | September 1, 1990 | \$14.00           |
| September 1, 1990         | September 1, 1993 | \$15.00           |
| September 1, 1993         | September 1, 1995 | \$16.00           |
| September 1, 1995         | October 1, 1997   | \$17.00           |
| October 1, 1997           | October 1, 1998   | \$18.00           |
| October 1, 1998           | October 1, 1999   | \$18.75           |
| October 1, 1999           | October 1, 2001   | \$19.50           |
| October 1, 2001           |                   | \$22.00           |

Benefit accruals have been frozen as of April 30, 2003, and there were no future increases to the pension factor shown above.

Early Retirement

Eligibility

The attainment of age 55 and the completion of 10 or more years of service.

Benefit

The actuarial equivalent of the participant's normal retirement benefit.

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Disability Retirement  
Eligibility

Total and permanent disability on or after the attainment of age 50 and the completion of 25 or more years of service.

Benefit

The participant's monthly benefit as of the disability date.

Termination  
Eligibility

Five years of service.

Benefit

The normal retirement benefit with payment commencing at age 65 or the early retirement benefit with payment commencing after age 55 and prior to normal retirement date.

Preretirement Death  
Eligibility

Five years of service.

Benefit

The only death benefit available under the plan is the qualified preretirement survivor annuity to a qualified spouse. The amount payable is equal to 50% of the monthly benefit that would have been payable to the participant in the form of a 50% joint and survivor annuity at the later of the date of death or the date the participant would have attained age 55.

Definitions

Normal Form of Payment

For unmarried participants, the normal form of payment is a life annuity.

For married participants, the normal form of payment is a 50% joint and survivor annuity.

Optional Forms of Payment

Actuarial equivalent of normal form of payment available as: Life annuity; life annuity with period certain of 10 years; joint and survivor annuity with 50%, 75% or 100% continuing to surviving spouse.

Contributions

The company pays the entire cost of the plan.

Vesting and Credited Service

A participant is to receive one year of vesting/credited service for any calendar year in which at least 1,000 hours of service is completed. Credited service was frozen effective April 30, 2003.

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Plan Changes Since the Prior Year

The funding valuation does not reflect any plan changes.

Other Information to Fully and Fairly Disclose the Actuarial Position of the Plan

Due to software limitations with the electronic filing process, information filed electronically cannot be controlled by the Enrolled Actuary. The values on the signed Schedule SB will govern to the extent there are any differences in the entries filed electronically and the actual data contained on the signed Schedule SB.

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Schedule SB, line 24—Change in Actuarial Assumptions

The funding valuation reflects the following assumption changes:

- A change in the expected return on assets from 3.75% to 2.55% to better reflect anticipated plan experience.

The above assumption change did not reduce the funding shortfall. As such, approval of the Commissioner is not required.

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Schedule SB, line 26a—Schedule of Active Participant Data as of January 1, 2023

| Attained Age | Number of Participants<br>Years of Credited Service |     |     |       |       |       |       |       |       |     |
|--------------|-----------------------------------------------------|-----|-----|-------|-------|-------|-------|-------|-------|-----|
|              | <1                                                  | 1-4 | 5-9 | 10-14 | 15-19 | 20-24 | 25-29 | 30-34 | 35-39 | 40+ |
| <25          |                                                     |     |     |       |       |       |       |       |       |     |
| 25-29        |                                                     |     |     |       |       |       |       |       |       |     |
| 30-34        |                                                     |     |     |       |       |       |       |       |       |     |
| 35-39        |                                                     |     |     |       |       |       |       |       |       |     |
| 40-44        |                                                     |     |     |       |       |       |       |       |       |     |
| 45-49        |                                                     |     |     |       |       |       |       |       |       |     |
| 50-54        |                                                     | 3   |     |       |       |       |       |       |       |     |
| 55-59        |                                                     |     | 3   | 1     |       |       |       |       |       |     |
| 60-64        |                                                     |     | 4   | 1     |       | 1     |       |       |       |     |
| 65-69        |                                                     |     |     |       |       |       |       |       |       |     |
| 70+          |                                                     |     |     |       |       |       |       |       |       |     |

N-13

Schedule SB Attachment (Form 5500)—2023 Plan Year  
Hoffmaster Group Consolidated Pension Plan  
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Schedule SB, line 32—Schedule of Amortization Bases

| <b>Type of<br/>Base</b> | <b>Present Value<br/>of Installment</b> | <b>Date<br/>Established</b> | <b>Years<br/>Remaining</b> | <b>Amortization<br/>Installment</b> |
|-------------------------|-----------------------------------------|-----------------------------|----------------------------|-------------------------------------|
| Shortfall               | \$ 790,175                              | January 1, 2019             | 11                         | \$ 90,384                           |
| Shortfall               | \$ (219,868)                            | January 1, 2020             | 12                         | \$ (23,573)                         |
| Shortfall               | \$ 58,582                               | January 1, 2021             | 13                         | \$ 5,927                            |
| Shortfall               | \$ (455,530)                            | January 1, 2022             | 14                         | \$ (43,741)                         |
| Shortfall               | \$ 593,024                              | January 1, 2023             | 15                         | \$ 54,310                           |

Schedule SB Attachment (Form 5500)—2023 Plan Year  
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Schedule SB, line 19—Discounted Employer Contributions

Year applied for contributions: 2023

| <b>Date</b>        | <b>Amount</b> | <b>Days to<br/>Discount to<br/>1/1/2023 at<br/>5.15%</b> | <b>Interest<br/>Adjusted<br/>Contribution</b> |
|--------------------|---------------|----------------------------------------------------------|-----------------------------------------------|
| April 14, 2023     | \$ 88,000     | 103                                                      | \$ 86,762                                     |
| July 13, 2023      | 88,000        | 193                                                      | 85,694                                        |
| October 12, 2023   | 85,000        | 284                                                      | 81,743                                        |
| January 9, 2024    | 85,000        | 373                                                      | 80,748                                        |
| September 10, 2024 | 47,000        | 618                                                      | 43,173                                        |
| Total Contribution | \$ 393,000    |                                                          | \$ 378,120                                    |

Schedule SB Attachment (Form 5500)—2023 Plan Year  
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Schedule SB, line 22—Description of Weighted Average Retirement Age

All active participants are assumed to retire at age 65.

Schedule SB Attachment (Form 5500)—2023 Plan Year  
Hoffmaster Group Consolidated Pension Plan  
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Schedule SB, Part V—Summary of Plan Provisions

The Creative Expressions Group, Inc. Pension Plan for UPI Local 1105 (the “CEG Plan”) was originally established as of May 6, 1996. On December 31, 2001, benefit accruals were frozen, and the plan was closed to new participants. As of January 1, 2010, the plan was amended and restated, and renamed as the Hoffmaster Group Consolidated Pension Plan.

|                                   |                                                                                                                                                                                                     |                           |                                                   |
|-----------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|---------------------------------------------------|
| Plan Year                         | Twelve-month period beginning January 1 and ending December 31.                                                                                                                                     |                           |                                                   |
| Participation Requirements        |                                                                                                                                                                                                     |                           |                                                   |
| Eligibility                       | Age 21 and one year of employment with 1,000 hours of service. Service with James River Paper Company, Inc. and Paper Art Company, Inc., shall be included as service when determining eligibility. |                           |                                                   |
| Normal Retirement                 |                                                                                                                                                                                                     |                           |                                                   |
| Eligibility                       | Age 65.                                                                                                                                                                                             |                           |                                                   |
| Benefit                           | A monthly benefit for each year of service pursuant to the following:                                                                                                                               |                           |                                                   |
|                                   | <b>Effective Date</b>                                                                                                                                                                               | <b>Prior Plan Service</b> | <b>Credited Service Subsequent to May 6, 1996</b> |
|                                   | December 1, 2000                                                                                                                                                                                    | \$ 5.00                   | \$ 23.00                                          |
| Early Retirement                  |                                                                                                                                                                                                     |                           |                                                   |
| Eligibility                       | Later of age 55 or 15 years of seniority service.                                                                                                                                                   |                           |                                                   |
| Benefit                           | Accrued benefit at date of actual retirement payable at normal retirement.                                                                                                                          |                           |                                                   |
| Reductions for Early Commencement | Reduced actuarial equivalent of the normal retirement benefit determined as of early retirement date.                                                                                               |                           |                                                   |
| Disability Retirement             |                                                                                                                                                                                                     |                           |                                                   |
| Eligibility                       | Fifteen years of seniority service and totally and permanently disabled as determined for Social Security Act disability benefit purposes.                                                          |                           |                                                   |
| Benefit                           | Actuarial equivalent of accrued benefit at disability retirement date.                                                                                                                              |                           |                                                   |
| Termination                       |                                                                                                                                                                                                     |                           |                                                   |
| Eligibility                       | Five years of service.                                                                                                                                                                              |                           |                                                   |
| Benefit                           | Accrued benefit at date of termination.                                                                                                                                                             |                           |                                                   |

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Preretirement Death  
Eligibility

Five years of service.

Amount of Benefit

A monthly spouse's benefit equal to 50% of the joint and survivor benefit payable to the participant assuming he/she had retired or terminated the day before death.

Definitions  
Employee

Any person employed by the employer and represented by the United Paperworkers International Union, AFL-CIO, Local 1105.

Accrued Benefit

Prospective normal retirement benefit using service to date.

Service  
Vesting

The sum of all plan years in which the employee has completed 1,000 or more hours of service as an employee of Creative Expressions Group, Inc. or while employed by James River Paper Company, Inc. or Paper Art Company, Inc.

(Break in service rules, as defined in the document, apply.)

Benefit  
Credited Service

The sum of service determined as follows:

For each plan year while a participant, an employee is credited with service according to the following table:

| Hours of Service | Credited Service    |
|------------------|---------------------|
| 1,600 or More    | One Year            |
| 1,200–1,600      | $\frac{3}{4}$ Year  |
| 800–1,200        | $\frac{1}{2}$ Year  |
| 400–800          | $\frac{1}{4}$ Year  |
| Less Than 400    | No credited service |

No credited service is earned under this plan after December 31, 2001.

Prior Plan Service

Credited service earned under the Paper Art Company, Inc. Pension Plan and Trust as of May 6, 1996.

Seniority Service

Seniority of an employee under the Collective Bargaining Agreement.

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Normal Form of Payment  
Unmarried Retirees

A monthly pension benefit payable for life only.

Married Retirees

(Unless otherwise elected) A monthly benefit payable in a reduced amount to the retiree and upon the retiree's death 50% of the benefit will be payable to the surviving spouse.

Optional Forms of Payment

Actuarial equivalent of normal form of payment available as: Life annuity; life annuity with period certain of 10 years; joint and survivor annuity with 50%, 75% or 100% continuing to surviving spouse.

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Former Salaried Plan

The Fonda Group, Inc. Retirement Plan for Salaried Continuing Employees (the “Salaried Plan”) was originally established as of January 1, 1995. On December 31, 1996, benefit accruals were frozen and the plan was closed to new participants. As of January 1, 2010, the plan was merged into the Creative Expressions Group, Inc. Pension Plan for UPI Local 1105, which was renamed as the Hoffmaster Group Consolidated Pension Plan.

Participation Requirements

Eligibility

Full-time employees are eligible to participate on the day following completion of one year of employment.

Part-time employees are eligible to participate on the first pay day following completion of one year of employment, provided they completed 870 hours of service during this period.

As a result of the plan freeze, no employees were eligible to participate after December 31, 1996.

Normal Retirement

Eligibility

Age 65.

Benefit

1.5% of the final average compensation multiplied by a fraction, the numerator of which is the number of months of credited employment and the denominator of which is 12; less

1.5% of the Social Security benefit multiplied by a fraction, the numerator of which is the number of months of credited employment after 1978 and the denominator of which is 12. However, this deduction shall not exceed one-half of such benefit.

Early Retirement

Eligibility

Either (1) 15 years of employment and attained age 55 while employed or (2) 20 years of employment, has attained age 55 (whether or not employed) and was terminated involuntarily (as described in the document) or terminated pursuant to an agreed-workforce reduction.

Benefit

If the participant has attained age 62, his accrued benefit without actuarial reduction, calculated using his Social Security benefit as of the later of his eligibility to receive an early retirement Social Security benefit or his retirement.

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However, if the months of credited employment an employee would have earned from December 31, 1978 until attainment of age 65, exceed 400 then the Social Security reduction used in calculating the benefit is:

One-half of his Social Security benefit multiplied by a fraction. The numerator is the number of months of credited employment after December 31, 1978. The denominator he would have earned from December 31, 1978 until age 65, if he worked until age 65.

Also, if the participant is entitled to a benefit under any other retirement plan which is reduced due to an actuarial reduction from age 65 rather than 62, then the early retirement benefit under this plan can be increased by an amount equal to such reduction.

Early Commencement

If benefit elected after age 55 but before age 62, the benefit shall be the actuarial equivalent of the benefit payable at age 62, except, prior to the participant becoming eligible for an early retirement Social Security benefit, it shall not include the Social Security related deduction.

The early retirement benefit shall be arranged, so that when combined with any benefit under any other retirement plan and payments for life under any government-sponsored pension plan the participant will receive the same total amount each year before and after he is eligible to receive an early retirement benefit under the government-sponsored pension plan.

Disability Retirement  
Eligibility

Total and permanent disability (as defined in the Plan document) occurring while an employee with 10 or more years of employment.

Benefit

Normal retirement benefit (without actuarial reduction) based on average final compensation and credited employment on the earlier of the disability retirement date or December 31, 1996, less \$12.00 (one dollar per month).

Benefit Commencement Date

First day of calendar month following the date the Retirement Board receives proof of total and permanent disability.

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Termination

Eligibility

100% after completion of five years of employment.

Benefit

Accrued benefit at date of termination multiplied by the vested percentage payable at normal retirement.

However, if the months of credited employment an employee would have earned from December 31, 1978 until attainment of age 65, exceed 400 then the Social Security reduction used in calculating the benefit is:

One-half of his Social Security multiplied by a fraction. The numerator is the number of months of credited employment after December 31, 1978. The denominator is the number of months of credited employment he would have earned from December 31, 1978 until age 65, if he worked until age 65.

Early Commencement

If the participant had five years of employment, he/she may elect early commencement as early as age 55. In this case, his benefit will be the actuarial equivalent of his vested benefit described above.

Preretirement Death

Eligibility

Vested in all or a portion of accrued benefit.

Benefit

A monthly spouse's benefit equal to 50% of the joint and survivor benefit payable to the participant assuming he/she had terminated on date of death and elected a 50% joint and survivor option at normal retirement date.

Principal Definitions

Employee

Any person on the employer (or related company) payroll at a stated rate of basic compensation. For periods beginning after December 31, 1975 it includes both full-time and part-time employees as defined in the document.

Accrued Benefit

Benefit calculated using final earnings and credited service as of the earlier of severance from service or December 31, 1996.

Compensation

Basic wages paid by the employer, inclusive of overtime, bonuses, commissions, etc.

Final Earnings

The highest average earnings received in any four full calendar years during the last 10 years ending December 31, 1996.

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Service

Vesting Service

For each plan year (including plan years under the Scott Plan prior to January 1, 1995 for continuing employees).

Full-Time Employees

The sum of the continuous periods of service.

Part-Time Employees

The greater of:

(a) 12 months if he accumulates more than 435 hours worked for plan years before 1987 or at least 870 hours worked for plan years after 1986; or

(b) The sum of the continuous periods, if any, during which he is a full-time employee during the plan year.

Benefit Service

For each plan year (including plan years under the Scott Plan prior to January 1, 1995 for continuing employees):

Full-Time Employees

One year of service if employed the entire plan year.

Part-Time Employees

(a) One year of service if works at least 1,740 hours; or

(b) A fraction of a year if works at least 870 hours but less than 1,740 hours (fraction equals hours worked divided by 1,740).

Normal Form of Payment

Unmarried Retirees

A monthly pension benefit payable for life only.

Married Retirees

(Unless otherwise elected) A monthly benefit payable in a reduced amount to the retiree and upon the retiree's death 50% of the benefit will be payable to the surviving spouse.

Optional Forms of Payment

Actuarial equivalent of normal form of payment available as: Life annuity; life annuity with period certain of 10 years; joint and survivor annuity with 50%, 75% or 100% continuing to surviving spouse.

Schedule SB Attachment (Form 5500)—2023 Plan Year  
Hoffmaster Group Consolidated Pension Plan  
EIN: 20-3642844 PN: 009

Former Chesapeake Plan

The Fonda Group, Inc. Retirement Plan for Salaried Employees (Chesapeake Acquisition) (the “Chesapeake Plan”) was originally established as of January 1, 1996. On December 31, 1996, benefit accruals were frozen and the plan was closed to new participants. As of January 1, 2010, the plan was merged into the Creative Expressions Group, Inc. Pension Plan for UPI Local 1105, which was renamed as the Hoffmaster Group Consolidated Pension Plan.

Participation Requirements

Eligibility

Each employee who was a participant in the Chesapeake Corporation Retirement Plan for Salaried Employees on December 31, 1995 shall become a participant in the plan on January 1, 1996. No new employees will be eligible to participate subsequent to December 31, 1996.

Normal Retirement

Eligibility

Age 65 or completion of five years of credited service, if later.

Benefit

A benefit payable for life only equal to one twelfth of the sum of (a), (b), (c), (d), (e), and (f):

- (a) 0.88% of final average compensation multiplied by years of credited service.
- (b) 0.65% of final average compensation in excess of Social Security covered compensation multiplied by years of credited service (not to exceed 35).
- (c) \$12.00 multiplied by years of credited service in excess of 10 but below 20.
- (d) \$27.00 multiplied by years of credited service in excess of 20 but below 30.
- (e) \$39.00 multiplied by years of credited service in excess of 30 but below 40.
- (f) \$48.00 multiplied by years of credited service in excess of 40.

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Early Retirement  
Eligibility

Either (a) or (b):

- (a) Age 55 and completion of 10 years of credited service.
- (b) If employed by Wisconsin Tissue Mills, Inc. or Plainwell Paper Co, Inc. on July 1, 1985, age 55 and completion of five years of credited service.

Benefit

Greater of (a) and (b):

- (a) Accrued benefit as of August 31, 1989 under the Chesapeake Plan.
- (b) As of September 1, 1989, accrued benefit at normal retirement age, the base portion of which is reduced by 4% for the first three years of early commencement and 5% for the next seven, and the excess portion of which is reduced by 8% for the first three years and 5% for the next seven.

Disability Retirement  
Eligibility

Total and permanent disability (as defined in the Plan document) occurring while an employee if the employee has completed 10 or more years of credited service.

Benefit

Normal retirement benefit determined by using final earnings and credited service on the earlier of the disability retirement date or December 31, 1996.

Benefit Commencement Date

First day of any calendar month six months following the date the employee last performed services for the employer prior to his normal retirement date.

Termination  
Eligibility

100% after completion of five years of credited service.

Benefit

Accrued benefit at date of termination multiplied by the vested percentage payable at normal retirement.

Preretirement Death  
Eligibility

Vested in all or a portion of accrued benefit.

Benefit

A monthly spouse's benefit equal to 50% of the joint and survivor benefit payable to the participant assuming participant had terminated on date of death and elected a 50% joint and survivor option at normal retirement date.

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Definitions

Employee

Any person employed by the employer due to the acquisition of Chesapeake Consumer Products Company who is compensated on a salaried or commission basis and completes or is expected to complete 1,000 hours of service during a 12-month period. Persons temporarily filling positions designated as salaried are excluded, as are independent contractors and leased employees.

Accrued Benefit

Benefit calculated using final earnings and credited service as of the earlier of severance from service or December 31, 1996.

Compensation

Basic wages paid by the employer, exclusive of overtime, bonuses, extra compensation, etc.

Final Average Compensation

One-fifth of the compensation earned by a participant during the 60 consecutive months during the last 120 consecutive months that produces the greatest average. Compensation earned subsequent to December 31, 1996 will not be considered.

Credited Service

The number of full and partial 12-month periods representative of an employee's service with the employer, inclusive of service with Chesapeake Consumer Products Company. Total credited service shall be determined by adding credited service prior to September 1, 1989 to credited service subsequent to September 1, 1989.

Normal Form of Payment  
Unmarried Retirees

A monthly pension benefit payable for life only.

Married Retirees

(Unless otherwise elected) A monthly benefit payable in a reduced amount to the retiree and upon the retiree's death 50% of the benefit will be payable to the surviving spouse.

Optional Forms of Payment

Actuarial equivalent of normal form of payment available as: Life annuity; life annuity with period certain of 10 years; joint and survivor annuity with 50%, 75% or 100% continuing to surviving spouse.

Schedule SB Attachment (Form 5500)—2023 Plan Year  
Hoffmaster Group Consolidated Pension Plan  
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Former Smith-Lee Plan

The Smith-Lee Company, Inc. Production Employee's Retirement Plan (the "Smith-Lee Plan") was originally established as of March 1, 1956. On April 30, 2003, benefit accruals were frozen. As of January 1, 2010, the plan was merged into the Creative Expressions Group, Inc. Pension Plan for UPI Local 1105, which was renamed as the Hoffmaster Group Consolidated Pension Plan.

Participation Requirements

Eligibility

Eligibility for participation is immediate upon becoming an employee if the employee is covered by a collective bargaining agreement with United Paper Workers International Union.

Normal Retirement

Eligibility

The attainment of age 65 and the completion of five or more years of service.

Benefit

The monthly amount payable to participants is equal to the applicable pension factor multiplied by the number of years of credited service.

Pension Factor

The applicable pension factor is as follows:

| Retirement<br>On or After | But Before        | Pension<br>Factor |
|---------------------------|-------------------|-------------------|
| September 1, 1985         | September 1, 1986 | \$11.00           |
| September 1, 1986         | September 1, 1987 | \$12.00           |
| September 1, 1987         | September 1, 1989 | \$13.00           |
| September 1, 1989         | September 1, 1990 | \$14.00           |
| September 1, 1990         | September 1, 1993 | \$15.00           |
| September 1, 1993         | September 1, 1995 | \$16.00           |
| September 1, 1995         | October 1, 1997   | \$17.00           |
| October 1, 1997           | October 1, 1998   | \$18.00           |
| October 1, 1998           | October 1, 1999   | \$18.75           |
| October 1, 1999           | October 1, 2001   | \$19.50           |
| October 1, 2001           |                   | \$22.00           |

Benefit accruals have been frozen as of April 30, 2003, and there were no future increases to the pension factor shown above.

Early Retirement

Eligibility

The attainment of age 55 and the completion of 10 or more years of service.

Benefit

The actuarial equivalent of the participant's normal retirement benefit.

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Disability Retirement  
Eligibility

Total and permanent disability on or after the attainment of age 50 and the completion of 25 or more years of service.

Benefit

The participant's monthly benefit as of the disability date.

Termination  
Eligibility

Five years of service.

Benefit

The normal retirement benefit with payment commencing at age 65 or the early retirement benefit with payment commencing after age 55 and prior to normal retirement date.

Preretirement Death  
Eligibility

Five years of service.

Benefit

The only death benefit available under the plan is the qualified preretirement survivor annuity to a qualified spouse. The amount payable is equal to 50% of the monthly benefit that would have been payable to the participant in the form of a 50% joint and survivor annuity at the later of the date of death or the date the participant would have attained age 55.

Definitions

Normal Form of Payment

For unmarried participants, the normal form of payment is a life annuity.

For married participants, the normal form of payment is a 50% joint and survivor annuity.

Optional Forms of Payment

Actuarial equivalent of normal form of payment available as: Life annuity; life annuity with period certain of 10 years; joint and survivor annuity with 50%, 75% or 100% continuing to surviving spouse.

Contributions

The company pays the entire cost of the plan.

Vesting and Credited Service

A participant is to receive one year of vesting/credited service for any calendar year in which at least 1,000 hours of service is completed. Credited service was frozen effective April 30, 2003.

Schedule SB Attachment (Form 5500)—2023 Plan Year  
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EIN: 20-3642844 PN: 009

Plan Changes Since the Prior Year

The funding valuation does not reflect any plan changes.

Other Information to Fully and Fairly Disclose the Actuarial Position of the Plan

Due to software limitations with the electronic filing process, information filed electronically cannot be controlled by the Enrolled Actuary. The values on the signed Schedule SB will govern to the extent there are any differences in the entries filed electronically and the actual data contained on the signed Schedule SB.

**HOFFMASTER GROUP CONSOLIDATED PENSION PLAN**  
**E.I.N. 20-3642844 PLAN NO. 009**  
**SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)**  
**DECEMBER 31, 2023**

| (a)                                                         | (b)                                                   | (c)       | (d)              | (e) |
|-------------------------------------------------------------|-------------------------------------------------------|-----------|------------------|-----|
| Identity of Issue,<br>Borrower, Lessor,<br>or Similar Party | Description of Investment                             | Cost      | Current<br>Value |     |
|                                                             | <b><u>U.S. Government Securities:</u></b>             |           |                  |     |
|                                                             | US Treasury Note, 3.25%, 06/30/2027                   | \$ 49,881 | \$ 50,823        |     |
|                                                             | US Treasury Note, 2.875% 08/15/2028                   | 46,866    | 47,860           |     |
|                                                             | US Treasury Note, 2.875%, 05/15/2032                  | 11,630    | 11,124           |     |
|                                                             | US Treasury Note, 3.50%, 01/31/2030                   | 47,816    | 48,914           |     |
|                                                             | US Treasury Note, 3.375%, 05/15/2033                  | 35,331    | 34,560           |     |
|                                                             | US Treasury Note, 4.625%, 09/30/2030                  | 47,682    | 49,007           |     |
|                                                             | Federal Home Ln Mtg Corp Partn CTF, 2.50%, 01/01/2051 | 38,429    | 31,213           |     |
|                                                             | Federal Home Ln Mtg Corp Partn CTF, 2.00%, 02/01/2051 | 29,300    | 23,307           |     |
|                                                             | Federal Home Ln Mtg Corp Partn CTF, 5.00%, 01/01/2053 | 32,554    | 32,711           |     |
|                                                             | Federal Natl Mtg Assn Gtd Passthru, 2.50%, 06/01/2050 | 26,971    | 22,174           |     |
|                                                             | Federal Natl Mtg Assn Gtd Passthru, 3.00%, 03/01/2052 | 40,765    | 35,859           |     |
|                                                             | Federal Natl Mtg Assn Gtd Passthru, 3.50%, 05/01/2052 | 51,794    | 49,151           |     |
|                                                             | Federal Natl Mtg Assn Gtd Passthru, 4.00%, 07/01/2052 | 27,325    | 26,224           |     |
|                                                             | Federal Natl Mtg Assn Gtd Passthru, 4.50%, 11/01/2052 | 32,973    | 32,704           |     |
|                                                             | US Treasury Bond, 4.000%, 11/15/2052                  | 48,213    | 45,395           |     |
|                                                             | US Treasury Bond, 4.000%, 11/15/2042                  | 12,501    | 11,666           |     |
|                                                             | Total U.S. Government Securities                      | 580,031   | 552,692          |     |
|                                                             | <b><u>Corporate Debt Instruments:</u></b>             |           |                  |     |
|                                                             | Dte Energy Co                                         | 16,639    | 16,802           |     |
|                                                             | Dana Incorporated                                     | 14,875    | 13,903           |     |
|                                                             | Freeport McMoran Inc                                  | 15,690    | 15,799           |     |
|                                                             | HCA Inc                                               | 18,997    | 16,975           |     |
|                                                             | Kinder Morgan Inc                                     | 16,304    | 13,804           |     |
|                                                             | Netflix Inc                                           | 15,245    | 15,792           |     |
|                                                             | Penske Automotive Grp Inc                             | 17,478    | 16,493           |     |
|                                                             | T Mobile USA Inc                                      | 19,330    | 17,935           |     |
|                                                             | United Rentals North Amer Inc                         | 16,603    | 16,596           |     |
|                                                             | Verisign Inc                                          | 17,789    | 16,006           |     |
|                                                             | Central Garden & Pet Co                               | 18,317    | 16,372           |     |
|                                                             | Cheniere Energy Partners LP                           | 18,808    | 17,216           |     |
|                                                             | Duke Energy Corp                                      | 19,464    | 16,212           |     |
|                                                             | Equinix Inc                                           | 16,204    | 13,776           |     |
|                                                             | Qorvo Inc                                             | 18,373    | 16,129           |     |
|                                                             | Quanta Svcs Inc                                       | 16,997    | 14,067           |     |
|                                                             | Service Corp Intl                                     | 18,317    | 16,660           |     |
|                                                             | Bank Amer Corp                                        | 19,026    | 15,345           |     |
|                                                             | Comcast Corp                                          | 17,312    | 13,382           |     |
|                                                             | JPMorgan Chase & Co                                   | 12,310    | 12,698           |     |
|                                                             | Sysco Corp                                            | 18,517    | 13,202           |     |
|                                                             | Total Corporate Debt Instruments                      | 362,595   | 325,164          |     |
|                                                             | <b><u>Limited Partnerships:</u></b>                   |           |                  |     |
|                                                             | Ironwood Instit MS LLC                                | 438,045   | 452,426          |     |

**HOFFMASTER GROUP CONSOLIDATED PENSION PLAN**  
**E.I.N. 20-3642844 PLAN NO. 009**  
**SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)**  
**DECEMBER 31, 2023**

| (a)                                                         | (b)                                  | (c)       | (d)              | (e) |
|-------------------------------------------------------------|--------------------------------------|-----------|------------------|-----|
| Identity of Issue,<br>Borrower, Lessor,<br>or Similar Party | Description of Investment            | Cost      | Current<br>Value |     |
|                                                             | <b><u>Exchange-Traded Funds:</u></b> |           |                  |     |
|                                                             | Ishares Russell Mid-Cap Value ETF    | \$ 39,329 | \$ 58,261        |     |
|                                                             | Ishares Russell Mid-Cap Growth ETF   | 26,479    | 62,885           |     |
|                                                             | Ishares Russell 1000 Value ETF       | 213,666   | 321,246          |     |
|                                                             | Ishares Russell 1000 Growth ETF      | 240,574   | 612,100          |     |
|                                                             | Ishares Russell 2000 Value ETF       | 27,918    | 41,473           |     |
|                                                             | Ishares Russell 2000 Growth ETF      | 21,632    | 37,581           |     |
|                                                             | Vanguard Ftse Developed Markets ETF  | 317,741   | 358,915          |     |
|                                                             | Vanguard Ftse Emerging Markets ETF   | 93,533    | 88,817           |     |
|                                                             | Total Exchange-Traded Funds          | 980,872   | 1,581,278        |     |
|                                                             | <b><u>Common Stocks:</u></b>         |           |                  |     |
|                                                             | Adient PLC                           | 950       | 1,191            |     |
|                                                             | Ferrari N V                          | 8,176     | 14,658           |     |
|                                                             | Acushnet Holdings Corp               | 775       | 1,266            |     |
|                                                             | Adidas AG                            | 7,024     | 10,039           |     |
|                                                             | Advance Auto Pts Inc                 | 2,093     | 1,116            |     |
|                                                             | Airbnb Inc                           | 2,444     | 2,845            |     |
|                                                             | Amadeus IT Group, S.A.               | 7,055     | 8,314            |     |
|                                                             | Amazon.Com Inc                       | 23,729    | 43,151           |     |
|                                                             | Autozone Inc                         | 4,380     | 4,889            |     |
|                                                             | Bright Horizons Fam Sol In Del       | 1,533     | 1,696            |     |
|                                                             | Chipotle Mexican Grill Inc           | 5,447     | 7,101            |     |
|                                                             | Choice Hotels Intl Inc               | 374       | 680              |     |
|                                                             | Columbia Sportswear Co               | 966       | 1,038            |     |
|                                                             | Compass Group PLC                    | 10,868    | 14,034           |     |
|                                                             | D R Horton Inc                       | 3,528     | 3,809            |     |
|                                                             | Darden Restaurants Inc               | 4,291     | 4,765            |     |
|                                                             | Deckers Outdoor Corp                 | 2,385     | 5,290            |     |
|                                                             | Doordash Inc                         | 3,678     | 3,828            |     |
|                                                             | Dorman Products Inc                  | 1,311     | 1,418            |     |
|                                                             | Fox Factory Hldg Corp                | 1,492     | 2,362            |     |
|                                                             | Genuine Parts Co                     | 5,053     | 4,277            |     |
|                                                             | Group 1 Automotive Inc               | 725       | 1,409            |     |
|                                                             | Hermes Intl Sca ADR                  | 10,028    | 16,762           |     |
|                                                             | Home Depot Inc                       | 20,897    | 22,670           |     |
|                                                             | Industria De Diseno Textil Ind ADR   | 6,329     | 13,045           |     |
|                                                             | Kb Home                              | 602       | 1,314            |     |
|                                                             | Lkq Corp                             | 2,084     | 3,127            |     |
|                                                             | Lvmh Moet Hennessy Louis Vuitton ADR | 21,591    | 34,035           |     |
|                                                             | Lowe's Cos Inc                       | 5,004     | 5,902            |     |
|                                                             | M / I Homes Inc                      | 908       | 904              |     |
|                                                             | Madden Steven LTD                    | 754       | 1,127            |     |
|                                                             | Magna International Inc              | 11,848    | 12,702           |     |
|                                                             | Marriott International               | 5,694     | 8,222            |     |
|                                                             | McDonalds Corp                       | 12,534    | 15,373           |     |
|                                                             | Mercadolibre Inc                     | 7,107     | 9,475            |     |

**HOFFMASTER GROUP CONSOLIDATED PENSION PLAN**  
**E.I.N. 20-3642844 PLAN NO. 009**  
**SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)**  
**DECEMBER 31, 2023**

| (a)                                                         | (b)                                            | (c)    | (d)              | (e) |
|-------------------------------------------------------------|------------------------------------------------|--------|------------------|-----|
| Identity of Issue,<br>Borrower, Lessor,<br>or Similar Party | Description of Investment                      | Cost   | Current<br>Value |     |
|                                                             | <b><u>Common Stocks (Continued):</u></b>       |        |                  |     |
|                                                             | Meritage Homes Corp                            | \$ 452 | \$ 1,558         |     |
|                                                             | Michelin Compagnie Generale Des Etablissements | 11,630 | 15,544           |     |
|                                                             | Nike Inc                                       | 3,607  | 4,080            |     |
|                                                             | Ollies Bargain Outlt Hldgs Inc                 | 1,565  | 2,277            |     |
|                                                             | Oxford Inds Inc                                | 608    | 592              |     |
|                                                             | Pan Pac Intl Hldgs Corp                        | 15,266 | 18,636           |     |
|                                                             | Pool Corporation                               | 1,532  | 4,785            |     |
|                                                             | Ross Stores Inc                                | 817    | 1,358            |     |
|                                                             | Sony Corp Amern                                | 15,660 | 21,400           |     |
|                                                             | Starbucks Corp                                 | 3,708  | 3,333            |     |
|                                                             | Tesla, Inc                                     | 11,779 | 15,195           |     |
|                                                             | Texas Roadhouse Inc                            | 2,015  | 4,527            |     |
|                                                             | Ulta Beauty, Inc                               | 4,320  | 5,390            |     |
|                                                             | Valvoline Inc Com                              | 3,773  | 3,758            |     |
|                                                             | Coca-Cola Europacific Partners PLC             | 12,239 | 16,218           |     |
|                                                             | Bjs Whsl Club Hldgs Inc                        | 4,042  | 3,600            |     |
|                                                             | Celsius Holdings Inc                           | 4,315  | 4,347            |     |
|                                                             | Church & Dwight Inc                            | 2,223  | 4,350            |     |
|                                                             | Coca Cola Co                                   | 11,621 | 12,493           |     |
|                                                             | Diageo PLC Sponsored ADR                       | 10,988 | 9,155            |     |
|                                                             | Dollar Gen Corp                                | 843    | 1,113            |     |
|                                                             | Dollar Tree Inc Com                            | 1,684  | 2,135            |     |
|                                                             | Flowers Foods Inc                              | 791    | 660              |     |
|                                                             | General Mills Inc                              | 4,718  | 4,728            |     |
|                                                             | Grocery Outlet Hldg Corp                       | 1,166  | 1,120            |     |
|                                                             | Haleon PLC                                     | 9,960  | 13,933           |     |
|                                                             | Heineken N V Sponsored ADR                     | 14,202 | 13,559           |     |
|                                                             | J & J Snack Foods Corp                         | 3,001  | 3,942            |     |
|                                                             | L'Oreal-Unsponsored ADR                        | 13,109 | 19,216           |     |
|                                                             | Mondelez Intl Inc                              | 9,268  | 10,647           |     |
|                                                             | Monster Beverage Corp                          | 1,816  | 2,388            |     |
|                                                             | Nestle S A Sponsored ADR                       | 12,271 | 12,744           |     |
|                                                             | Pepsico Inc                                    | 7,341  | 8,197            |     |
|                                                             | Performance Food Group Co                      | 707    | 1,020            |     |
|                                                             | Philip Morris Intl Inc                         | 9,815  | 9,310            |     |
|                                                             | Post Hldgs Inc                                 | 2,897  | 3,963            |     |
|                                                             | Procter & Gamble Co                            | 19,066 | 20,223           |     |
|                                                             | Tyson Foods Inc                                | 2,270  | 2,238            |     |
|                                                             | Unilever PLC                                   | 13,056 | 11,005           |     |
|                                                             | US Foods Hldg Corp                             | 1,278  | 1,428            |     |
|                                                             | Wd 40 Co                                       | 1,137  | 1,562            |     |
|                                                             | Walmart Inc.                                   | 16,911 | 18,603           |     |
|                                                             | Noble Corp PLC                                 | 1,366  | 1,370            |     |
|                                                             | International Seaways Inc                      | 991    | 932              |     |
|                                                             | Cnx Resources Corporation                      | 242    | 449              |     |
|                                                             | Cameco Corp                                    | 4,168  | 20,343           |     |

**HOFFMASTER GROUP CONSOLIDATED PENSION PLAN**  
**E.I.N. 20-3642844 PLAN NO. 009**  
**SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)**  
**DECEMBER 31, 2023**

| (a)                                                         | (b)                                      | (c)      | (d)              | (e) |
|-------------------------------------------------------------|------------------------------------------|----------|------------------|-----|
| Identity of Issue,<br>Borrower, Lessor,<br>or Similar Party | Description of Investment                | Cost     | Current<br>Value |     |
|                                                             | <b><u>Common Stocks (Continued):</u></b> |          |                  |     |
|                                                             | Championx Corporation                    | \$ 4,884 | \$ 4,440         |     |
|                                                             | Cheniere Energy Inc                      | 2,419    | 2,817            |     |
|                                                             | Chesapeake Energy Corp                   | 1,900    | 2,154            |     |
|                                                             | Chevron Corp                             | 16,281   | 21,628           |     |
|                                                             | Conocophillips                           | 7,863    | 11,093           |     |
|                                                             | Diamondback Energy Inc                   | 1,271    | 1,396            |     |
|                                                             | Eog Res Inc                              | 8,975    | 12,458           |     |
|                                                             | Eqt Corp                                 | 734      | 1,430            |     |
|                                                             | Exxon Mobil Corp                         | 17,073   | 21,996           |     |
|                                                             | Hf Sinclair Corporation                  | 812      | 1,609            |     |
|                                                             | Kinder Morgan Inc                        | 3,584    | 3,634            |     |
|                                                             | Liberty Energy Inc                       | 974      | 1,127            |     |
|                                                             | Magnolia Oil & Gas Corp                  | 1,077    | 1,247            |     |
|                                                             | Matador Res Co                           | 1,255    | 1,311            |     |
|                                                             | Murphy Oil Corp                          | 1,009    | 1,183            |     |
|                                                             | Pbf Energy Inc                           | 1,092    | 1,250            |     |
|                                                             | Patterson-UTI Energy Inc                 | 1,185    | 777              |     |
|                                                             | Totalenergies SE                         | 20,284   | 25,537           |     |
|                                                             | Valero Energy Corp                       | 6,529    | 10,123           |     |
|                                                             | Williams Cos Inc                         | 1,987    | 2,842            |     |
|                                                             | Arch Capital Group LTD                   | 1,230    | 2,971            |     |
|                                                             | Axis Capital Holdings LTD                | 1,231    | 1,238            |     |
|                                                             | Bank of NT Butterfield&Son               | 802      | 803              |     |
|                                                             | Credicorp LTD                            | 11,509   | 13,874           |     |
|                                                             | Essent Group LTD                         | 1,067    | 1,281            |     |
|                                                             | Willis Towers Watson Pub LTD             | 3,276    | 3,772            |     |
|                                                             | Chubb LTD                                | 10,722   | 14,915           |     |
|                                                             | AIA Group LTD Sponsored ADR              | 20,297   | 19,242           |     |
|                                                             | Bread Financial Holdings, Inc            | 673      | 618              |     |
|                                                             | Allstate Corp                            | 1,754    | 2,557            |     |
|                                                             | Ally Finl Inc                            | 2,169    | 3,352            |     |
|                                                             | Assurant Inc                             | 1,120    | 1,470            |     |
|                                                             | Axos Finl Inc                            | 690      | 1,196            |     |
|                                                             | Bank of America Corp                     | 13,203   | 11,448           |     |
|                                                             | Bank New York Mellon Corp                | 6,491    | 7,287            |     |
|                                                             | Blackrock Inc                            | 6,392    | 8,118            |     |
|                                                             | Blackstone Inc.                          | 5,375    | 8,869            |     |
|                                                             | Brookfield Asset Mgmt Inc                | 17,364   | 21,705           |     |
|                                                             | Brown & Brown Inc                        | 3,354    | 3,372            |     |
|                                                             | CME Group Inc                            | 11,751   | 12,023           |     |
|                                                             | Cadence Bk                               | 822      | 1,186            |     |
|                                                             | Columbia Bkg Sys Inc                     | 1,557    | 1,521            |     |
|                                                             | Comerica Inc                             | 593      | 735              |     |
|                                                             | DBS Group Hldgs LTD Sponsored ADR        | 9,216    | 14,994           |     |
|                                                             | East West Bancorp Inc                    | 1,147    | 1,943            |     |
|                                                             | Erste Group Bank                         | 10,903   | 11,766           |     |

**HOFFMASTER GROUP CONSOLIDATED PENSION PLAN**  
**E.I.N. 20-3642844 PLAN NO. 009**  
**SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)**  
**DECEMBER 31, 2023**

| (a)                                                         | (b)                                      | (c)      | (d)              | (e) |
|-------------------------------------------------------------|------------------------------------------|----------|------------------|-----|
| Identity of Issue,<br>Borrower, Lessor,<br>or Similar Party | Description of Investment                | Cost     | Current<br>Value |     |
|                                                             | <b><u>Common Stocks (Continued):</u></b> |          |                  |     |
|                                                             | F N B Corp                               | \$ 1,560 | \$ 1,831         |     |
|                                                             | Factset Resh Sys Inc                     | 4,460    | 5,117            |     |
|                                                             | Fidelity Natl Information Svcs Inc       | 1,136    | 1,322            |     |
|                                                             | Fidelity National Financial In Fnf Group | 2,382    | 3,929            |     |
|                                                             | First Ctzns Bancshares Inc               | 1,344    | 3,066            |     |
|                                                             | First Finl Bancorp Ohio                  | 876      | 1,092            |     |
|                                                             | First Intst Bancsystem Inc               | 956      | 898              |     |
|                                                             | Fleetcor Technologies Inc                | 2,421    | 3,062            |     |
|                                                             | Global Pmts Inc                          | 2,699    | 2,817            |     |
|                                                             | Hancock Whitney Corporation              | 1,594    | 2,111            |     |
|                                                             | Hanover Ins Group Inc                    | 1,048    | 1,212            |     |
|                                                             | Hope Bancorp Inc                         | 1,154    | 979              |     |
|                                                             | ING Groep N V Sponsored ADR              | 14,246   | 20,637           |     |
|                                                             | I3 Verticals Inc                         | 1,488    | 1,207            |     |
|                                                             | JPMorgan Chase & Co                      | 31,296   | 35,041           |     |
|                                                             | Kinsale Cap Group Inc                    | 691      | 4,121            |     |
|                                                             | MCSI Inc                                 | 1,445    | 1,515            |     |
|                                                             | Markel Corp                              | 2,154    | 2,840            |     |
|                                                             | Marsh & McLennan Cos                     | 11,121   | 14,858           |     |
|                                                             | Mastercard Inc                           | 14,398   | 16,195           |     |
|                                                             | Morgan Stanley                           | 15,048   | 14,920           |     |
|                                                             | Munich RE Group ADR                      | 11,698   | 20,884           |     |
|                                                             | Old Republic Intl Corp                   | 1,743    | 2,117            |     |
|                                                             | PNC Finl Svcs Group Inc                  | 12,921   | 11,297           |     |
|                                                             | Palomar Hldgs Inc                        | 848      | 610              |     |
|                                                             | Prudential PLC ADR                       | 5,921    | 6,196            |     |
|                                                             | Raymond James Finl Inc                   | 1,495    | 4,014            |     |
|                                                             | Sandy Spring Bancorp Inc                 | 538      | 584              |     |
|                                                             | Selective Ins Group Inc                  | 370      | 924              |     |
|                                                             | Stewart Information Services Corp        | 1,095    | 1,046            |     |
|                                                             | Stifel Finl Corp                         | 1,060    | 2,074            |     |
|                                                             | Synovus Finl Corp                        | 1,249    | 1,597            |     |
|                                                             | Valley National Bancorp                  | 1,928    | 2,031            |     |
|                                                             | Visa Inc                                 | 13,688   | 15,361           |     |
|                                                             | Wafd Inc                                 | 823      | 923              |     |
|                                                             | Webster Finl Corp Waterbury Conn         | 1,722    | 2,167            |     |
|                                                             | Wells Fargo & Co                         | 13,102   | 13,782           |     |
|                                                             | Jazz Pharmaceuticals Inc                 | 1,735    | 1,589            |     |
|                                                             | Medtronic PLC                            | 12,506   | 9,227            |     |
|                                                             | Steris PLC                               | 2,306    | 4,837            |     |
|                                                             | Perrigo Co PLC                           | 4,016    | 3,411            |     |
|                                                             | Alcon Inc                                | 11,325   | 15,312           |     |
|                                                             | Abbott Laboratories                      | 10,890   | 10,051           |     |
|                                                             | Abbvie Inc                               | 15,218   | 19,991           |     |
|                                                             | Align Technology Inc                     | 1,802    | 1,610            |     |
|                                                             | Alnylam Pharmaceuticals Inc              | 1,816    | 1,848            |     |

**HOFFMASTER GROUP CONSOLIDATED PENSION PLAN**  
**E.I.N. 20-3642844 PLAN NO. 009**  
**SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)**  
**DECEMBER 31, 2023**

| (a)                                                         | (b)                                      | (c)      | (d)              | (e) |
|-------------------------------------------------------------|------------------------------------------|----------|------------------|-----|
| Identity of Issue,<br>Borrower, Lessor,<br>or Similar Party | Description of Investment                | Cost     | Current<br>Value |     |
|                                                             | <b><u>Common Stocks (Continued):</u></b> |          |                  |     |
|                                                             | Cencora Inc                              | \$ 1,281 | \$ 3,033         |     |
|                                                             | Elevance Health Inc                      | 13,340   | 12,648           |     |
|                                                             | Becton Dickinson & Co                    | 10,962   | 10,742           |     |
|                                                             | Bio-Rad Laboratories                     | 5,612    | 4,844            |     |
|                                                             | Biolife Solutions Inc                    | 1,056    | 429              |     |
|                                                             | Bio Techne Corp                          | 855      | 2,160            |     |
|                                                             | Bristol Myers Squibb Co                  | 8,758    | 6,619            |     |
|                                                             | Azenta Inc.                              | 1,102    | 1,007            |     |
|                                                             | Bruker Corp                              | 4,423    | 4,215            |     |
|                                                             | Csl LTD Sponsored ADR                    | 9,411    | 11,149           |     |
|                                                             | Catalent Inc                             | 840      | 861              |     |
|                                                             | Centene Corp                             | 2,969    | 3,586            |     |
|                                                             | Certara Inc                              | 2,085    | 1,952            |     |
|                                                             | Charles Riv Laboratories Intl Inc        | 1,839    | 3,782            |     |
|                                                             | Coloplast As Sponsered ADR               | 12,346   | 12,012           |     |
|                                                             | Cooper Cos Inc                           | 1,753    | 4,541            |     |
|                                                             | Edwards Lifesciences Corp                | 1,472    | 1,616            |     |
|                                                             | Exact Sciences Corp                      | 4,243    | 4,246            |     |
|                                                             | Gsk PLC Sponsored ADR                    | 15,610   | 12,749           |     |
|                                                             | Globus Med Inc                           | 2,477    | 3,027            |     |
|                                                             | HCA Healthcare, Inc                      | 1,261    | 1,356            |     |
|                                                             | Healthequity Inc                         | 1,269    | 1,658            |     |
|                                                             | Hologic Inc                              | 4,273    | 3,644            |     |
|                                                             | Hoya Corp Sponsored ADR                  | 6,723    | 11,039           |     |
|                                                             | Integra Lifesciences Hldgs Corp          | 750      | 659              |     |
|                                                             | Integer Hldgs Corp                       | 1,107    | 1,397            |     |
|                                                             | Intuitive Surgical Inc                   | 1,961    | 2,167            |     |
|                                                             | Johnson & Johnson                        | 26,668   | 25,235           |     |
|                                                             | Koninklijke Philips N.V.                 | 3,905    | 3,220            |     |
|                                                             | Laboratory Corp Amer Hldgs               | 1,487    | 2,249            |     |
|                                                             | Lemaitre Vascular Inc                    | 943      | 1,589            |     |
|                                                             | Lilly Eli & Co                           | 24,091   | 28,358           |     |
|                                                             | Lonza Group AG ADR                       | 6,195    | 5,043            |     |
|                                                             | McKesson Corp                            | 5,641    | 7,448            |     |
|                                                             | Merck & Co Inc                           | 12,426   | 16,789           |     |
|                                                             | Merck Kgaa Sponsored ADR                 | 10,107   | 9,423            |     |
|                                                             | Mesa Labs Inc                            | 1,068    | 629              |     |
|                                                             | Mettler-Toledo Intl Inc                  | 797      | 3,639            |     |
|                                                             | Moderna Inc                              | 1,320    | 869              |     |
|                                                             | Neogen Corp                              | 1,675    | 1,298            |     |
|                                                             | Novartis AG Sponsored ADR                | 20,594   | 25,141           |     |
|                                                             | Novo-Nordisk A S ADR                     | 9,029    | 21,207           |     |
|                                                             | Omniceil Inc                             | 1,610    | 1,129            |     |
|                                                             | Organon & Co                             | 1,675    | 779              |     |
|                                                             | Otsuka Hldgs Co LTD ADR                  | 12,317   | 12,343           |     |
|                                                             | Patterson Cos Inc                        | 835      | 803              |     |

**HOFFMASTER GROUP CONSOLIDATED PENSION PLAN**  
**E.I.N. 20-3642844 PLAN NO. 009**  
**SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)**  
**DECEMBER 31, 2023**

| (a)                                                         | (b)                                      | (c)      | (d)              | (e) |
|-------------------------------------------------------------|------------------------------------------|----------|------------------|-----|
| Identity of Issue,<br>Borrower, Lessor,<br>or Similar Party | Description of Investment                | Cost     | Current<br>Value |     |
|                                                             | <b><u>Common Stocks (Continued):</u></b> |          |                  |     |
|                                                             | Prestige Consumer Healthcare Inc         | \$ 1,020 | \$ 1,019         |     |
|                                                             | Regeneron Pharmaceuticals                | 11,181   | 12,142           |     |
|                                                             | Resmed Inc                               | 2,187    | 4,011            |     |
|                                                             | Roche Hldg LTD Sponsored ADR             | 12,428   | 10,894           |     |
|                                                             | Staar Surgical Co                        | 972      | 811              |     |
|                                                             | Sysmex Corp ADR                          | 7,499    | 7,469            |     |
|                                                             | Terumo Corp ADR                          | 4,499    | 4,754            |     |
|                                                             | Ufp Technologies Inc                     | 376      | 431              |     |
|                                                             | Unitedhealth Group Inc                   | 12,869   | 15,620           |     |
|                                                             | Vericel Corp                             | 466      | 457              |     |
|                                                             | West Pharmaceutical Svcs Inc             | 3,146    | 4,930            |     |
|                                                             | Clarivate PLC                            | 3,106    | 3,537            |     |
|                                                             | Eaton Corp PLC                           | 17,317   | 22,787           |     |
|                                                             | Nvent Electric PLC                       | 4,818    | 4,977            |     |
|                                                             | Trane Technologies PLC                   | 13,138   | 17,123           |     |
|                                                             | Cnh Indl N V                             | 1,386    | 1,218            |     |
|                                                             | Aaon Inc                                 | 1,107    | 3,620            |     |
|                                                             | Allegiant Travel Co                      | 1,089    | 616              |     |
|                                                             | Ashtead Group PLC ADR                    | 9,797    | 19,810           |     |
|                                                             | Assa Abloy AB ADR                        | 12,238   | 14,907           |     |
|                                                             | Atkore Inc.                              | 336      | 2,286            |     |
|                                                             | Atlas Copco AB Sponsored ADR             | 9,233    | 12,927           |     |
|                                                             | Automatic Data Processing Inc            | 6,621    | 7,642            |     |
|                                                             | Barnes Group Inc                         | 1,840    | 926              |     |
|                                                             | Booz Allen Hamilton HI                   | 6,317    | 9,593            |     |
|                                                             | Builders Firstsource Inc                 | 745      | 2,003            |     |
|                                                             | Caci Intl                                | 1,049    | 1,295            |     |
|                                                             | Canadian Natl Ry Co                      | 10,982   | 11,849           |     |
|                                                             | Casella Waste Sys Inc                    | 2,416    | 2,509            |     |
|                                                             | Concentrix Corp                          | 503      | 791              |     |
|                                                             | Construction Partners Inc                | 3,000    | 4,047            |     |
|                                                             | Copart Inc                               | 1,101    | 4,910            |     |
|                                                             | Crane Company                            | 4,806    | 6,353            |     |
|                                                             | Cummins Inc                              | 6,044    | 6,063            |     |
|                                                             | Daikin Inds LTD ADR                      | 22,365   | 23,184           |     |
|                                                             | Deere & Co                               | 4,085    | 4,245            |     |
|                                                             | Donaldson Inc                            | 1,054    | 1,438            |     |
|                                                             | Emcor Group Inc                          | 4,027    | 5,817            |     |
|                                                             | Esco Technologies Inc                    | 2,425    | 3,160            |     |
|                                                             | Exlservice Hldgs Inc                     | 1,504    | 3,856            |     |
|                                                             | Exponent Inc                             | 1,946    | 3,992            |     |
|                                                             | Experian Group LTD ADR                   | 18,587   | 23,553           |     |
|                                                             | Fanuc Corporation ADR                    | 19,187   | 15,840           |     |
|                                                             | Fedex Corp                               | 1,233    | 1,978            |     |
|                                                             | Grainger W W Inc                         | 3,338    | 3,827            |     |
|                                                             | Griffon Corp                             | 425      | 421              |     |

**HOFFMASTER GROUP CONSOLIDATED PENSION PLAN**  
**E.I.N. 20-3642844 PLAN NO. 009**  
**SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)**  
**DECEMBER 31, 2023**

| (a)                                                         | (b)                                      | (c)    | (d)              | (e) |
|-------------------------------------------------------------|------------------------------------------|--------|------------------|-----|
| Identity of Issue,<br>Borrower, Lessor,<br>or Similar Party | Description of Investment                | Cost   | Current<br>Value |     |
|                                                             | <b><u>Common Stocks (Continued):</u></b> |        |                  |     |
|                                                             | H & E Equip Svcs Inc                     | \$ 799 | \$ 1,223         |     |
|                                                             | Honeywell International Inc              | 17,134 | 16,681           |     |
|                                                             | Huntington Ingalls Inds Inc              | 2,964  | 4,414            |     |
|                                                             | ITT Inc                                  | 916    | 2,086            |     |
|                                                             | Illinois Tool Wks Inc                    | 7,148  | 7,595            |     |
|                                                             | Jardine Matheson Hldgs LTD ADR           | 7,056  | 5,316            |     |
|                                                             | Kbr Inc                                  | 565    | 1,330            |     |
|                                                             | Kirby Corp                               | 764    | 942              |     |
|                                                             | Kone Oyj ADR                             | 6,797  | 8,855            |     |
|                                                             | Kubota Corp Spons ADR                    | 11,772 | 11,216           |     |
|                                                             | Rada Electr Inds LTD                     | 675    | 1,000            |     |
|                                                             | Lockheed Martin Corp                     | 8,058  | 9,609            |     |
|                                                             | Marten Trans LTD                         | 1,356  | 2,119            |     |
|                                                             | Mastec Inc                               | 935    | 1,610            |     |
|                                                             | NV5 Global, Inc                          | 1,574  | 1,445            |     |
|                                                             | Nidec Corporation-ADR                    | 11,651 | 6,564            |     |
|                                                             | Northrop Grumman Corp                    | 9,409  | 11,824           |     |
|                                                             | Parker Hannifin Corp                     | 10,898 | 16,664           |     |
|                                                             | Paycom Software Inc                      | 2,667  | 4,101            |     |
|                                                             | Quanta Svcs Inc                          | 3,126  | 3,637            |     |
|                                                             | RBC Bearings Inc                         | 2,479  | 5,128            |     |
|                                                             | Regal Rexnord Corporation                | 780    | 1,238            |     |
|                                                             | Rentokil Initial PLC Sponsored ADR       | 12,407 | 11,330           |     |
|                                                             | Smc Corp Japan Sponsored ADR             | 14,373 | 17,142           |     |
|                                                             | SPX Technologies Inc                     | 1,160  | 1,416            |     |
|                                                             | Safran S A Spon ADR                      | 15,567 | 18,099           |     |
|                                                             | Saia Inc                                 | 4,055  | 6,726            |     |
|                                                             | Sgs Societe Generale De Surveillance     | 9,500  | 9,300            |     |
|                                                             | Siteone Landscape Supply Inc             | 1,452  | 2,701            |     |
|                                                             | Terex Corp                               | 1,251  | 1,302            |     |
|                                                             | Timken Co                                | 1,207  | 1,182            |     |
|                                                             | Transdigm Group Inc                      | 6,347  | 7,771            |     |
|                                                             | Trex Co Inc                              | 594    | 3,200            |     |
|                                                             | Uber Technologies Inc                    | 7,857  | 12,252           |     |
|                                                             | Unifirst Corp                            | 908    | 1,164            |     |
|                                                             | Union Pac Corp                           | 18,025 | 20,041           |     |
|                                                             | United Parcel Svc Inc                    | 16,036 | 12,618           |     |
|                                                             | Waste Management Inc                     | 6,302  | 7,912            |     |
|                                                             | Watts Water Technologies Inc             | 4,374  | 5,022            |     |
|                                                             | Werner Enterprises Inc                   | 1,039  | 1,336            |     |
|                                                             | Wesco International Inc                  | 382    | 1,189            |     |
|                                                             | Willscot Mobil Mini Hldng Corp           | 4,288  | 3,604            |     |
|                                                             | Wolters Kluwer NV Sponsored ADR          | 6,893  | 7,988            |     |
|                                                             | Zurn Elkay Water Solutions               | 875    | 1,254            |     |
|                                                             | Accenture PLC                            | 27,377 | 38,650           |     |
|                                                             | Fabrinet                                 | 3,971  | 3,959            |     |

**HOFFMASTER GROUP CONSOLIDATED PENSION PLAN**  
**E.I.N. 20-3642844 PLAN NO. 009**  
**SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)**  
**DECEMBER 31, 2023**

| (a)                                                         | (b)                                      | (c)      | (d)              | (e) |
|-------------------------------------------------------------|------------------------------------------|----------|------------------|-----|
| Identity of Issue,<br>Borrower, Lessor,<br>or Similar Party | Description of Investment                | Cost     | Current<br>Value |     |
|                                                             | <b><u>Common Stocks (Continued):</u></b> |          |                  |     |
|                                                             | Asm Intl N V                             | \$ 4,220 | \$ 8,206         |     |
|                                                             | Asml Holding N V                         | 12,649   | 23,067           |     |
|                                                             | Flex LTD                                 | 1,763    | 3,780            |     |
|                                                             | Adobe Inc.                               | 6,774    | 10,877           |     |
|                                                             | Advanced Micro Devices Inc               | 3,776    | 5,494            |     |
|                                                             | Agilysys Inc                             | 1,319    | 1,594            |     |
|                                                             | Alarm Com Hldgs Inc                      | 1,732    | 2,520            |     |
|                                                             | Amphenol Corp                            | 5,014    | 6,399            |     |
|                                                             | Analog Devices Inc                       | 13,740   | 16,157           |     |
|                                                             | Apple Inc                                | 19,241   | 32,153           |     |
|                                                             | Arista Networks Inc                      | 3,435    | 4,035            |     |
|                                                             | Belden Inc                               | 1,145    | 1,095            |     |
|                                                             | Blackbaud Inc                            | 2,638    | 2,767            |     |
|                                                             | Blackline Inc                            | 1,135    | 1,623            |     |
|                                                             | Broadcom Inc                             | 19,465   | 37,288           |     |
|                                                             | Cisco Sys Inc                            | 19,591   | 18,945           |     |
|                                                             | CIRRUS Logic Inc                         | 522      | 1,165            |     |
|                                                             | Cognizant Tech Solutions Crp             | 2,446    | 2,989            |     |
|                                                             | Dassault Sys Sa ADR                      | 12,132   | 15,441           |     |
|                                                             | Descartes Sys Group Inc                  | 1,397    | 3,699            |     |
|                                                             | Digi Intl Inc                            | 1,261    | 1,100            |     |
|                                                             | Diodes Inc                               | 3,125    | 5,371            |     |
|                                                             | Doubleverify Hldgs Inc                   | 1,806    | 2,081            |     |
|                                                             | Entegris Inc                             | 3,051    | 5,392            |     |
|                                                             | Envestnet Inc                            | 1,823    | 1,634            |     |
|                                                             | Eplus Inc                                | 2,088    | 3,753            |     |
|                                                             | Fair Isaac Corporation                   | 410      | 3,323            |     |
|                                                             | First Solar Inc                          | 1,981    | 1,576            |     |
|                                                             | Hewlett Packard Enterprise Co            | 1,794    | 1,783            |     |
|                                                             | Hubshot Inc                              | 2,580    | 3,838            |     |
|                                                             | International Business Machs Corp        | 12,566   | 15,148           |     |
|                                                             | Intuit                                   | 4,850    | 7,094            |     |
|                                                             | Jabil, Inc                               | 3,338    | 3,386            |     |
|                                                             | Kla Corporation                          | 8,246    | 15,454           |     |
|                                                             | Keysight Technologies Inc                | 1,660    | 3,977            |     |
|                                                             | Lam Resh Corp                            | 13,278   | 19,115           |     |
|                                                             | Microsoft Corp                           | 64,412   | 106,409          |     |
|                                                             | Microchip Technology Inc                 | 9,399    | 12,355           |     |
|                                                             | Mongodb Inc                              | 1,968    | 2,759            |     |
|                                                             | Monolithic Pwr Sys Inc                   | 725      | 5,952            |     |
|                                                             | Murata MFG Co LTD ADR                    | 9,636    | 11,974           |     |
|                                                             | NCR Voyix Corporation                    | 523      | 252              |     |
|                                                             | Netscout Sys Inc                         | 1,028    | 750              |     |
|                                                             | Novanta Inc                              | 1,995    | 3,872            |     |
|                                                             | Nvidia Corp                              | 7,306    | 30,552           |     |
|                                                             | on Semiconductor Corp                    | 2,077    | 1,975            |     |

**HOFFMASTER GROUP CONSOLIDATED PENSION PLAN**  
**E.I.N. 20-3642844 PLAN NO. 009**  
**SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)**  
**DECEMBER 31, 2023**

| (a)                                                         | (b)                                      | (c)      | (d)              | (e) |
|-------------------------------------------------------------|------------------------------------------|----------|------------------|-----|
| Identity of Issue,<br>Borrower, Lessor,<br>or Similar Party | Description of Investment                | Cost     | Current<br>Value |     |
|                                                             | <b><u>Common Stocks (Continued):</u></b> |          |                  |     |
|                                                             | Onto Innovation Inc                      | \$ 2,374 | \$ 5,222         |     |
|                                                             | Oracle Corp                              | 8,685    | 10,301           |     |
|                                                             | Palo Alto Networks Inc                   | 4,487    | 4,805            |     |
|                                                             | Perficient Inc                           | 6,342    | 5,702            |     |
|                                                             | Power Integrations Inc                   | 1,295    | 1,232            |     |
|                                                             | Qualys Inc                               | 3,601    | 6,939            |     |
|                                                             | Sps Comm Inc                             | 6,478    | 8,225            |     |
|                                                             | Salesforce Inc                           | 8,459    | 10,606           |     |
|                                                             | Sap SE ADR                               | 6,965    | 12,795           |     |
|                                                             | Servicenow Inc                           | 5,096    | 5,523            |     |
|                                                             | Shopify Inc                              | 6,468    | 9,114            |     |
|                                                             | Synopsys Inc                             | 6,294    | 8,284            |     |
|                                                             | TD Synnex Corporation                    | 473      | 968              |     |
|                                                             | TTM Technologies Inc                     | 1,058    | 1,311            |     |
|                                                             | Taiwan Semiconductor MFG Co LTD          | 10,206   | 17,888           |     |
|                                                             | Teledyne Technologies Inc                | 3,418    | 4,909            |     |
|                                                             | Texas Instruments Inc                    | 8,378    | 7,570            |     |
|                                                             | Tyler Technologies Inc                   | 866      | 1,672            |     |
|                                                             | Viavi Solutions Inc                      | 751      | 698              |     |
|                                                             | Vishay Intertechnology Inc               | 904      | 1,092            |     |
|                                                             | Vontier Corporation                      | 2,598    | 2,902            |     |
|                                                             | Workday Inc                              | 3,768    | 4,579            |     |
|                                                             | Linde PLC                                | 8,811    | 12,303           |     |
|                                                             | Air Liquide ADR                          | 14,020   | 18,677           |     |
|                                                             | Akzo Nobel NV                            | 13,017   | 11,406           |     |
|                                                             | Ashland Inc                              | 585      | 671              |     |
|                                                             | Avery Dennison Corp Com                  | 10,151   | 10,715           |     |
|                                                             | Avient Corporation                       | 1,092    | 1,073            |     |
|                                                             | Balchem Corp                             | 1,855    | 3,273            |     |
|                                                             | Berry Global Group Inc.                  | 1,008    | 1,625            |     |
|                                                             | Freeport-McMoran Inc                     | 2,264    | 2,535            |     |
|                                                             | Fuller H B Co                            | 898      | 1,460            |     |
|                                                             | Graphic Packaging Hldg Co                | 2,228    | 2,983            |     |
|                                                             | Huntsman Corp                            | 666      | 902              |     |
|                                                             | Knife Riv Hldg Co                        | 607      | 716              |     |
|                                                             | Louisiana Pac Corp                       | 2,351    | 3,307            |     |
|                                                             | Mosaic Co                                | 2,298    | 1,465            |     |
|                                                             | Olin Corp                                | 2,116    | 2,158            |     |
|                                                             | PPG Inds Inc                             | 9,354    | 9,422            |     |
|                                                             | Packaging Corp of America                | 2,784    | 3,327            |     |
|                                                             | Ryerson Hldg Corp                        | 695      | 689              |     |
|                                                             | Shin Etsu Chem Co LTD ADR                | 11,985   | 22,181           |     |
|                                                             | Summit Matls Inc                         | 653      | 1,158            |     |
|                                                             | Symrise AG ADR                           | 12,775   | 13,346           |     |
|                                                             | Agree Realty Corp                        | 1,219    | 1,205            |     |
|                                                             | Apple Hospitality REIT Inc               | 1,062    | 1,154            |     |

**HOFFMASTER GROUP CONSOLIDATED PENSION PLAN**  
**E.I.N. 20-3642844 PLAN NO. 009**  
**SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)**  
**DECEMBER 31, 2023**

| (a)                                                         | (b)                                      | (c)      | (d)              | (e) |
|-------------------------------------------------------------|------------------------------------------|----------|------------------|-----|
| Identity of Issue,<br>Borrower, Lessor,<br>or Similar Party | Description of Investment                | Cost     | Current<br>Value |     |
|                                                             | <b><u>Common Stocks (Continued):</u></b> |          |                  |     |
|                                                             | Avalonbay Cmnty Inc                      | \$ 5,448 | \$ 4,575         |     |
|                                                             | Gaming & Leisure Ppty Inc                | 1,333    | 1,727            |     |
|                                                             | Hang Lung Ppty LTD Sponsored ADR         | 5,947    | 4,988            |     |
|                                                             | Independence Rlty Tr Inc                 | 951      | 916              |     |
|                                                             | Jbg Smith Ppty                           | 3,924    | 2,177            |     |
|                                                             | Kite Rlty Group Tr                       | 838      | 1,076            |     |
|                                                             | Lxp Industrial Trust                     | 1,140    | 1,091            |     |
|                                                             | National Health Invs Inc                 | 1,136    | 1,070            |     |
|                                                             | Prologis Inc                             | 4,578    | 5,140            |     |
|                                                             | Public Storage                           | 4,592    | 4,862            |     |
|                                                             | Spirit Rlty Cap Inc                      | 911      | 1,024            |     |
|                                                             | Sun Cmnty Inc                            | 4,007    | 3,717            |     |
|                                                             | Tricon Residential Inc                   | 940      | 974              |     |
|                                                             | Liberty Global PLC                       | 5,545    | 4,478            |     |
|                                                             | Spotify Technology                       | 2,285    | 2,501            |     |
|                                                             | AT&T Inc                                 | 9,832    | 11,209           |     |
|                                                             | Alphabet Inc                             | 17,577   | 23,113           |     |
|                                                             | Altice USA Inc                           | 4,374    | 890              |     |
|                                                             | Comcast Corp                             | 24,848   | 21,136           |     |
|                                                             | Dish Network Corp                        | 4,249    | 837              |     |
|                                                             | Meta Platform, Inc.                      | 19,172   | 30,985           |     |
|                                                             | Fox Corp                                 | 2,041    | 1,780            |     |
|                                                             | Iac Inc                                  | 4,702    | 2,829            |     |
|                                                             | Kddi Corp ADR                            | 12,736   | 13,619           |     |
|                                                             | Liberty Broadband Corp                   | 5,347    | 4,153            |     |
|                                                             | Liberty Media Corp Delaware              | 4,563    | 3,828            |     |
|                                                             | Netflix Inc                              | 14,921   | 16,784           |     |
|                                                             | News Corp                                | 2,247    | 3,388            |     |
|                                                             | Take-Two Interactive Software            | 3,722    | 4,500            |     |
|                                                             | The Trade Desk Inc                       | 3,795    | 4,397            |     |
|                                                             | Universal Music Group                    | 6,611    | 7,370            |     |
|                                                             | Discovery Inc                            | 2,054    | 1,422            |     |
|                                                             | Allete Inc                               | 709      | 628              |     |
|                                                             | Ameren Corp                              | 5,907    | 5,257            |     |
|                                                             | American Elec Pwr Inc                    | 6,117    | 5,737            |     |
|                                                             | Black Hills Corp                         | 937      | 783              |     |
|                                                             | CMS Energy Corp                          | 3,615    | 3,492            |     |
|                                                             | Centerpoint Energy Inc                   | 2,563    | 2,800            |     |
|                                                             | Clp Hldgs LTD                            | 7,696    | 7,660            |     |
|                                                             | Dte Energy Co                            | 3,114    | 3,020            |     |
|                                                             | Dominion Energy, Inc                     | 5,510    | 5,170            |     |
|                                                             | Entergy Corp                             | 6,474    | 5,816            |     |
|                                                             | Eversource Energy                        | 3,848    | 3,491            |     |
|                                                             | Exelon Corp                              | 4,531    | 3,395            |     |
|                                                             | National Fuel Gas                        | 2,585    | 2,446            |     |
|                                                             |                                          | 1,771    | 1,572            |     |

**HOFFMASTER GROUP CONSOLIDATED PENSION PLAN**  
**E.I.N. 20-3642844 PLAN NO. 009**  
**SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)**  
**DECEMBER 31, 2023**

| (a) | (b)                                                         | (c)                       | (d)          | (e)              |
|-----|-------------------------------------------------------------|---------------------------|--------------|------------------|
|     | Identity of Issue,<br>Borrower, Lessor,<br>or Similar Party | Description of Investment | Cost         | Current<br>Value |
|     | <b><u>Common Stocks (Continued):</u></b>                    |                           |              |                  |
|     | Nextera Energy Inc                                          |                           | \$ 5,427     | \$ 4,355         |
|     | Nisource Inc                                                |                           | 3,803        | 4,301            |
|     | Oge Energy Corp                                             |                           | 4,512        | 4,666            |
|     | Southern Co                                                 |                           | 8,256        | 8,414            |
|     | Southwest Gas Holdings, Inc.                                |                           | 971          | 987              |
|     | Vistra Corp                                                 |                           | 1,439        | 3,002            |
|     | Wec Energy Group Inc                                        |                           | 5,720        | 5,219            |
|     | Enlink Midstream LLC                                        |                           | 852          | 901              |
|     | Total Common Stocks                                         |                           | 2,538,092    | 3,155,466        |
|     | <b><u>Mutual Funds:</u></b>                                 |                           |              |                  |
|     | Invesco Developing Markets Fund                             |                           | 288,977      | 263,218          |
|     | JPMorgan Core Bond Fund                                     |                           | 744,967      | 735,111          |
|     | Lord Abbett Short Duration Income Fund                      |                           | 520,388      | 493,204          |
|     | Total Mutual Funds                                          |                           | 1,554,332    | 1,491,533        |
|     | <b><u>Cash Equivalents:</u></b>                             |                           |              |                  |
| *   | Morgan Stanley Citigroup Bank Deposit Program               |                           | 197,587      | 197,587          |
|     | GS Fin Sq Gov #465                                          |                           | 53,742       | 53,742           |
|     | Total Cash Equivalents                                      |                           | 251,329      | 251,329          |
|     |                                                             |                           | \$ 6,705,296 | \$ 7,809,888     |

\* Indicates party-in-interest

Schedule SB Attachment (Form 5500)—2023 Plan Year  
Hoffmaster Group Consolidated Pension Plan  
EIN: 20-3642844 PN: 009

Schedule SB, line 32—Schedule of Amortization Bases

| Type of Base | Present Value of Installment | Date Established | Years Remaining | Amortization Installment |
|--------------|------------------------------|------------------|-----------------|--------------------------|
| Shortfall    | \$ 790,175                   | January 1, 2019  | 11              | \$ 90,384                |
| Shortfall    | \$ (219,868)                 | January 1, 2020  | 12              | \$ (23,573)              |
| Shortfall    | \$ 58,582                    | January 1, 2021  | 13              | \$ 5,927                 |
| Shortfall    | \$ (455,530)                 | January 1, 2022  | 14              | \$ (43,741)              |
| Shortfall    | \$ 593,024                   | January 1, 2023  | 15              | \$ 54,310                |

Schedule SB Attachment (Form 5500)—2023 Plan Year  
Hoffmaster Group Consolidated Pension Plan  
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Schedule SB, line 24—Change in Actuarial Assumptions

The funding valuation reflects the following assumption changes:

- A change in the expected return on assets from 3.75% to 2.55% to better reflect anticipated plan experience.

The above assumption change did not reduce the funding shortfall. As such, approval of the Commissioner is not required.