

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

Complete all entries in accordance with the instructions to the Form 5500-SF.

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

- A This return/report is for: [X] a single-employer plan [] a multiple-employer plan (not multiemployer) (Pension Plan filers checking this box must attach Schedule MEP. Other plans must attach a list of participating employer information in accordance with the form instructions.)
B This return/report is [] the first return/report [X] the final return/report [] an amended return/report [] a short plan year return/report (less than 12 months)
C Check box if filing under: [] Form 5558 [] automatic extension [] DFVC program [] special extension (enter description)
D If the plan is a collectively-bargained plan, check here []
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here []

Part II Basic Plan Information—enter all requested information

1a Name of plan FULLERTON TOOL COMPANY, INC. HOURLY PENSION PLAN
1b Three-digit plan number (PN) 001
1c Effective date of plan 04/20/1962
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) FULLERTON TOOL COMPANY, INC. 121 PERRY STREET SAGINAW, MI 48602
2b Employer Identification Number (EIN) 38-1288328
2c Sponsor's telephone number 989-799-4550
2d Business code (see instructions) 333200
3a Plan administrator's name and address [X] Same as Plan Sponsor.
3b Administrator's EIN
3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report.
a Sponsor's name
c Plan Name
4b EIN
4d PN
5a Total number of participants at the beginning of the plan year 48
b Total number of participants at the end of the plan year 0
c(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)
c(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)
d(1) Total number of active participants at the beginning of the plan year 32
d(2) Total number of active participants at the end of the plan year 0
e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested 0

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

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Row 1: Filed with authorized/valid electronic signature, 06/09/2025, BRUCE MILLER. Row 2: Signature of employer/plan sponsor, Date, Enter name of individual signing as employer or plan sponsor.

- 6a** Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) Yes No
- b** Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) Yes No
- If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.**
- c** If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No Not determined
- If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year: 550402. (See instructions.)

Part III Financial Information			
7 Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
a Total plan assets	7a	1638593	0
b Total plan liabilities	7b	0	0
c Net plan assets (subtract line 7b from line 7a)	7c	1638593	0
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
a Contributions received or receivable from:			
(1) Employers	8a(1)	148100	
(2) Participants	8a(2)	0	
(3) Others (including rollovers)	8a(3)	80829	
b Other income (loss)	8b		
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		228929
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	1829120	
e Certain deemed and/or corrective distributions (see instructions) .	8e	0	
f Administrative service providers (salaries, fees, commissions)	8f	38402	
g Other expenses	8g	0	
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		1867522
i Net income (loss) (subtract line 8h from line 8c)	8i		-1638593
j Transfers to (from) the plan (see instructions)	8j	0	

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

Part V Compliance Questions				
10 During the plan year:		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X	
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X	
c Was the plan covered by a fidelity bond?	10c	X		500000
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		X	
e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e		X	
f Has the plan failed to provide any benefit when due under the plan?	10f		X	
g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	10g		X	
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h			
i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i			

Part VI Pension Funding Compliance

11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and lines 11a and b below.) If this is a defined contribution pension plan, leave line 11 blank and complete line 12 below. Yes No

a Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 **11a** 0

b PBGC missed contribution reporting requirements. If the plan is covered by PBGC and the amount reported on line 11a is greater than \$0, has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

Yes.

No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

No. Other. Provide explanation _____

12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) If this is a defined benefit pension plan, leave line 12 blank and complete line 11 above. Yes No

a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver. Month _____ Day _____ Year _____

If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.

b Enter the minimum required contribution for this plan year **12b** _____

c Enter the amount contributed by the employer to the plan for this plan year **12c** _____

d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount) **12d** _____

e Will the minimum funding amount reported on line 12d be met by the funding deadline? Yes No N/A

Part VII Plan Terminations and Transfers of Assets

13a Has a resolution to terminate the plan been adopted in any plan year? Yes No

a If "Yes," enter the amount of any plan assets that reverted to the employer this year. **13a** 0

b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? Yes No

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

13c(1) Name of plan(s):	13c(2) EIN(s)	13c(3) PN(s)

Part VIII IRS Compliance Questions

14a Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? Yes No

14b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).

- Design-based safe harbor method
- "Prior year" ADP test
- "Current year" ADP test
- N/A

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

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
---	--	--

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

▶ **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 <u>FULLERTON TOOL COMPANY, INC. HOURLY PENSION PLAN</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>FULLERTON TOOL COMPANY, INC.</u>	D Employer Identification Number (EIN) <u>38-1288328</u>	
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 checked="" type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input type="checkbox"/> More than 500	

Part I	Basic Information		
1	Enter the valuation date:	Month <u>01</u>	Day <u>01</u> Year <u>2024</u>
2	Assets:		
	a Market value	2a	<u>1636876</u>
	b Actuarial value	2b	<u>1636876</u>
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	<u>10</u>	<u>559340</u>
	b For terminated vested participants	<u>6</u>	<u>92703</u>
	c For active participants	<u>32</u>	<u>1172294</u>
	d Total	<u>48</u>	<u>1824337</u>
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	<u>5.15 %</u>
6	Target normal cost		
	a Present value of current plan year accruals	6a	<u>0</u>
	b Expected plan-related expenses	6b	<u>8121</u>
	c Target normal cost	6c	<u>8121</u>

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

SIGN HERE		
	Signature of actuary	<u>06/09/2025</u> Date
	<u>TIMOTHY ABRAMIC</u> Type or print name of actuary	<u>23-06223</u> Most recent enrollment number
	<u>FUTURE PLAN BY ASCENSUS</u> Firm name	<u>312-488-6737</u> Telephone number (including area code)
	<u>P.O. BOX 56034 BOSTON, MA 02205</u> Address of the firm	

Part II Beginning of Year Carryover and Prefunding Balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of <u>14.93</u> %	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		776
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.29</u> %		41
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		817
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages			
14	Funding target attainment percentage	14	89.72 %
15	Adjusted funding target attainment percentage	15	89.72 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	83.02 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls		18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees		
04/08/2024	10900	0					
07/11/2024	6100	0					
10/08/2024	6100	0					
11/22/2024	125000	0					
			Totals ▶	18(b)	148100	18(c)	0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
	a Contributions allocated toward unpaid minimum required contributions from prior years	19a 0	
	b Contributions made to avoid restrictions adjusted to valuation date	19b 0	
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c 141793	
20	Quarterly contributions and liquidity shortfalls:		
	a Did the plan have a "funding shortfall" for the prior year?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	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	
	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: 4.75 %	2nd segment: 4.87 %	<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 checked="" type="checkbox"/> Prescribed - combined <input 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
26 Demographic and benefit information			
a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.....			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ...			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....			27

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 8121
b Excess assets, if applicable, but not greater than line 31a			31b 0
32 Amortization installments:	Outstanding Balance		Installment
a Net shortfall amortization installment	187461		18657
b Waiver amortization installment.....			
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 26778
	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 26778
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)			37 141793
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)			38a 115015
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 type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input type="checkbox"/> 2021			

Schedule of Active Participant Data

The following table shows the distribution of the plan's active participant population by age and service and other demographic statistics.

Years of Credited Service

Age	0 - 4	5 - 9	10 - 14	15 - 19	20 - 24	25 - 29	30 - 34	35 - 39	40 +	Total
Under 25	0	0	0	0	0	0	0	0	0	0
25 - 29	0	0	0	0	0	0	0	0	0	0
30 - 34	0	0	0	0	0	0	0	0	0	0
35 - 39	0	0	0	0	0	0	0	0	0	0
40 - 44	0	1	0	0	0	0	0	0	0	1
45 - 49	0	0	2	0	0	0	0	0	0	2
50 - 54	3	2	2	2	1	0	0	0	0	10
55 - 59	1	0	1	2	2	0	0	0	0	6
60 - 64	0	0	3	4	2	3	0	0	0	12
65 - 69	0	0	0	0	0	1	0	0	0	1
Over 70	0	0	0	0	0	0	0	0	0	0
Total	4	3	8	8	5	4	0	0	0	32

Average Age 56.90

Average Service 15.54

Statement of Actuarial Assumptions/Methods

Summary of Methods

Valuation date:	January 1, 2024.
Actuarial cost method:	Unit Credit Cost Method pursuant to Code Section 430 of the Pension Protection Act of 2006 (PPA).
Actuarial value of assets:	The actuarial value of assets is equal to the market value of assets on the valuation date plus interest adjusted contributions receivable.
Changes since last valuation:	There were no changes since the last valuation.

Primary Assumptions

Interest	Minimum Funding: ARPA IRC 430(h) Funding Segment Rates for September 2023; 4.75% per year for 1st segment, 4.87% for 2nd segment, and 5.59% thereafter. Maximum Deductible Funding Target: IRC 404(o) Funding Segment Rates for September 2023; 3.62% per year for 1st segment, 4.46% for 2nd segment, and 4.52% thereafter.
Mortality	IRS 2024 Small Plan Combined Static Mortality
Retirement:	Age 65.
Disability:	None.
Withdrawal:	None.

Statement of Actuarial Assumptions/Methods (continued)

Primary Assumptions (continued)

Salary Increases:	N/A.
Percentage married:	80% married.
Age difference:	Husbands are assumed to be three years older than their wives.
Maximum benefit:	Limited as set forth by IRC Section 415.
Maximum compensation:	Limited as set forth by IRC Section 401(a)(17).
Form of Payment	Lump Sum
Expenses:	Administrative Expenses of \$8,121 are assumed for the Plan Year beginning on January 1, 2024.
Changes since the last valuation:	The interest rate was updated as required by the Pension Protection Act of 2006 (PPA). The interest rate was changed from the ARPA IRC 430(h) Funding Segment Rates for 2023 (4.75%, 5.00% and 5.74%) to the ARPA IRC 430(h) Funding Segment Rates for 2024 (4.75%, 4.87% and 5.59%). All other assumptions are identical to the assumptions used in the prior valuation.

Form 5500-SF

Department of the Treasury
Internal Revenue Service
Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ Complete all entries in accordance with the instructions to the Form 5500-SF.

OMB Nos. 1210-0110
1210-0089

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A This return/report is for: a single-employer plan a multiple-employer plan (not multiemployer) (Pension Plan filers checking this box must attach Schedule MEP. Other plans must attach a list of participating employer information in accordance with the form instructions.)

B This return/report is the first return/report the final return/report
 an amended return/report a short plan year return/report (less than 12 months)

C Check box if filing under: Form 5558 automatic extension DFVC program
 special extension (enter description)

D If the plan is a collectively-bargained plan, check here

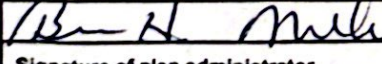
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here

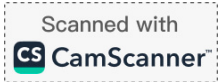
Part II Basic Plan Information—enter all requested information

1a Name of plan FULLERTON TOOL COMPANY, INC. HOURLY PENSION PLAN	1b Three-digit plan number (PN) ▶ 001
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) Fullerton Tool Company, Inc. 121 Perry Street Saginaw MI 48602	1c Effective date of plan 04/20/1962
	2b Employer Identification Number (EIN) 38-1288328
	2c Sponsor's telephone number 989-799-4550
	2d Business code (see instructions) 333200
3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor.	3b Administrator's EIN
	3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. a Sponsor's name c Plan Name	4b EIN
	4d PN
5a Total number of participants at the beginning of the plan year.....	5a 48
b Total number of participants at the end of the plan year.....	5b 0
c(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item).....	5c(1)
c(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	5c(2)
d(1) Total number of active participants at the beginning of the plan year.....	5d(1) 32
d(2) Total number of active participants at the end of the plan year.....	5d(2) 0
e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	5e 0

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

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE			BRUCE MILLER
	Signature of plan administrator	Date <u>6-9-25</u>	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



**SCHEDULE SB
(Form 5500)**

Department of the Treasury
Internal Revenue Service
Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

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

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

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

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

▶ **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 FULLERTON TOOL COMPANY, INC. HOURLY PENSION PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Fullerton Tool Company, Inc.	D Employer Identification Number (EIN) 38-1288328	
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 checked="" type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input type="checkbox"/> More than 500		

Part I Basic Information

1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>			
2 Assets:			
a Market value.....	2a		1,636,876
b Actuarial value.....	2b		1,636,876
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.....	10	559,340	559,340
b For terminated vested participants	6	92,703	92,703
c For active participants.....	32	1,172,294	1,172,294
d Total.....	48	1,824,337	1,824,337
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		8,121
c Target normal cost	6c		8,121

Statement by Enrolled Actuary

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

SIGN HERE	 Signature of actuary	<u>6-9-25</u> Date
	TIMOTHY ABRAMIC Type or print name of actuary	2306223 Most recent enrollment number
	Future Plan by Ascensus Firm name	312-488-6737 Telephone number (including area code)
	P.O. Box 56034 Boston MA 02205 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) 2024
v. 240311**

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

All participants are assumed to retire at age 65.

Summary of Plan Provisions

This summary of plan provisions as of January 1, 2024 has been prepared for valuation purposes only. It outlines the major plan provisions used to perform the actuarial valuation.

Effective Date: April 20, 1962; Amended to freeze all benefits effective January 31, 2009

Coverage: All employees of the company who are governed by the terms of a collective bargaining agreement are covered by this plan

Eligibility: An employee shall become a participant on the January 1 or July 1 coincident with or following the later of the completion of one year of eligibility service and attainment of age 21. Plan eligibility was frozen July 1, 2008.

Eligibility Service: A year of eligibility service is a twelve-month period beginning with date of hire in which the employee completes at least 1,000 hours of service. If the employee does not complete 1,000 hours in this initial period, then the subsequent twelve-month periods will be based on calendar years.

Vesting Service: A year of service is credited for any calendar year in which 1,000 hours of service is worked. Years of service prior to age 18 are excluded.

Credited Service: A year of service is credited for any calendar year in which 2,000 hours of service is worked. A pro-rata portion of service is credited for service of at least 1,000 hours of employment but less than 2,000 in a calendar year. Partial years are rounded to 1/10th of a year. Benefit service was frozen effective January 31, 2009.

Normal Retirement: The first day of the month coincident with or following the date a participant attains age 65.

For Benefit Service as of April 20, 1976:

15% of the Participant's Average Monthly Compensation up to \$833 plus 30.85% of the Participant's Average Monthly Compensation in excess of \$833 multiplied by a fraction of which the numerator is the Benefit Service as of April 20, 1976 and the denominator is the greater of 15 or the Benefit Service the participant would have at Normal For Benefit Service after April 20, 1976 monthly benefit is equal to the Benefit Service times the rate in effect for each period as follows:

Period	Rate
April 20, 1976 to December 31, 1979:	\$8
January 1, 1980 to December 31, 1980:	\$10
January 1, 1981 to December 31, 1985:	\$12
January 1, 1986 to December 31, 1987:	\$15
January 1, 1988 to December 31, 1990:	\$17
January 1, 1991 to December 31, 1991:	\$20
January 1, 1992 to December 31, 1993:	\$22
January 1, 1994 and after:	\$24

Note: All accrued benefits were frozen effective January 31, 2009.

Summary of Plan Provisions (continued)

Early Retirement:	<p>The first day of the month coincident with or following the attainment of age 55 and the completion of 15 years of Vesting Service.</p> <p>The normal retirement benefit reduced if payment commences prior to age 65, by 5/9 of 1% for each month (up to 60 months) prior to age 65 and 5/18 of 1% for each month prior to age 60 that the commencement precedes the Normal Retirement Date.</p>
Disability Retirement:	<p>If a participant is Totally and Permanently Disabled for 6 consecutive months and his employment ceases, he is entitled to the actuarial equivalent of his accrued benefit.</p>
Deferred Vested Termination:	<p>Participants are 100% vested in their accrued benefits after completing 5 years of Vesting Service. The benefit is payable on the basis of the Normal Form of Benefit at the participant's Normal Retirement Date. The benefit is reduced actuarially for payments commencing prior to Normal Retirement Date.</p>
Pre-Retirement Spouse's Benefit:	<p>If the participant dies on or after the Early Retirement Date, the spouse is entitled to the spouse portion of the 50% joint and contingent annuity as if the participant retired as of the date of death and elected a 50% joint and contingent annuity. If participant is vested and dies prior to the Early Retirement date, the benefit assumes the participant terminated, survived to the Early Retirement Date, retired with a 50% joint and contingent annuity and then died.</p>
Automatic Forms of Payment:	<p>50% Joint & Contingent Annuity if married. Single Life Annuity if unmarried.</p>
Optional Forms of Payment:	<p>The optional forms of payment are as follows:</p> <ul style="list-style-type: none">- Life Annuity- 5 or 10-Year Certain and Life Annuity- 50%, 75% or 100% Joint & Contingent Annuity- Lump Sum
Actuarial Equivalence:	<p>Optional annuity forms are based on the 1984 Unisex Pensioner Mortality Table and 7.0% interest. Lump sums are based on the Mortality Table prescribed by the Secretary of the Treasury and prescribed segment interest rates for the month of November preceding the plan year of distribution.</p>
Changes in Plan Provisions since last Actuarial Valuation:	<p>There were no changes in plan provisions since the last valuation.</p>

Changes Since Last Actuarial Valuation

Summary of any changes in principal eligibility or benefit provisions since the last valuation:

There were no changes since the last valuation.

Description of any significant events:

To the best of our knowledge, there were no significant events that occurred during the year.

Benefits not included in the valuation:

To the best of our knowledge, no material benefits were excluded from this valuation.

Funding Shortfall and Schedule of Amortization Bases

Date	Original Amortization	Original Shortfall Amort	Shortfall Amort	Remaining Amort	PV Factor	Remaining Shortfall Amort
<u>Established</u>	<u>Period</u>	<u>Installment Base</u>	<u>Installment</u>	<u>Period</u>		<u>Installment Base</u>
1/1/2023	15	374,047	34,255	14	10.477482	358,906
1/1/2024	15	(171,445)	<u>(15,598)</u>	15	10.991387	<u>(171,445)</u>
		Shortfall Amortization Charge	<u>\$18,657</u>	Funding Shortfall for Amortization		<u>\$187,461</u>

Remaining Amort	\$1 Discount at Yield to	PV Factor Remaining	<u>Development of Funding Shortfall for Amortization Purposes</u>	
<u>Period</u>	<u>Yield</u>	<u>Valn. Date</u>	<u>Amort Per</u>	
1	4.75%	1.000000	1.000000	1. Funding Target for MRC 1,824,337
2	4.75%	0.954654	1.954654	2. Transition Percentage, Current Plan Year 100%
3	4.75%	0.911364	2.866018	3. Adjusted Funding Target: (1) x (2) 1,824,337
4	4.75%	0.870037	3.736055	4. Actuarial Value of Assets 1,636,876
5	4.75%	0.830585	4.566640	5. Total Credit Balance 0
6	4.87%	0.788395	5.355035	6. Adjusted Value of Assets: (4) - (5) <u>1,636,876</u>
7	4.87%	0.751783	6.106817	7. Funding Shortfall, Current Plan Year: (3) - (6) 187,461
8	4.87%	0.716871	6.823689	
9	4.87%	0.683581	7.507269	
10	4.87%	0.651836	8.159106	
11	4.87%	0.621566	8.780672	
12	4.87%	0.592702	9.373373	
13	4.87%	0.565177	9.938551	
14	4.87%	0.538931	10.477482	
15	4.87%	0.513904	10.991387	