

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 [] 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: COMPUTER PRINTING CORPORATION RETIREMENT PLAN
1b Three-digit plan number (PN): 002
1c Effective date of plan: 08/13/1982
2a Plan sponsor's name (employer, if for a single-employer plan): NBF CORPORATION
2b Employer Identification Number (EIN): 23-3020122
2c Sponsor's telephone number: 215-310-5559
2d Business code (see instructions): 323100
3a Plan administrator's name and address: [X] Same as Plan Sponsor.
3b Administrator's EIN
3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report.
4b EIN
4d PN
5a Total number of participants at the beginning of the plan year: 96
5b Total number of participants at the end of the plan year: 93
5c(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)
5c(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)
5d(1) Total number of active participants at the beginning of the plan year: 0
5d(2) Total number of active participants at the end of the plan year: 0
5e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested: 0

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

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, 07/15/2025, LAURENCE N WEISS. 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 539641. (See instructions.)

Part III Financial Information			
7 Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
a Total plan assets	7a	5296439	5575199
b Total plan liabilities	7b	0	0
c Net plan assets (subtract line 7b from line 7a)	7c	5296439	5575199
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
a Contributions received or receivable from:			
(1) Employers	8a(1)		
(2) Participants	8a(2)		
(3) Others (including rollovers)	8a(3)		
b Other income (loss)	8b	703468	
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		703468
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	371998	
e Certain deemed and/or corrective distributions (see instructions) .	8e		
f Administrative service providers (salaries, fees, commissions)	8f	43014	
g Other expenses	8g	9696	
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		424708
i Net income (loss) (subtract line 8h from line 8c)	8i		278760
j Transfers to (from) the plan (see instructions)	8j		

Part IV Plan Characteristics	
9a	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 1A 1I 3H
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? Yes No
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) If this is a defined benefit pension plan, leave line 12 blank and complete line 11 above.

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

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

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

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

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

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

Part VII Plan Terminations and Transfers of Assets

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

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

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
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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>COMPUTER PRINTING CORPORATION RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶	<u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>NBF CORPORATION</u>	D Employer Identification Number (EIN) <u>23-3020122</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 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 <u>01</u> Day <u>01</u> Year <u>2024</u>		
2 Assets:			
a Market value	2a		<u>5296439</u>
b Actuarial value	2b		<u>5296439</u>
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	<u>84</u>	<u>3567170</u>	<u>3567170</u>
b For terminated vested participants	<u>14</u>	<u>482412</u>	<u>482412</u>
c For active participants	<u>0</u>	<u>0</u>	<u>0</u>
d Total	<u>98</u>	<u>4049582</u>	<u>4049582</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>5.01 %</u>
6 Target normal cost			
a Present value of current plan year accruals	6a		<u>0</u>
b Expected plan-related expenses	6b		<u>62000</u>
c Target normal cost	6c		<u>62000</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>06/05/2025</u>	Date
	<u>MICHAEL J. WHITTLE, JR.</u>	<u>23-08339</u>	Most recent enrollment number
	<u>CBIZ</u>	<u>800-624-0954</u>	Telephone number (including area code)
	<u>44 BALTIMORE ST CUMBERLAND, MD 21502</u>		
	Address of the firm		

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

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>31.06</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)		42
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>5.15</u> %		2
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		44
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	130.78 %
15	Adjusted funding target attainment percentage	15	130.78 %
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	100.64 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

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

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:	
a	Contributions allocated toward unpaid minimum required contributions from prior years	19a 0
b	Contributions made to avoid restrictions adjusted to valuation date	19b 0
c	Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c 0
20	Quarterly contributions and liquidity shortfalls:	
a	Did the plan have a "funding shortfall" for the prior year?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
b	If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	<input 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		

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 %	3rd segment: 5.59 %	<input type="checkbox"/> N/A, full yield curve used
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b Applicable month (enter code) **21b** 4

22 Weighted average retirement age **22**

23 Mortality table(s) (see instructions) Prescribed - combined Prescribed - separate Substitute

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment..... Yes No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment..... Yes No

26 Demographic and benefit information

a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment..... Yes No

b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment... Yes No

27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment..... **27**

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):

a Target normal cost (line 6c)	31a	62000
b Excess assets, if applicable, but not greater than line 31a	31b	62000

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
b Waiver amortization installment.....	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount..... **33**

34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....	34	0
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	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0

36 Additional cash requirement (line 34 minus line 35)..... **36** 0

37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)..... **37** 0

38 Present value of excess contributions for current year (see instructions)

a Total (excess, if any, of line 37 over line 36)	38a	0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances.....	38b	0

39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)..... **39** 0

40 Unpaid minimum required contributions for all years..... **40** 0

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

41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. 2019 2020 2021

**Computer Printing Corporation
Retirement Plan
Actuarial Report for the Plan Year Beginning January 1, 2024**

Summary of Principal Actuarial Assumptions

Valuation Methods

Cost Method

Traditional Unit Credit

Actuarial Value of Assets

The actuarial value of assets is determined by using the market value of assets.

Date of Calculations

The Valuation Date is January 1, 2024.

Employees Included in the Calculations

Former employees or their survivors who are receiving or entitled to receive an immediate or deferred benefit under the provisions of the Plan are also included.

Source of Data

Data is as of the Valuation Date and is supplied to us by the Employer.

We rely on the Employer to inform us of any former participants who have been rehired and lost prior service because of the length of their break-in-service. These employees may have participation requirements different from other new employees.

Financial information was supplied to us by the Trustee, Morgan Stanley Smith Barney.

Although we believe these to be accurate and complete, the data and financial information have not been audited by us.

Computer Printing Corporation Retirement Plan Actuarial Report for the Plan Year Beginning January 1, 2024

Summary of Principal Actuarial Assumptions

Actuarial Assumptions

Pre-retirement for Retirement and Spousal Benefits:

Investment Return - Segment rates (4 month lookback)

	<u>For IRC 404</u>	<u>For IRC 430 and 436</u>
First Segment	3.62%	4.75%
Second Segment	4.46%	4.87%
Third Segment	4.52%	5.59%

Mortality: IRS 2024 Small Plan Combined Static Mortality

Salary Scale: Not applicable because the Plan has no active plan participants.

Termination of Employment: Not applicable because the Plan has no active plan participants.

Disability: Not applicable because the Plan has no active plan participants.

Retirement Rates: Deferred vested participants are assumed to retire at Normal Retirement Date or attained age, if later.

Post-retirement for Retirement Benefits:

Investment Return - Segment rates (4 month lookback)

	<u>For IRC 404</u>	<u>For IRC 430 and 436</u>
First Segment	3.62%	4.75%
Second Segment	4.46%	4.87%
Third Segment	4.52%	5.59%

Mortality: IRS 2024 Small Plan Combined Static Mortality

Plan Expenses: Based on estimated administrative expenses paid from plan assets using an average of the Plan's prior three years of actual administrative expense amounts paid from the trust, rounded to the nearest \$1,000.

ASC 960 Liabilities: Determined using an 8.00% discount rate. This assumption is selected by management based on historical performance. It is the actuary's opinion that this rate is higher than what can be expected from forward looking capital market assumptions.

**Computer Printing Corporation
Retirement Plan
Actuarial Report for the Plan Year Beginning January 1, 2024**

Summary of Principal Actuarial Assumptions

Actuarial Assumptions

Form of Benefit Payment: 100% of participants are assumed to elect the Normal Form, a five-year certain and life annuity for former Hourly employees and a ten-year certain and life annuity for former Salaried employees.

Marriage: For the purpose of valuing death benefits, 85% of the participants not currently receiving benefits are assumed to be married. Wives are assumed to be four years younger than their husbands.

Effective Interest Rate: 5.01%

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
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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 COMPUTER PRINTING CORPORATION RETIREMENT PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF NBF CORPORATION	D Employer Identification Number (EIN) 23-3020122	
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 <u>01</u> Day <u>01</u> Year <u>2024</u>			
2	Assets:			
	a Market value	2a		5,296,439
	b Actuarial value	2b		5,296,439
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	84	3,567,170	3,567,170
	b For terminated vested participants	14	482,412	482,412
	c For active participants	0	0	0
	d Total	98	4,049,582	4,049,582
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		5.01%
6	Target normal cost			
	a Present value of current plan year accruals	6a		0
	b Expected plan-related expenses	6b		62,000
	c Target normal cost	6c		62,000

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	MICHAEL J. WHITTLE, JR. <i>MJW</i>	<u>06/05/2025</u>
	Signature of actuary	Date
	MICHAEL J. WHITTLE, JR.	2308339
	Type or print name of actuary	Most recent enrollment number
	CBIZ	800-624-0954
	Firm name	Telephone number (including area code)
	44 BALTIMORE ST	
	CUMBERLAND MD 21502	
	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

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 %	3rd segment: 5.59%	<input type="checkbox"/> N/A, full yield curve used
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b Applicable month (enter code)..... **21b** 4

22 Weighted average retirement age **22**

23 Mortality table(s) (see instructions) Prescribed - combined Prescribed - separate Substitute

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment..... Yes No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. Yes No

26 Demographic and benefit information

a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. Yes No

b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ... Yes No

27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment..... **27**

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):

a Target normal cost (line 6c).....	31a	62,000
b Excess assets, if applicable, but not greater than line 31a	31b	62,000

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount..... **33**

34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....	34	0
	Carryover balance	Prefunding balance
35 Balances elected for use to offset funding requirement	0	0

36 Additional cash requirement (line 34 minus line 35)..... **36** 0

37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)..... **37** 0

38 Present value of excess contributions for current year (see instructions)

a Total (excess, if any, of line 37 over line 36)	38a	0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0

39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)..... **39** 0

40 Unpaid minimum required contributions for all years **40** 0

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

41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. 2019 2020 2021

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

EIN/PN: 23-3020122 / 002

**Computer Printing Corporation
Retirement Plan
Actuarial Report for the Plan Year Beginning January 1, 2024**

Summary of Principal Actuarial Assumptions

Valuation Methods

Cost Method

Traditional Unit Credit

Actuarial Value of Assets

The actuarial value of assets is determined by using the market value of assets.

Date of Calculations

The Valuation Date is January 1, 2024.

Employees Included in the Calculations

Former employees or their survivors who are receiving or entitled to receive an immediate or deferred benefit under the provisions of the Plan are also included.

Source of Data

Data is as of the Valuation Date and is supplied to us by the Employer.

We rely on the Employer to inform us of any former participants who have been rehired and lost prior service because of the length of their break-in-service. These employees may have participation requirements different from other new employees.

Financial information was supplied to us by the Trustee, Morgan Stanley Smith Barney.

Although we believe these to be accurate and complete, the data and financial information have not been audited by us.

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

EIN/PN: 23-3020122 / 002

Computer Printing Corporation Retirement Plan Actuarial Report for the Plan Year Beginning January 1, 2024

Summary of Principal Actuarial Assumptions

Actuarial Assumptions

Pre-retirement for Retirement and Spousal Benefits:

Investment Return - Segment rates (4 month lookback)

	<u>For IRC 404</u>	<u>For IRC 430 and 436</u>
First Segment	3.62%	4.75%
Second Segment	4.46%	4.87%
Third Segment	4.52%	5.59%

Mortality: IRS 2024 Small Plan Combined Static Mortality

Salary Scale: Not applicable because the Plan has no active plan participants.

Termination of Employment: Not applicable because the Plan has no active plan participants.

Disability: Not applicable because the Plan has no active plan participants.

Retirement Rates: Deferred vested participants are assumed to retire at Normal Retirement Date or attained age, if later.

Post-retirement for Retirement Benefits:

Investment Return - Segment rates (4 month lookback)

	<u>For IRC 404</u>	<u>For IRC 430 and 436</u>
First Segment	3.62%	4.75%
Second Segment	4.46%	4.87%
Third Segment	4.52%	5.59%

Mortality: IRS 2024 Small Plan Combined Static Mortality

Plan Expenses: Based on estimated administrative expenses paid from plan assets using an average of the Plan's prior three years of actual administrative expense amounts paid from the trust, rounded to the nearest \$1,000.

ASC 960 Liabilities: Determined using an 8.00% discount rate. This assumption is selected by management based on historical performance. It is the actuary's opinion that this rate is higher than what can be expected from forward looking capital market assumptions.

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

EIN/PN: 23-3020122 / 002

**Computer Printing Corporation
Retirement Plan
Actuarial Report for the Plan Year Beginning January 1, 2024**

Summary of Principal Actuarial Assumptions

Actuarial Assumptions

Form of Benefit Payment: 100% of participants are assumed to elect the Normal Form, a five-year certain and life annuity for former Hourly employees and a ten-year certain and life annuity for former Salaried employees.

Marriage: For the purpose of valuing death benefits, 85% of the participants not currently receiving benefits are assumed to be married. Wives are assumed to be four years younger than their husbands.

Effective Interest Rate: 5.01%

Schedule SB, Part V - Statement of Plan Provisions

EIN/PN: 23-3020122 / 002

**Computer Printing Corporation
Retirement Plan
Actuarial Report for the Plan Year Beginning January 1, 2024**

Summary of Principal Plan Provisions

The following summary describes principal plan provisions assumed in calculating the cost of your pension plan.

General Information

Original Effective Date:	August 13, 1982
Plan Year:	January 1 through December 31
Employer Fiscal Year:	January 1 through December 31
Employer ID Number:	23-3020122
Plan Number:	002

Schedule SB, Part V - Statement of Plan Provisions

EIN/PN: 23-3020122 / 002

**Computer Printing Corporation
Retirement Plan
Actuarial Report for the Plan Year Beginning January 1, 2024**

Summary of Principal Plan Provisions**HOURLY EMPLOYEES****Eligibility**

All Hourly Employees become eligible on the January 1 following date of hire. Employees who were participants in the Arcata Plan as of August 12, 1982 became Participants in this Plan on August 13, 1982. An Employee who was not a Member on July 31, 2003 shall not become a Member.

Vesting Service

Completed full years before March 1, 1982. After March 1, 1982, plan years during which 1,000 or more hours of service are credited.

Credited Service

Full years and fractional tenths (100 hours = one-tenth) up to March 1, 1982. Special rules apply to the period from March 1, 1982 through December 31, 1982 as outlined in the plan document. After March 1, 1982, one year is credited for any plan year in which the employee completes 1,000 Hours of Service (as defined in the plan document). Tenths of years of service will be credited to Employees with less than 1,000 Hours of Service.

Compensation

Hourly earnings, excluding overtime, commissions and bonuses.

Accrued Benefit

Benefit calculated using Normal Retirement formula.

Schedule SB, Part V - Statement of Plan Provisions

EIN/PN: 23-3020122 / 002

Computer Printing Corporation
Retirement Plan
Actuarial Report for the Plan Year Beginning January 1, 2024

Summary of Principal Plan Provisions

HOURLY EMPLOYEES**Eligibility for Benefits****Normal Retirement**

Normal Retirement Date is the first day of the month following attainment of age 65.

Late Retirement

First of the month following actual retirement.

Early Retirement

Age 55 with 10 Years of Vesting Service.

Vesting

Upon the termination of employment after 5 or more Years of Service, a participant shall have a vested interest in his Accrued Benefit which will be payable at Normal Retirement Date. The percentage vested shall be:

<u>Years of Service</u>	<u>Vested Percent</u>
Less than 5 years	0%
5 or more years	100%

Disability

Totally and permanently disabled and receiving Social Security Disability benefits.

Death Benefit

Eligible for vesting.

Schedule SB, Part V - Statement of Plan Provisions

EIN/PN: 23-3020122 / 002

Computer Printing Corporation Retirement Plan Actuarial Report for the Plan Year Beginning January 1, 2024

Summary of Principal Plan Provisions**HOURLY EMPLOYEES****Amount of Benefits****Normal Retirement**

The greatest of (A), (B) or (C) below:

(A) The sum of:

- (1) Accrued Benefit, if any, under the Arcata Plan as of February 28, 1982.
- (2) 1.25% of Compensation from March 1, 1982 through December 31, 1982, and
- (3) 1.25% of Compensation for each plan year starting on or after January 1, 1983.

(B) \$200 per month reduced by \$5 for each plan year of credited service less than 20 years.

(C) For Participants in the Arcata Plan on February 29, 1980, the projected retirement benefit as of that date multiplied by the ratio of Credited Service at date of determination, to total Credited Service to Normal Retirement Date.

All accruals ceased as of July 31, 2003.

Early Retirement

Accrued Benefit at Early Retirement Date reduced by 3% for each of the first 5 years and 6% for each of the next 5 years by which the benefit commencement date precedes the Normal Retirement Date.

Late Retirement

Accrued Benefit at date of actual retirement with an actuarial increase after Normal Retirement Date.

Deferred Vested

Accrued Benefit at date of termination, payable at Normal Retirement Date. Participants with 10 or more years of Vesting Service may elect commencement on or after age 55.

Spouse's Benefit

Benefit that would have been payable to spouse as a contingent annuitant if employee had terminated employment on the day before death, retired when first eligible and elected a 50% Contingent Annuity. Benefit to spouse cannot begin before the date Participant would have been eligible for Early Retirement. If the participant was not married and dies prior to his termination date, the death benefit is \$100 per month payable to a designated beneficiary until the beneficiary dies or the Participant would have attained age 65, whichever is earlier. Effective January 1, 2023, with respect to a Participant who dies on or after November 1, 2021, benefits described in this section may be paid in a single lump sum in lieu of an annuity or installment payment.

Disability

Accrued Benefit at date of determination reduced by 3% for each of the first 5 years and 6% for each of the next 5 years that the benefit commencement date precedes the Normal Retirement Date, payable upon the first day of the 6th calendar month following the date it is determined such disability exists.

Schedule SB, Part V - Statement of Plan Provisions

EIN/PN: 23-3020122 / 002

**Computer Printing Corporation
Retirement Plan
Actuarial Report for the Plan Year Beginning January 1, 2024**

Summary of Principal Plan Provisions

HOURLY EMPLOYEES

Normal Form of Payment

Married Members

50% Contingent Annuity

Other Members

5-year Certain and Continuous Annuity

Optional Methods of Settlement

50%, 66-2/3% 75% or 100% Contingent Annuity

5-Year or 10-Year Certain and Continuous Annuity

Single Life Annuity

Social Security Adjustment Option

Lump Sum

Plan Changes Since Last Valuation

None

Additional Information

The above description is a summary only; for additional details, reference should be made to the formal Plan document.

Schedule SB, Part V - Statement of Plan Provisions

EIN/PN: 23-3020122 / 002

**Computer Printing Corporation
Retirement Plan
Actuarial Report for the Plan Year Beginning January 1, 2024**

Summary of Principal Plan Provisions

SALARIED EMPLOYEES**Eligibility**

Any Employee who is not a member of the collective bargaining unit shall become a member on the January 1, April 1, July 1, or October 1 coincident with or next following the completion of one year of service. Employees who were participants in the Arcata Plan on August 12, 1982 became Participants in this Plan on August 13, 1982.

Credited Service

Credited Service under the Arcata Plan up to December 31, 1981. For 1982, Credited Service under the Arcata Plan or this plan (whichever is greater). For plan years beginning January 1, 1983 and later, one year of service for each year the employee receives any compensation from the employer.

Compensation

Basic salary excluding overtime, commissions and bonuses.

Accrued Benefit

Benefit calculated using Normal Retirement formula.

Schedule SB, Part V - Statement of Plan Provisions

EIN/PN: 23-3020122 / 002

Computer Printing Corporation Retirement Plan Actuarial Report for the Plan Year Beginning January 1, 2024

Summary of Principal Plan Provisions**SALARIED EMPLOYEES****Eligibility for Benefits****Normal Retirement**

Normal Retirement Date is the first day of the month following attainment of age 65.

Late Retirement

First of the month following actual retirement.

Early Retirement

Age 55 with 10 Years of Credited Service.

Vesting

Upon the termination of employment after 5 or more Years of Credited Service, a participant shall have a vested interest in his Accrued Benefit which will be payable at Normal Retirement Date. The percentage vested shall be:

<u>Years of Credited Service</u>	<u>Vested Percent</u>
Less than 5 years	0%
5 or more years	100%

The Accrued Benefit of CPC Salaried Members are 100% vested, without regard to length of service, as of May 31, 2001, if not forfeited prior to that date.

Disability

Totally and permanently disabled and receiving Social Security Disability benefits.

Death Benefit

Eligible for vesting.

Schedule SB, Part V - Statement of Plan Provisions

EIN/PN: 23-3020122 / 002

Computer Printing Corporation Retirement Plan Actuarial Report for the Plan Year Beginning January 1, 2024

Summary of Principal Plan Provisions**SALARIED EMPLOYEES****Amount of Benefits****Normal Retirement**

The sum of (A) and (B) as follows:

(A) Accrued Benefit under the Arcata Plan as of December 31, 1982.

(B) For each plan year beginning on or after January 1, 1983, 1.25% of Compensation up to \$4,200 plus 1.75% of Compensation in excess of \$4,200.

All accrual ceased as of February 18, 1994.

Early Retirement

Accrued Benefit at Early Retirement Date reduced by 3% for each of the first 5 years and 6% for each of the next 5 years by which the benefit commencement date precedes the Normal Retirement Date.

Late Retirement

Accrued Benefit at date of actual retirement.

Deferred Vested

Accrued Benefit at date of termination, payable at Normal Retirement Date. Participants with 10 or more years of Credited Service may elect commencement on or after age 55.

Spouse's Benefit

Benefit that would have been payable to spouse as a contingent annuitant if employee had terminated employment on the day before death, retired when first eligible and elected a 100% Contingent Annuity. Benefit to spouse cannot begin before the date Participant would have been eligible for Early Retirement. In no case will the benefit be less than the employee's pre-July 1, 1981 contributions, if any, accumulated with interest. Effective January 1, 2023, with respect to a Participant who dies on or after November 1, 2021, benefits described in this section may be paid in a single lump sum in lieu of an annuity or installment payment.

Disability

Accrued Benefit at date of determination, payable immediately.

Schedule SB, Part V - Statement of Plan Provisions

EIN/PN: 23-3020122 / 002

**Computer Printing Corporation
Retirement Plan
Actuarial Report for the Plan Year Beginning January 1, 2024**

Summary of Principal Plan Provisions

SALARIED EMPLOYEES

Normal Form of Payment

Married Members

100% Contingent Annuity

Other Members

10-year Certain and Continuous Annuity

Optional Methods of Settlement

50%, 66-2/3% 75% or 100% Contingent Annuity

10 Year Certain and Continuous Annuity

Single Life Annuity

Lump Sum

Plan Changes Since Last Valuation

None

Additional Information

The above description is a summary only; for additional details, reference should be made to the formal Plan document.

Schedule SB, Part V - Statement of Plan Provisions

EIN/PN: 23-3020122 / 002

**Computer Printing Corporation
Retirement Plan
Actuarial Report for the Plan Year Beginning January 1, 2024**

Summary of Principal Plan Provisions

The following summary describes principal plan provisions assumed in calculating the cost of your pension plan.

General Information

Original Effective Date:	August 13, 1982
Plan Year:	January 1 through December 31
Employer Fiscal Year:	January 1 through December 31
Employer ID Number:	23-3020122
Plan Number:	002

Computer Printing Corporation
Retirement Plan
Actuarial Report for the Plan Year Beginning January 1, 2024

Summary of Principal Plan Provisions

HOURLY EMPLOYEES

Eligibility

All Hourly Employees become eligible on the January 1 following date of hire. Employees who were participants in the Arcata Plan as of August 12, 1982 became Participants in this Plan on August 13, 1982. An Employee who was not a Member on July 31, 2003 shall not become a Member.

Vesting Service

Completed full years before March 1, 1982. After March 1, 1982, plan years during which 1,000 or more hours of service are credited.

Credited Service

Full years and fractional tenths (100 hours = one-tenth) up to March 1, 1982. Special rules apply to the period from March 1, 1982 through December 31, 1982 as outlined in the plan document. After March 1, 1982, one year is credited for any plan year in which the employee completes 1,000 Hours of Service (as defined in the plan document). Tenths of years of service will be credited to Employees with less than 1,000 Hours of Service.

Compensation

Hourly earnings, excluding overtime, commissions and bonuses.

Accrued Benefit

Benefit calculated using Normal Retirement formula.

**Computer Printing Corporation
Retirement Plan
Actuarial Report for the Plan Year Beginning January 1, 2024**

Summary of Principal Plan Provisions

HOURLY EMPLOYEES

Eligibility for Benefits

Normal Retirement

Normal Retirement Date is the first day of the month following attainment of age 65.

Late Retirement

First of the month following actual retirement.

Early Retirement

Age 55 with 10 Years of Vesting Service.

Vesting

Upon the termination of employment after 5 or more Years of Service, a participant shall have a vested interest in his Accrued Benefit which will be payable at Normal Retirement Date. The percentage vested shall be:

<u>Years of Service</u>	<u>Vested Percent</u>
Less than 5 years	0%
5 or more years	100%

Disability

Totally and permanently disabled and receiving Social Security Disability benefits.

Death Benefit

Eligible for vesting.

**Computer Printing Corporation
Retirement Plan
Actuarial Report for the Plan Year Beginning January 1, 2024**

Summary of Principal Plan Provisions

HOURLY EMPLOYEES

Amount of Benefits

Normal Retirement

The greatest of (A), (B) or (C) below:

(A) The sum of:

- (1) Accrued Benefit, if any, under the Arcata Plan as of February 28, 1982.
- (2) 1.25% of Compensation from March 1, 1982 through December 31, 1982, and
- (3) 1.25% of Compensation for each plan year starting on or after January 1, 1983.

(B) \$200 per month reduced by \$5 for each plan year of credited service less than 20 years.

(C) For Participants in the Arcata Plan on February 29, 1980, the projected retirement benefit as of that date multiplied by the ratio of Credited Service at date of determination, to total Credited Service to Normal Retirement Date.

All accruals ceased as of July 31, 2003.

Early Retirement

Accrued Benefit at Early Retirement Date reduced by 3% for each of the first 5 years and 6% for each of the next 5 years by which the benefit commencement date precedes the Normal Retirement Date.

Late Retirement

Accrued Benefit at date of actual retirement with an actuarial increase after Normal Retirement Date.

Deferred Vested

Accrued Benefit at date of termination, payable at Normal Retirement Date. Participants with 10 or more years of Vesting Service may elect commencement on or after age 55.

Spouse's Benefit

Benefit that would have been payable to spouse as a contingent annuitant if employee had terminated employment on the day before death, retired when first eligible and elected a 50% Contingent Annuity. Benefit to spouse cannot begin before the date Participant would have been eligible for Early Retirement. If the participant was not married and dies prior to his termination date, the death benefit is \$100 per month payable to a designated beneficiary until the beneficiary dies or the Participant would have attained age 65, whichever is earlier. Effective January 1, 2023, with respect to a Participant who dies on or after November 1, 2021, benefits described in this section may be paid in a single lump sum in lieu of an annuity or installment payment.

Disability

Accrued Benefit at date of determination reduced by 3% for each of the first 5 years and 6% for each of the next 5 years that the benefit commencement date precedes the Normal Retirement Date, payable upon the first day of the 6th calendar month following the date it is determined such disability exists.

Computer Printing Corporation
Retirement Plan
Actuarial Report for the Plan Year Beginning January 1, 2024

Summary of Principal Plan Provisions

HOURLY EMPLOYEES

Normal Form of Payment

Married Members

50% Contingent Annuity

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Single Life Annuity

Social Security Adjustment Option

Lump Sum

Plan Changes Since Last Valuation

None

Additional Information

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Computer Printing Corporation
Retirement Plan
Actuarial Report for the Plan Year Beginning January 1, 2024

Summary of Principal Plan Provisions

SALARIED EMPLOYEES

Eligibility

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Death Benefit

Eligible for vesting.

**Computer Printing Corporation
Retirement Plan
Actuarial Report for the Plan Year Beginning January 1, 2024**

Summary of Principal Plan Provisions

SALARIED EMPLOYEES

Amount of Benefits

Normal Retirement

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(A) Accrued Benefit under the Arcata Plan as of December 31, 1982.

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Early Retirement

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Late Retirement

Accrued Benefit at date of actual retirement.

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**Computer Printing Corporation
Retirement Plan
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Summary of Principal Plan Provisions

SALARIED EMPLOYEES

Normal Form of Payment

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10 Year Certain and Continuous Annuity

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Lump Sum

Plan Changes Since Last Valuation

None

Additional Information

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