

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: [X] 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: LOW & BONAR INC SALARIED RETIREMENT PLAN
1b Three-digit plan number (PN): 004
1c Effective date of plan: 01/01/2004
2a Plan sponsor's name (employer, if for a single-employer plan): FREUDENBERG PERFORMANCE MATERIALS LP
2b Employer Identification Number (EIN): 04-2764770
2c Sponsor's telephone number: 828-450-7538
2d Business code (see instructions): 313000
3a Plan administrator's name and address: [X] Same as Plan Sponsor.
3b Administrator's EIN
3c Administrator's telephone number
4b EIN: 20-0411022
4d PN: 004
5a Total number of participants at the beginning of the plan year: 34
5b Total number of participants at the end of the plan year: 33
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: 5
5d(2) Total number of active participants at the end of the plan year: 4
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, Description, Date, and Name. Row 1: Filled with authorized/valid electronic signature, 08/26/2025, REBECCA E. WATSON. Row 2: Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Row 3: 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: 585533. (See instructions.)

Part III Financial Information			
7 Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
a Total plan assets	7a	4206285	4292880
b Total plan liabilities	7b	134648	0
c Net plan assets (subtract line 7b from line 7a)	7c	4071637	4292880
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
a Contributions received or receivable from:			
(1) Employers	8a(1)	0	
(2) Participants	8a(2)	0	
(3) Others (including rollovers)	8a(3)	0	
b Other income (loss)	8b	582234	
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		582234
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	360991	
e Certain deemed and/or corrective distributions (see instructions) .	8e	0	
f Administrative service providers (salaries, fees, commissions)	8f	0	
g Other expenses	8g	0	
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		360991
i Net income (loss) (subtract line 8h from line 8c)	8i		221243
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>1A 1C 1I</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** _____

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>LOW & BONAR INC SALARIED RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶	<u>004</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>FREUDENBERG PERFORMANCE MATERIALS LP</u>	D Employer Identification Number (EIN) <u>04-2764770</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 type="checkbox"/> 101-500 <input checked="" 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>4071637</u>
	b Actuarial value	2b	<u>4075018</u>
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	<u>24</u>	<u>3155462</u>
	b For terminated vested participants	<u>6</u>	<u>317360</u>
	c For active participants	<u>5</u>	<u>99920</u>
	d Total	<u>35</u>	<u>3572742</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>4.96 %</u>
6	Target normal cost		
	a Present value of current plan year accruals	6a	<u>0</u>
	b Expected plan-related expenses	6b	<u>0</u>
	c Target normal cost	6c	<u>0</u>

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

SIGN HERE		
	Signature of actuary	<u>08/26/2025</u>
	<u>ANTHONY L. URDAHL</u>	Date
	Type or print name of actuary	<u>23-05312</u>
	<u>USI CONSULTING GROUP</u>	Most recent enrollment number
	Firm name	<u>952-934-5554</u>
	<u>8000 NORMAN CENTER DRIVE SUITE 400</u>	Telephone number (including area code)
	<u>BLOOMINGTON, MN 55437</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)	754	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)	754	0
10	Interest on line 9 using prior year's actual return of <u>19.27</u> %	145	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	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>5.09</u> %		0
	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		0
	d Portion of (c) to be added to prefunding balance		
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)	899	0

Part III Funding Percentages			
14	Funding target attainment percentage	14	114.03 %
15	Adjusted funding target attainment percentage	15	114.05 %
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	110.53 %
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? 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

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
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 0
b Excess assets, if applicable, but not greater than line 31a				31b 0
32 Amortization installments:	Outstanding Balance		Installment	
a Net shortfall amortization installment	0		0	
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 0
	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. <input type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input type="checkbox"/> 2021				

Attachment to 2024 Form 5500 Schedule SB
 Low & Bonar Inc. Salaried Retirement Plan
 EIN: 04-2764770 P/N: 004

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

Summary of Methods	
Valuation Date	January 1, 2024
Funding Method	Unit credit
Market Assets	Trustee value plus prior year accrued contributions discounted at the plan's effective interest rate to the Valuation Date
Actuarial Assets	2-Year Smoothed Assets: Gains and losses during the prior 2 years are spread over 3 years (gains and losses are based on expected return versus actual return). Expected returns for the prior year and the 2 nd prior year are 5.00% and 5.00% respectively. Actuarial Assets may not be less than 90% or more than 110% of Market Assets.
Segment Rate Basis	24-month average with look back of 4 months

Economic Assumptions			
Segment Rates		<u>ARPA/IIJA</u>	<u>Non-Stabilized</u>
	Segment 1: years 1-5	4.75%	3.62%
	Segment 2: years 5-20	4.87%	4.46%
	Segment 3: years 20+	5.59%	4.52%
Effective Interest Rate	4.96%		
Low-Default-Risk Obligation Method (LDRM) Rates	The same as non-stabilized segment rates		
Salary Increases	0.00%		
Cash Balance Crediting Rate	4.00%		
Lump Sums	For non-cash balance lump sums, rates are based on the regular segment rates above, if applicable, adjusted to reflect any lump sum minimum basis defined in the plan		

Attachment to 2024 Form 5500 Schedule SB
 Low & Bonar Inc. Salaried Retirement Plan
 EIN: 04-2764770 P/N: 004

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

Other Assumptions				
Mortality (pre-retirement)	IRS 2024 Optional Small Plan			
Mortality (post-retirement)	IRS 2024 Optional Small Plan			
Disability	1985 Pension Disability Study Class 1 rates for males and females. See sample rates below			
Withdrawal	Withdrawal and Disability Rates			
	Age	Withdrawal	Disability	
			Male	Female
	30	9.30%	0.048%	0.080%
	35	8.71%	0.069%	0.136%
	40	7.75%	0.117%	0.211%
	45	6.35%	0.202%	0.323%
	50	4.22%	0.358%	0.533%
	55	1.55%	0.722%	0.952%
60	NA	1.256%	1.159%	
Expenses Paid from Trust	Prior year actual expenses rounded to nearest \$1,000, if any			
Retirement Age	Age		Rates	
	55-59		2%	
	60-61		7.5%	
	62		37.5%	
	63-64		30%	
	65+		100%	
Form of Payment	Cash Balance:		Lump Sum	
	Non-Cash Balance:		Single Life Annuity	

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>LOW & BONAR INC SALARIED RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶	<u>004</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>Freudenberg Performance Materials LP</u>	D Employer Identification Number (EIN) <u>04-2764770</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 type="checkbox"/> 101-500 <input checked="" 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	4,071,637
	b Actuarial value	2b	4,075,018
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	24	3,155,462
	b For terminated vested participants	6	317,360
	c For active participants	5	99,920
	d Total	35	3,572,742
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	4.96%
6	Target normal cost		
	a Present value of current plan year accruals	6a	0
	b Expected plan-related expenses	6b	0
	c Target normal cost	6c	0

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>08/26/2025</u> Date
	<u>Anthony L. Urdahl</u> Type or print name of actuary	<u>2305312</u> Most recent enrollment number
	<u>USI Consulting Group</u> Firm name	<u>952-934-5554</u> Telephone number (including area code)
	<u>8000 Norman Center Drive Suite 400</u> <u>Bloomington MN 55437</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)	754	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)	754	0
10	Interest on line 9 using prior year's actual return of <u>19.27%</u>	145	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	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>5.09%</u>		0
	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		0
	d Portion of (c) to be added to prefunding balance		
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)	899	0

Part III		Funding Percentages	
14	Funding target attainment percentage	14	114.03%
15	Adjusted funding target attainment percentage	15	114.05%
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	110.53%
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? 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

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
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 0
b Excess assets, if applicable, but not greater than line 31a				31b 0
32 Amortization installments:	Outstanding Balance		Installment	
a Net shortfall amortization installment	0		0	
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 0
	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. <input type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input type="checkbox"/> 2021				

Attachment to 2024 Form 5500 Schedule SB
 Low & Bonar Inc. Salaried Retirement Plan
 EIN: 04-2764770 P/N: 004

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

Weighted Average Retirement Age				
(1) Age	(2) Expected Active Headcount	(3) Retirement Rate	(4) Expected Retirements (2)*(3)	(5) Weighted Age (1)*(4)
55	3.3793	0.0051	0.0172	0.9433
56	3.2909	0.0199	0.0655	3.6653
57	3.1893	0.0199	0.0634	3.6132
58	3.0868	0.0199	0.0613	3.5562
59	2.9837	0.0198	0.0592	3.4943
60	2.8802	0.0744	0.2142	12.8542
61	2.6204	0.0743	0.1948	11.8808
62	2.3805	0.3713	0.8839	54.8040
63	1.4587	0.2968	0.4330	27.2767
64	0.9995	0.2966	0.2964	18.9713
65	0.6838	1.0000	0.6838	44.4438
66		1.0000		
67		1.0000		
68		1.0000		
69		1.0000		
70		1.0000		
71		1.0000		
72	1.0000	1.0000	1.0000	72.0000
Total			3.9726	257.5032
Average				64.8200

Attachment to 2024 Form 5500 Schedule SB
 Low & Bonar Inc. Salaried Retirement Plan
 EIN: 04-2764770 P/N: 004

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

Summary of Methods	
Valuation Date	January 1, 2024
Funding Method	Unit credit
Market Assets	Trustee value plus prior year accrued contributions discounted at the plan's effective interest rate to the Valuation Date
Actuarial Assets	2-Year Smoothed Assets: Gains and losses during the prior 2 years are spread over 3 years (gains and losses are based on expected return versus actual return). Expected returns for the prior year and the 2 nd prior year are 5.00% and 5.00% respectively. Actuarial Assets may not be less than 90% or more than 110% of Market Assets.
Segment Rate Basis	24-month average with look back of 4 months

Economic Assumptions			
Segment Rates		<u>ARPA/IIJA</u>	<u>Non-Stabilized</u>
	Segment 1: years 1-5	4.75%	3.62%
	Segment 2: years 5-20	4.87%	4.46%
	Segment 3: years 20+	5.59%	4.52%
Effective Interest Rate	4.96%		
Low-Default-Risk Obligation Method (LDRM) Rates	The same as non-stabilized segment rates		
Salary Increases	0.00%		
Cash Balance Crediting Rate	4.00%		
Lump Sums	For non-cash balance lump sums, rates are based on the regular segment rates above, if applicable, adjusted to reflect any lump sum minimum basis defined in the plan		

Attachment to 2024 Form 5500 Schedule SB
 Low & Bonar Inc. Salaried Retirement Plan
 EIN: 04-2764770 P/N: 004

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

Other Assumptions				
Mortality (pre-retirement)	IRS 2024 Optional Small Plan			
Mortality (post-retirement)	IRS 2024 Optional Small Plan			
Disability	1985 Pension Disability Study Class 1 rates for males and females. See sample rates below			
Withdrawal	Withdrawal and Disability Rates			
	Age	Withdrawal	Disability	
			Male	Female
	30	9.30%	0.048%	0.080%
	35	8.71%	0.069%	0.136%
	40	7.75%	0.117%	0.211%
	45	6.35%	0.202%	0.323%
	50	4.22%	0.358%	0.533%
	55	1.55%	0.722%	0.952%
60	NA	1.256%	1.159%	
Expenses Paid from Trust	Prior year actual expenses rounded to nearest \$1,000, if any			
Retirement Age	Age		Rates	
	55-59		2%	
	60-61		7.5%	
	62		37.5%	
	63-64		30%	
65+		100%		
Form of Payment	Cash Balance:		Lump Sum	
	Non-Cash Balance:		Single Life Annuity	

Attachment to 2024 Form 5500 Schedule SB
 Low & Bonar Inc. Salaried Retirement Plan
 EIN: 04-2764770 P/N: 004

Schedule SB, Part V – Summary of Plan Provisions

Key Plan Provisions			
EIN / Plan Number	Previous: 20-0411022 / 004 Current: 04-2764770 / 004		
Effective Date	January 1, 2004		
Plan Year	January 1 through December 31		
Prior Plan	The Colbond Inc. Salaried Retirement Plan as in effect on the day prior to the Effective Date		
Participation	Each employee who was a Participant in the Prior Plan on the day before the Effective Date shall continue to be a Participant in the Plan. Effective January 1, 2004, no new employee or former employee shall commence or recommence participation in the Plan.		
Opening Account Balance	Based on accrued benefit as of December 31, 1997 for former AKZO participants or December 31, 1999 for former Tencel Inc. and Acordis Cellulosic Fibers Inc. participants.		
Certain Prior Plan Participants	“Accounts, if any, shall be established for Participants in the Plan in the amount of the Participant’s Account Balance under the Prior Plan as of January 1, 2004. If an Account was not be established on behalf of a Participant who was participating in the Prior Plan as of January 1, 2000, benefits for such Participant shall be determined in accordance with Article 5.”		
Benefit Allocations (Frozen December 31, 2003)	Years of Credited Service at beginning of Plan year	Allocation as a percentage of Compensation	Allocation as a percentage of Excess Compensation
	Less than 5	4.00%	4.00%
	5-9	5.00%	4.00%
	10-14	6.00%	4.00%
	15-19	7.00%	4.00%
	20 or more	8.00%	4.00%
	Benefits were frozen December 31, 2003		
Vesting Schedule	Prior to 2008: 100% after 5 years of vesting service After 2008: 100% after 3 years of vesting service		
Normal Retirement Date	1 st of the month coincident with or next following age 65		
Compensation	Total pay for services rendered plus pre-tax contributions under IRC sections 401(k) and 125, including salary deferrals		
Excess Compensation	The amount of a participant’s compensation in excess of 80% of the taxable wage base		
Interest Credits	The greater of 10-year Treasury Bonds for the month of December prior to the plan year (adjusted to constant maturities) or 4.00%		
Accrued Benefit	Cash balance account value		
Death Benefit	Account balance as of date of death		
Actuarial Equivalence	Non 417(e): Applicable Mortality Table and Applicable Interest Rates for the month of December prior to the plan year		
	417(e) Basis: Plan year stability period, 1-month lookback		
Optional Benefit Forms	Single Life Annuity, Certain & Life (5 or 10 years), J&S (50, 75, 100%), Lump Sum		

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 Low & Bonar Inc. Salaried Retirement Plan
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