

**Form 5500-SF**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security Administration  
Pension Benefit Guaranty Corporation

**Short Form Annual Return/Report of Small Employee Benefit Plan**

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

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

OMB Nos. 1210-0110  
1210-0089

**2023**

**This Form is Open to Public Inspection**

**Part I Annual Report Identification Information**

For calendar plan year 2023 or fiscal plan year beginning 12/01/2023 and ending 11/30/2024

- 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**

<b>1a</b> Name of plan RETIREMENT PLAN FOR HOURLY EMPLOYEES OF VELLUMOID, INC.	<b>1b</b> Three-digit plan number (PN) ▶ <u>002</u>																				
	<b>1c</b> Effective date of plan <u>12/01/1940</u>																				
<b>2a</b> Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) VELLUMOID, INC.  54 ROCKDALE STREET WORCESTER, MA 01606	<b>2b</b> Employer Identification Number (EIN) <u>04-2720249</u>																				
	<b>2c</b> Sponsor's telephone number <u>508-853-2500</u>																				
	<b>2d</b> Business code (see instructions) <u>339900</u>																				
<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor.	<b>3b</b> Administrator's EIN  <b>3c</b> Administrator's telephone number																				
<b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN  <b>4d</b> PN																				
	<table border="1"> <tr> <td><b>5a</b></td> <td>Total number of participants at the beginning of the plan year .....</td> <td><u>21</u></td> </tr> <tr> <td><b>5b</b></td> <td>Total number of participants at the end of the plan year.....</td> <td><u>20</u></td> </tr> <tr> <td><b>5c(1)</b></td> <td>Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) .....</td> <td></td> </tr> <tr> <td><b>5c(2)</b></td> <td>Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....</td> <td></td> </tr> <tr> <td><b>5d(1)</b></td> <td>Total number of active participants at the beginning of the plan year.....</td> <td><u>0</u></td> </tr> <tr> <td><b>5d(2)</b></td> <td>Total number of active participants at the end of the plan year.....</td> <td><u>0</u></td> </tr> <tr> <td><b>5e</b></td> <td>Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....</td> <td><u>0</u></td> </tr> </table>	<b>5a</b>	Total number of participants at the beginning of the plan year .....	<u>21</u>	<b>5b</b>	Total number of participants at the end of the plan year.....	<u>20</u>	<b>5c(1)</b>	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) .....		<b>5c(2)</b>	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....		<b>5d(1)</b>	Total number of active participants at the beginning of the plan year.....	<u>0</u>	<b>5d(2)</b>	Total number of active participants at the end of the plan year.....	<u>0</u>	<b>5e</b>	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....
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**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	Filed with authorized/valid electronic signature.	09/08/2025	STEPHEN PARSEGHIAN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	09/08/2025	STEPHEN PARSEGHIAN
	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 548867. (See instructions.)

<b>Part III Financial Information</b>			
<b>7</b>		<b>(a) Beginning of Year</b>	<b>(b) End of Year</b>
<b>7</b>	Plan Assets and Liabilities		
<b>a</b>	Total plan assets.....	<b>7a</b> 422763	412531
<b>b</b>	Total plan liabilities.....	<b>7b</b>	
<b>c</b>	Net plan assets (subtract line 7b from line 7a).....	<b>7c</b> 422763	412531
<b>8</b>		<b>(a) Amount</b>	<b>(b) Total</b>
<b>8</b>	Income, Expenses, and Transfers for this Plan Year		
<b>a</b>	Contributions received or receivable from:		
	(1) Employers.....	<b>8a(1)</b> 37134	
	(2) Participants.....	<b>8a(2)</b>	
	(3) Others (including rollovers).....	<b>8a(3)</b>	
<b>b</b>	Other income (loss).....	<b>8b</b> 27664	
<b>c</b>	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b).....	<b>8c</b>	64798
<b>d</b>	Benefits paid (including direct rollovers and insurance premiums to provide benefits).....	<b>8d</b> 65804	
<b>e</b>	Certain deemed and/or corrective distributions (see instructions) .	<b>8e</b>	
<b>f</b>	Administrative service providers (salaries, fees, commissions).....	<b>8f</b> 9226	
<b>g</b>	Other expenses.....	<b>8g</b>	
<b>h</b>	Total expenses (add lines 8d, 8e, 8f, and 8g).....	<b>8h</b>	75030
<b>i</b>	Net income (loss) (subtract line 8h from line 8c).....	<b>8i</b>	-10232
<b>j</b>	Transfers to (from) the plan (see instructions).....	<b>8j</b>	

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

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

**Part VI Pension Funding Compliance**

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

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

**b PBGC missed contribution reporting requirements.** If the plan is covered by PBGC and the amount reported on line 11a is greater than \$0, has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:  
 Yes.  
 No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.  
 No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.  
 No. Other. Provide explanation \_\_\_\_\_

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

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

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

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

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

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

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

**Part VII Plan Terminations and Transfers of Assets**

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

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

**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 03/31/2010 (MM/DD/YYYY) and the Opinion Letter serial number M591981A.

<b>SCHEDULE SB</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Single-Employer Defined Benefit Plan</b> <b>Actuarial Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).  <b>▶ File as an attachment to Form 5500 or 5500-SF.</b>	<small>OMB No. 1210-0110</small>  <b>2023</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2023 or fiscal plan year beginning 12/01/2023 and ending 11/30/2024

▶ **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.

<b>A</b> Name of plan <u>RETIREMENT PLAN FOR HOURLY EMPLOYEES OF VELLUMOID, INC.</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>002</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>VELLUMOID, INC.</u>	<b>D</b> Employer Identification Number (EIN) <u>04-2720249</u>	
<b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	<b>F</b> Prior year plan size: <input checked="" type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input type="checkbox"/> More than 500	

**Part I Basic Information**

<b>1</b>	Enter the valuation date: Month <u>12</u> Day <u>01</u> Year <u>2023</u>		
<b>2</b>	Assets:		
	<b>a</b> Market value .....	<b>2a</b>	<u>422763</u>
	<b>b</b> Actuarial value .....	<b>2b</b>	<u>422763</u>
<b>3</b>	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	<b>a</b> For retired participants and beneficiaries receiving payment .....	<u>19</u>	<u>516459</u>
	<b>b</b> For terminated vested participants .....	<u>2</u>	<u>5094</u>
	<b>c</b> For active participants .....	<u>0</u>	<u>0</u>
	<b>d</b> Total .....	<u>21</u>	<u>521553</u>
<b>4</b>	If the plan is in at-risk status, check the box and complete lines (a) and (b) .....		
	<b>a</b> Funding target disregarding prescribed at-risk assumptions .....	<b>4a</b>	
	<b>b</b> Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor .....	<b>4b</b>	
<b>5</b>	Effective interest rate .....	<b>5</b>	<u>5.06 %</u>
<b>6</b>	Target normal cost		
	<b>a</b> Present value of current plan year accruals .....	<b>6a</b>	<u>0</u>
	<b>b</b> Expected plan-related expenses .....	<b>6b</b>	<u>9700</u>
	<b>c</b> Target normal cost .....	<b>6c</b>	<u>9700</u>

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

<b>SIGN HERE</b>		<u>08/29/2025</u>
	Signature of actuary	Date
	<u>DANIEL COLBY</u>	<u>23-07115</u>
	Type or print name of actuary	Most recent enrollment number
	<u>MILLIMAN, INC.</u>	<u>312-726-0677</u>
	Firm name	Telephone number (including area code)
	<u>71 S. WACKER DRIVE, 31ST FLOOR CHICAGO, IL 60606-4637</u>	
	Address of the firm	

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

<b>Part II</b>		<b>Beginning of Year Carryover and Prefunding Balances</b>	
		(a) Carryover balance	(b) Prefunding balance
<b>7</b>	Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....	1346	0
<b>8</b>	Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....	0	0
<b>9</b>	Amount remaining (line 7 minus line 8) .....	1346	0
<b>10</b>	Interest on line 9 using prior year's actual return of <u>0.75</u> % .....	10	0
<b>11</b>	Prior year's excess contributions to be added to prefunding balance:		
	<b>a</b> Present value of excess contributions (line 38a from prior year) .....		0
	<b>b(1)</b> Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.22</u> % .....		0
	<b>b(2)</b> Interest on line 38b from prior year Schedule SB, using prior year's actual return .....		0
	<b>c</b> Total available at beginning of current plan year to add to prefunding balance .....		0
	<b>d</b> Portion of (c) to be added to prefunding balance .....		0
<b>12</b>	Other reductions in balances due to elections or deemed elections .....	0	0
<b>13</b>	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) .....	1356	0

<b>Part III</b>		<b>Funding Percentages</b>	
<b>14</b>	Funding target attainment percentage .....	<b>14</b>	80.79 %
<b>15</b>	Adjusted funding target attainment percentage .....	<b>15</b>	80.79 %
<b>16</b>	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement .....	<b>16</b>	92.75 %
<b>17</b>	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage .....	<b>17</b>	%

<b>Part IV</b>		<b>Contributions and Liquidity Shortfalls</b>			
<b>18</b> Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
03/22/2024	3963				
06/14/2024	3963				
08/21/2024	439				
09/13/2024	3963				
12/17/2024	3963				
08/13/2025	4032				
			<b>Totals ▶</b>	<b>18(b)</b>	20323
				<b>18(c)</b>	0

<b>19</b> Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:			
<b>a</b> Contributions allocated toward unpaid minimum required contributions from prior years .....	<b>19a</b>	15401	
<b>b</b> Contributions made to avoid restrictions adjusted to valuation date .....	<b>19b</b>	0	
<b>c</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date .....	<b>19c</b>	19467	
<b>20</b> Quarterly contributions and liquidity shortfalls:			
<b>a</b> Did the plan have a "funding shortfall" for the prior year? .....	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
<b>b</b> If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? .....	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>c</b> If line 20a is "Yes," see instructions and complete the following table as applicable:			
Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

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

<b>21</b> Discount rate:				
<b>a</b> Segment rates:	1st segment: 4.75 %	2nd segment: 5.00 %	3rd segment: 5.74 %	<input type="checkbox"/> N/A, full yield curve used
<b>b</b> Applicable month (enter code).....				<b>21b</b> 0
<b>22</b> Weighted average retirement age .....				<b>22</b> 65
<b>23</b> Mortality table(s) (see instructions)	<input checked="" type="checkbox"/> Prescribed - combined	<input type="checkbox"/> Prescribed - separate	<input type="checkbox"/> Substitute	

**Part VI Miscellaneous Items**

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

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

<b>28</b> Unpaid minimum required contributions for all prior years .....	<b>28</b>	15401
<b>29</b> Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....	<b>29</b>	15401
<b>30</b> Remaining amount of unpaid minimum required contributions (line 28 minus line 29) .....	<b>30</b>	0

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

<b>31</b> Target normal cost and excess assets (see instructions):			
<b>a</b> Target normal cost (line 6c).....	<b>31a</b>	9700	
<b>b</b> Excess assets, if applicable, but not greater than line 31a .....	<b>31b</b>	0	
<b>32</b> Amortization installments:	Outstanding Balance	Installment	
<b>a</b> Net shortfall amortization installment .....	100146	9343	
<b>b</b> Waiver amortization installment .....	0	0	
<b>33</b> If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount .....	<b>33</b>		
<b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....	<b>34</b>	19043	
	Carryover balance	Prefunding balance	Total balance
<b>35</b> Balances elected for use to offset funding requirement .....	0	0	0
<b>36</b> Additional cash requirement (line 34 minus line 35).....	<b>36</b>	19043	
<b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	<b>37</b>	19467	
<b>38</b> Present value of excess contributions for current year (see instructions)			
<b>a</b> Total (excess, if any, of line 37 over line 36)	<b>38a</b>	424	
<b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....	<b>38b</b>	0	
<b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....	<b>39</b>	0	
<b>40</b> Unpaid minimum required contributions for all years .....	<b>40</b>	0	

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

<b>41</b> If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. <input type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input type="checkbox"/> 2021
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**Retirement Plan for Hourly Employees of Vellumoid, Inc.**  
**EIN/PN: 04-2720249/002**  
**Attachment to 2023 Form 5500**  
**Schedule SB, Line 19 - Discounted Employer Contributions**

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**Line 19a. - Contribution Allocated Toward Unpaid Minimum Required Contribution from Prior Plan Years**

Date	Plan Year to Apply Contribution	Effective Interest Rate	Late Quarterly Interest Rate	Contribution Amount	Discounted Value as of 12/1/2022
08/21/2024	2022-2023	5.22%	2	\$ 16,811	\$ 15,401

**Line 19b. - Contributions Made To Avoid Benefit Restrictions**

None

**Line 19c. - Contributions Allocated Toward Minimum Required Contribution for Current Year**

Date	to Apply Contribution	Interest Rate	Late Quarterly Interest Rate	Contribution Amount	Discounted Value as of 12/1/2023
03/22/2024	2023-2024	5.06%	10.06%	\$ 3,963	\$ 3,900
06/14/2024	2023-2024	5.06%		3,963	3,860
08/21/2024	2023-2024	5.06%		439	424
09/13/2024	2023-2024	5.06%		3,963	3,812
12/17/2024	2023-2024	5.06%	10.06%	3,963	3,763
08/13/2025	2023-2024	5.06%		4,032	3,708
Total				20,323	19,467

Plan Name: Retirement Plan for Hourly Employees of Vellumoid, Inc.

EIN/PIN: 04-2720249 / 002

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

### **Weighted Average Retirement Age**

The weighted average retirement age for active participants is 65. This equals the sum, over all retirement ages, of the retirement age multiplied by the probability of retiring at that age.

Plan Name: Retirement Plan for Hourly Employees of Vellumoid, Inc.

EIN/PIN: 04-2720249 / 002

Schedule SB, Line 32 – Schedule of Amortization Bases

TYPE OF BASE	PRESENT VALUE OF REMAINING INSTALLMENTS	VALUATION DATE ESTABLISHED	YEARS REMAINING IN AMORTIZATION PERIOD	AMORTIZATION INSTALLMENT
Shortfall	\$38,543	12/1/2022	14.00	\$3,701
Shortfall	\$61,603	12/1/2023	15.00	\$5,642

Sum

\$100,146

\$9,343

## Summary of Actuarial Methods

The ultimate cost of a pension plan is the excess of actual benefits and administrative expenses paid over actual net investment return on plan assets during the plan's existence until the last payment has been made to the last participant. A plan's "actuarial cost method" determines the expected incidence of actuarial costs by allocating portions of the ultimate cost to each plan year. The cost method is thus a budgeting tool to help ensure that a plan will be adequately and systematically funded. Annual contributions are also affected by a plan's "asset valuation method" (as well as plan provisions, actuarial assumptions, and actual plan demographic and investment experience each year).

### Actuarial Cost Method

The actuarial cost method used for determining the Plan's ERISA funding requirements and the FASB ASC Topic 960 values is the Unit Credit method. Under this method, an accrued benefit is determined at each active participant's assumed retirement age based on compensation and service at both the beginning and the end of the current year. The Plan's Normal Cost is the sum of the present value of the excess of each active participant's accrued benefit at the end of the current year over that at the beginning of the current year. The Plan's accrued liability is the sum of (a) the present value of each active participant's accrued benefit at the beginning of the current year plus (b) the present value of each inactive participant's benefits. This method is prescribed for ERISA funding requirements by the Pension Protection Act of 2006.

### Asset Valuation Method

The Actuarial Value of Assets used for determining the Plan's ERISA funding requirements is equal to the Market Value of Assets.

### PBGC Variable-Rate Premium Method

The standard method is used for the PBGC variable-rate premium calculation (adopted January 1, 2023).

### Amortization Method

For the Plan's ERISA funding requirements, incremental Funding Shortfall amounts are amortized over a fifteen-year period, and the related shortfall amortization payment is determined on the first valuation date following the plan year in which it arises based on the segment rates used for ERISA minimum funding purposes on that date, as prescribed under IRC Section 430.

### Changes in Actuarial Methods Since Prior Valuation

None.

## Summary of Actuarial Assumptions

### ECONOMIC ASSUMPTIONS

#### Interest Rates

The current funding rates are as follows. The funding interest rates are prescribed under IRS regulations based on the Plan Sponsor's interest rate election.

	Minimum Funding
Segment 1 (0–5 years)	4.75%
Segment 2 (5–20 years)	5.00%
Segment 3 (20+ years)	5.74%
Effective Interest Rate	5.06%

**ERISA minimum funding:** 24-month average segment rates, using no lookback period, adjusted to reflect the applicable segment rate stabilization corridor.

#### Asset Returns

6.00% per year. It is based on the Plan's investment policy, including target asset allocation, and Milliman's capital market expectations.

#### Postretirement Benefit Increases

None. (The Plan does not provide for automatic postretirement benefit increases.)

#### Maximum Benefit and Annual Compensation Limitation Increases

**ERISA minimum funding and Maximum Deductible Contribution:** 0% per year as required by statute.

**FASB ASC Topic 960:** Not applicable. (Benefit accruals are frozen.)

#### Administrative Expenses

An allowance of \$9,700 for administrative expenses has been included in the Target Normal Cost, reflecting the actual administrative expenses paid from the Plan's trust during the previous year increased by 3% and rounded to the nearest \$100.

### DEMOGRAPHIC ASSUMPTIONS

#### Mortality

Statutory static tables for 2023 based on RP-2014 Mortality Tables, with projections to anticipate greater future longevity using projection scale MP-2021, with combined rates for non-annuitants and annuitants.

#### Retirement

Participants are assumed to retire at age 65.

#### Decrement Timing

Decrements are assumed to occur at the middle of the year, except that 100% retirement (see above) is assumed to occur at the beginning of the year.

Plan Name: Retirement Plan for Hourly Employees of Vellumoid, Inc.  
EIN/PIN: 04-2720249 / 002  
Schedule SB, Part V – Statement of Actuarial Methods and Assumptions

### **Form of Payment**

3 Year Certain and Life Annuity as an approximation to a Modified Cash Refund Annuity.

### **Marital Characteristics**

**For participants not in pay status:** 80% of participants are assumed to be married to a spouse of the opposite sex. Males are assumed to be three years older than females.

**For participants in pay status:** Actual birth dates of beneficiaries are included in the census data, where relevant.

### **Benefits Not Valued**

All plan benefits are valued.

### **Special Data Adjustments**

None.

### **Weighted Average Retirement Age**

The weighted average retirement age for active participants is 65. This equals the sum, over all retirement ages, of the retirement age multiplied by the probability of retiring at that age.

Plan Name: Retirement Plan for Hourly Employees of Vellumoid, Inc.

EIN/PIN: 04-2720249 / 002

Schedule SB, Part V – Summary of Plan Provisions

## Summary of Principal Plan Provisions

This summary of plan provisions is intended to only describe the essential features of the Plan. All eligibility requirements and benefit amounts shall be determined in strict accordance with the plan document itself.

### Plan Year

The 12-month period beginning December 1 and ending November 30.

### Eligibility

**Eligible Class:** A person is in the Eligible Class if the employee is an hourly employee in service.

- Eligible Requirements:**
- in the Eligible Class
  - completed one year of Service
  - agreed in writing to make required Member Contributions
  - no new participants will enter the plan on or after December 1, 1998

### Member Contributions

Each month an Active Member in the Eligible Class shall make a Member Contribution. The amount of the Contribution will equal item (a) plus item (b):

- (a) 2% of earnings during the month while in the Eligible Class, to the extent that such earnings are a part of the first \$250 per month of earnings during the current Plan Year. 25% of these contributions are made by participants.
- (b) 4% of earnings during the month while in the Eligible Class, to the extent that such earnings are in excess of the first \$250 per month of earnings during the current Plan Year. 25% of these contributions are made by participants.

Effective November 30, 1998, no future Member Contributions are required.

### Accrued Benefit

The annual accrued benefit as of any date of determination is an amount equal to (a) plus (b):

- (a) 1% of earnings while in the Eligible Class, to the extent that such earnings are a part of the first \$3,000 of earnings during the current Plan Year;
- (b) 2% of earnings while in the Eligible Class, to the extent that such earnings are in excess of the first \$3,000 of earnings during the current Plan Year.

As used in the above items, the term "earnings" means total earnings while in the Eligible Class from the Employer during the Plan Year that are subject to withholding for federal income tax purposes.

Effective November 30, 1998, all benefit accruals are frozen.

Plan Name: Retirement Plan for Hourly Employees of Vellumoid, Inc.

EIN/PIN: 04-2720249 / 002

Schedule SB, Part V – Summary of Plan Provisions

## Retirement Dates

**Normal:** The first day of the month coinciding with or next following the attainment of age 65.

**Early:** The first day of the month coinciding with or next following the attainment of age 55 and completion of ten years of Service.

**Late:** The first day of the month coinciding with or next following retirement from active service, after the Member's Normal Retirement Date.

## Benefit at Retirement

**Normal Retirement:** The yearly amount of annuity in the Normal Form to be provided for a Member who retires from service on the Member's Normal Retirement Date will equal the Accrued Benefit as of the Normal Retirement Date.

**Early Retirement:** The yearly amount of such annuity in the Normal Form for a Member will equal a percentage of the Accrued Benefit as of the Early Retirement Date, determined from Table C of the plan document.

**Late Retirement:** A Member in the Eligible Class may accrue additional amounts of retirement benefit each year after his Normal Retirement Date. Such additional benefit accrual shall be payable to the Participant in the same form of payment in effect on the Participant's Normal Retirement Date.

## Vesting

A participant is 100% vested after five years of Vesting Service. Vesting Service is based on the completion of 1000 hours during a plan year.

## Preretirement Death Benefit

Upon the death of a vested participant, a 50% Survivor Annuity shall be provided to the spouse commencing as of the Earliest Commencement Date. If the Participant is not survived by a spouse, there shall be payable his Accumulated Contributions.

## Disability

An Active Member is eligible for a monthly disability payment if:

- certified by the Employer to be permanently and totally disabled
- has not reached sixty-fifth birthday
- has completed at least ten years of Vesting Service
- becomes disabled on or after June 6, 1976

The amount of each monthly disability payment will equal the monthly amount of annuity credited to the Member on the date the Member becomes eligible for disability payments.

The disability payment will be payable during the period beginning on the date of disability certification and ending immediately before the earliest date below:

- the date the Member ceases to be permanently and totally disabled by death or recovery;
- the date the Member fails to submit satisfactory proof of the continuance of disability;
- the Member's Normal Retirement Date or, if duly elected, the Member's Early Retirement Date.

Plan Name: Retirement Plan for Hourly Employees of Vellumoid, Inc.

EIN/PIN: 04-2720249 / 002

Schedule SB, Part V – Summary of Plan Provisions

## Disposition of Member Contributions upon Termination of Service

A member who terminates service prior to becoming a Retired Member may elect item (a) or item (b) below with respect to the Member Contributions. If the member elects item (a), the Member may, at any time prior to becoming a Retired Member, elect item (b):

- (a) A Member may leave Member Contributions in the Plan. The Member will be entitled to receive the Member's vested Accrued Benefit at Normal Retirement Date.
- (b) A Member may elect to withdraw Member Contributions from the Plan. The benefit attributable to Member Contributions shall be cancelled and if the Vested Percentage is not 100%, the benefit attributable to employer contributions shall also be cancelled. If the Member is 100% vested, the Member will be entitled to receive the benefit attributable to employer contributions.

## Forms of Payment

**Normal Form:** The benefit formula provides for a life annuity benefit with a modified cash refund death benefit. However, each Member who is married at retirement and who does not elect otherwise will receive a joint annuity in a reduced amount providing for 50% continuation to a surviving spouse.

**Optional Forms:** Life annuity; actuarially equivalent life annuity with 10 years certain; actuarially equivalent joint and 50%, 75% or 100% (as elected) survivor annuity; Social Security level income annuity.

**Small Lump Sum:** Payable automatically if the actuarially equivalent present value of the vested Accrued Benefit is \$1,000 or less and payable as elected if the actuarially equivalent present value of the vested Accrued Benefit is between \$1,000 and \$5,000.

## Actuarial Equivalence Basis

Optional forms of payment are calculated using actuarial equivalence factors defined in the plan.

For lump sum distributions, the actuarial equivalence is based on the mortality table required by Revenue Ruling 2007-67 and the segmented interest rates 2 months (October) preceding the start of the plan year during which the distribution is made.

Other optional forms of payment are calculated using the 1937 Standard Annuity Mortality Table and 3% Interest Rate.

## Changes in Principal Plan Provisions Since Prior Valuation

None.

<b>SCHEDULE SB</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Single-Employer Defined Benefit Plan</b> <b>Actuarial Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).  <b>▶ File as an attachment to Form 5500 or 5500-SF.</b>	<small>OMB No. 1210-0110</small>  <b>2023</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2023 or fiscal plan year beginning 12/01/2023 and ending 11/30/2024


▶ **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.

<b>A</b> Name of plan Retirement Plan for Hourly Employees of Vellumoid, Inc.	<b>B</b> Three-digit plan number (PN) ▶	002
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Vellumoid, Inc.	<b>D</b> Employer Identification Number (EIN)  04-2720249	
<b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	<b>F</b> Prior year plan size: <input checked="" type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input type="checkbox"/> More than 500	

**Part I Basic Information**

<b>1</b>	Enter the valuation date: Month <u>12</u> Day <u>1</u> Year <u>2023</u>		
<b>2</b>	Assets:		
	<b>a</b> Market value .....	<b>2a</b>	422,763
	<b>b</b> Actuarial value .....	<b>2b</b>	422,763
<b>3</b>	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	<b>a</b> For retired participants and beneficiaries receiving payment .....	19	516,459
	<b>b</b> For terminated vested participants .....	2	5,094
	<b>c</b> For active participants .....	0	0
	<b>d</b> Total .....	21	521,553
<b>4</b>	If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>		
	<b>a</b> Funding target disregarding prescribed at-risk assumptions .....	<b>4a</b>	
	<b>b</b> Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor .....	<b>4b</b>	
<b>5</b>	Effective interest rate .....	<b>5</b>	5.06 %
<b>6</b>	Target normal cost .....		
	<b>a</b> Present value of current plan year accruals .....	<b>6a</b>	0
	<b>b</b> Expected plan-related expenses .....	<b>6b</b>	9,700
	<b>c</b> Target normal cost .....	<b>6c</b>	9,700

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

<b>SIGN HERE</b>	 Signature of actuary	<u>08/29/2025</u> Date
	<u>Daniel Colby</u> Type or print name of actuary	<u>23-07115</u> Most recent enrollment number
	<u>Milliman, Inc.</u> Firm name	<u>(312) 726-0677</u> Telephone number (including area code)
	<u>71 S. Wacker Drive, 31st Floor</u> Address of the firm	
	<u>Chicago</u> Address of the firm	
	<u>IL 60606-4637</u> Address of the firm	

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

<b>Part II</b>	<b>Beginning of Year Carryover and Prefunding Balances</b>	(a) Carryover balance	(b) Prefunding balance
<b>7</b>	Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....	1,346	0
<b>8</b>	Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....	0	0
<b>9</b>	Amount remaining (line 7 minus line 8) .....	1,346	0
<b>10</b>	Interest on line 9 using prior year's actual return of <u>0.75%</u> .....	10	0
<b>11</b>	Prior year's excess contributions to be added to prefunding balance:		
	<b>a</b> Present value of excess contributions (line 38a from prior year) .....		0
	<b>b(1)</b> Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.22%</u> .....		0
	<b>b(2)</b> Interest on line 38b from prior year Schedule SB, using prior year's actual return .....		0
	<b>c</b> Total available at beginning of current plan year to add to prefunding balance .....		0
	<b>d</b> Portion of (c) to be added to prefunding balance .....		0
<b>12</b>	Other reductions in balances due to elections or deemed elections .....	0	0
<b>13</b>	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) .....	1,356	0

<b>Part III</b>	<b>Funding Percentages</b>		
<b>14</b>	Funding target attainment percentage.....	<b>14</b>	80.79%
<b>15</b>	Adjusted funding target attainment percentage .....	<b>15</b>	80.79%
<b>16</b>	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement.....	<b>16</b>	92.75%
<b>17</b>	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.....	<b>17</b>	%

<b>Part IV</b>	<b>Contributions and Liquidity Shortfalls</b>						
<b>18</b>	Contributions made to the plan for the plan year by employer(s) and employees:						
	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	
	03/22/2024	3,963					
	06/14/2024	3,963					
	08/21/2024	439					
	09/13/2024	3,963					
	12/17/2024	3,963					
	08/13/2025	4,032					
	<b>Totals ▶</b>			<b>18(b)</b>	20,323	<b>18(c)</b>	0

<b>19</b>	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:			
	<b>a</b> Contributions allocated toward unpaid minimum required contributions from prior years.....	<b>19a</b>	15,401	
	<b>b</b> Contributions made to avoid restrictions adjusted to valuation date .....	<b>19b</b>	0	
	<b>c</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date.....	<b>19c</b>	19,467	
<b>20</b>	Quarterly contributions and liquidity shortfalls:			
	<b>a</b> Did the plan have a "funding shortfall" for the prior year? .....		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	<b>b</b> If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?.....		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	<b>c</b> If line 20a is "Yes," see instructions and complete the following table as applicable:			
	Liquidity shortfall as of end of quarter of this plan year			
	(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

<b>Part V Assumptions Used to Determine Funding Target and Target Normal Cost</b>				
<b>21</b> Discount rate:				
<b>a</b> Segment rates:	1st segment: 4.75 %	2nd segment: 5.00 %	3rd segment: 5.74 %	<input type="checkbox"/> N/A, full yield curve used
<b>b</b> Applicable month (enter code) .....				<b>21b</b> 0
<b>22</b> Weighted average retirement age .....				<b>22</b> 65
<b>23</b> Mortality table(s) (see instructions)	<input checked="" type="checkbox"/> Prescribed - combined <input type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute			

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

<b>Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years</b>				
<b>28</b> Unpaid minimum required contributions for all prior years .....				<b>28</b> 15,401
<b>29</b> Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....				<b>29</b> 15,401
<b>30</b> Remaining amount of unpaid minimum required contributions (line 28 minus line 29) .....				<b>30</b> 0

<b>Part VIII Minimum Required Contribution For Current Year</b>				
<b>31</b> Target normal cost and excess assets (see instructions):				
<b>a</b> Target normal cost (line 6c) .....				<b>31a</b> 9,700
<b>b</b> Excess assets, if applicable, but not greater than line 31a .....				<b>31b</b> 0
<b>32</b> Amortization installments:	Outstanding Balance		Installment	
<b>a</b> Net shortfall amortization installment .....	100,146		9,343	
<b>b</b> Waiver amortization installment .....	0		0	
<b>33</b> If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount .....				<b>33</b>
<b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....				<b>34</b> 19,043
	Carryover balance	Prefunding balance	Total balance	
<b>35</b> Balances elected for use to offset funding requirement .....	0	0	0	
<b>36</b> Additional cash requirement (line 34 minus line 35) .....				<b>36</b> 19,043
<b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) .....				<b>37</b> 19,467
<b>38</b> Present value of excess contributions for current year (see instructions)				
<b>a</b> Total (excess, if any, of line 37 over line 36)				<b>38a</b> 424
<b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances.....				<b>38b</b> 0
<b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....				<b>39</b> 0
<b>40</b> Unpaid minimum required contributions for all years .....				<b>40</b> 0

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