

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: RETIREMENT PLAN FOR BARGAINING UNIT EMPLOYEES OF FOSTORIA AND GREENVILLE
1b Three-digit plan number (PN): 002
1c Effective date of plan: 07/29/2011
2a Plan sponsor's name (employer, if for a single-employer plan): FRAM GROUP OPERATIONS, LLC
2b Employer Identification Number (EIN): 80-0697545
2c Sponsor's telephone number: 847-482-3057
2d Business code (see instructions): 336300
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: 67
5b Total number of participants at the end of the plan year: 67
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: 16
5d(2) Total number of active participants at the end of the plan year: 13
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, 09/15/2025, KEVIN RUMINSKI. 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 557985. (See instructions.)

Part III Financial Information			
7		(a) Beginning of Year	(b) End of Year
a	Total plan assets	15061837	14255626
b	Total plan liabilities		
c	Net plan assets (subtract line 7b from line 7a)	15061837	14255626
8		(a) Amount	(b) Total
a	Contributions received or receivable from:		
	(1) Employers		
	(2) Participants		
	(3) Others (including rollovers)		
b	Other income (loss)	162928	
c	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)		162928
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	884696	
e	Certain deemed and/or corrective distributions (see instructions) .		
f	Administrative service providers (salaries, fees, commissions)	84443	
g	Other expenses		
h	Total expenses (add lines 8d, 8e, 8f, and 8g)		969139
i	Net income (loss) (subtract line 8h from line 8c)		-806211
j	Transfers to (from) the plan (see instructions)		

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: 1B 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		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)		X	
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)		X	
c	Was the plan covered by a fidelity bond?	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?		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.)		X	
f	Has the plan failed to provide any benefit when due under the plan?		X	
g	Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)		X	
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
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			

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>RETIREMENT PLAN FOR BARGAINING UNIT EMPLOYEES OF FOSTORIA AND GREENVILLE</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>FRAM GROUP OPERATIONS, LLC</u>	D Employer Identification Number (EIN) <u>80-0697545</u>	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input checked="" type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input type="checkbox"/> More than 500	

Part I Basic Information

1	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>		
2	Assets:		
	a Market value	2a	<u>15061837</u>
	b Actuarial value	2b	<u>15923479</u>
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	<u>50</u>	<u>10634497</u>
	b For terminated vested participants	<u>1</u>	<u>41865</u>
	c For active participants	<u>16</u>	<u>3091850</u>
	d Total	<u>67</u>	<u>13768212</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>5.04 %</u>
6	Target normal cost		
	a Present value of current plan year accruals	6a	<u>39344</u>
	b Expected plan-related expenses	6b	<u>56678</u>
	c Target normal cost	6c	<u>96022</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		<u>09/12/2025</u>
	Signature of actuary	Date
	<u>JUSTIN R. FRAZIER</u>	<u>23-08185</u>
	Type or print name of actuary	Most recent enrollment number
	<u>AON CONSULTING, INC.</u>	<u>847-442-3168</u>
	Firm name	Telephone number (including area code)
	<u>MSC# 17755 PO BOX 551343 ATLANTA, GA 30355</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>6.66</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)		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>5.18</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		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	115.58 %
15	Adjusted funding target attainment percentage	15	115.58 %
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	117.81 %
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** 61

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	96022
b Excess assets, if applicable, but not greater than line 31a	31b	96022

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	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

Schedule SB Attachment (Form 5500) –2024 Plan Year
 Retirement Plan for Bargaining Unit Employees of Fostoria and
 Greenville

EIN: 80-0697545 PN: 002

Schedule SB, line 26a – Schedule of Active Participant Data
 as of January 1, 2024

Number of Participants

Attained Age	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25										
25-29										
30-34										
35-39										
40-44										
45-49										
50-54										
55-59							2		1	
60-64						3			2	2
65-69							1			4
70+										1

N-16

Schedule SB Attachment (Form 5500) —2024 Plan Year
Retirement Plan for Bargaining Unit Employees of Fostoria and
Greenville
EIN: 80-0697545 PN: 002

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

For ERISA Requirements

Interest Rates for Minimum Funding Purposes	Based on segment rates with a four-month lookback (as of September 2023), each adjusted as needed to fall within the 25-year average interest rate stabilization corridor under ARPA
1st Segment Rate	4.75%
2nd Segment Rate	4.87%
3rd Segment Rate	5.59%
Interest Rates for Maximum Tax Purposes	Based on segment rates with a four-month lookback (as of September 2023), without regard to interest rate stabilization
1st Segment Rate	3.62%
2nd Segment Rate	4.46%
3rd Segment Rate	4.52%
Retirement Age	
Active Participants	See Tables 1
Terminated Vested Participants	Age 62
Optional Form Election	75% of married participants elect a 50% joint and survivor annuity and the remaining elect a single life annuity
Mortality Rates	
Healthy and Disabled	2024 combined static mortality table for small plans per §1.430(h)(3)-1(c)
Withdrawal Rates	See Table 2
Disability Rates	See Table 3
Decrement Timing	Beginning of year decrements
Surviving Spouse Benefit	It is assumed that 80% of males and 80% of females have an eligible spouse, and that males are three years older than their spouses.

Schedule SB Attachment (Form 5500) –2024 Plan Year
 Retirement Plan for Bargaining Unit Employees of Fostoria and
 Greenville
 EIN: 80-0697545 PN: 002

Benefit Limits	Projected benefits are limited by the current IRC section 415 maximum benefit of \$275,000.
Medicare Rebate	100% of future retirees enroll at age 65. Current retirees who are not yet age 65 are assumed to enroll at age 65.
Valuation of Plan Assets	<p>Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value.</p> <p>A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii).</p>
Expected Return on Assets	
2023 Plan Year	4.43%
2024 Plan Year	4.47%
Trust Expenses Included in Target Normal Cost	Prior year’s actual plan administrative expenses increased by a 2.30% inflation assumption
Actuarial Cost Method	Standard unit credit cost method
Census Data	As of January 1, 2024

Schedule SB Attachment (Form 5500) –2024 Plan Year
 Retirement Plan for Bargaining Unit Employees of Fostoria and
 Greenville
 EIN: 80-0697545 PN: 002

Actuarial Assumptions and Methods

Table 1

Retirement Rates

Age	Years of Service	
	0 - 29	30+
55	5.00%	8.00%
56	5.00%	8.00%
57	5.00%	8.00%
58	5.00%	8.00%
59	5.00%	8.00%
60	8.00%	10.00%
61	8.00%	10.00%
62	8.00%	10.00%
63	40.00%	40.00%
64	40.00%	40.00%
65+	100.00%	100.00%

Schedule SB Attachment (Form 5500) –2024 Plan Year
 Retirement Plan for Bargaining Unit Employees of Fostoria and
 Greenville

EIN: 80-0697545 PN: 002

Table 2

Withdrawal Rates

Age	Years of Service			
	0 – 2	3	4	5+
15	25.00%	20.00%	20.00%	20.00%
16	25.00%	20.00%	20.00%	20.00%
17	25.00%	20.00%	20.00%	20.00%
18	25.00%	20.00%	20.00%	20.00%
19	25.00%	20.00%	20.00%	20.00%
20	25.00%	20.00%	20.00%	20.00%
21	25.00%	20.00%	20.00%	20.00%
22	24.00%	20.00%	20.00%	20.00%
23	23.00%	19.00%	19.00%	15.50%
24	22.00%	18.00%	18.00%	14.50%
25	21.00%	17.50%	17.50%	13.50%
26	20.50%	17.50%	17.00%	13.00%
27	20.00%	17.50%	16.50%	12.50%
28	19.50%	17.50%	16.00%	12.50%
29	19.00%	17.50%	15.50%	12.00%
30	18.50%	17.50%	15.00%	12.00%
31	18.00%	17.00%	14.50%	11.50%
32	18.00%	16.50%	14.00%	11.00%
33	18.00%	16.00%	13.50%	11.00%
34	17.50%	15.50%	13.00%	10.50%
35	17.50%	15.00%	12.00%	10.00%
36	17.00%	15.00%	12.00%	9.40%
37	16.50%	14.50%	12.00%	8.80%
38	16.00%	14.50%	11.50%	8.20%
39	15.50%	14.00%	11.50%	7.60%
40	15.00%	13.50%	11.00%	7.00%
41	15.00%	13.00%	10.50%	6.80%
42	15.00%	12.50%	10.00%	6.60%
43	15.00%	12.00%	10.00%	6.40%
44	15.00%	11.50%	9.50%	6.20%

Schedule SB Attachment (Form 5500) –2024 Plan Year
 Retirement Plan for Bargaining Unit Employees of Fostoria and
 Greenville
 EIN: 80-0697545 PN: 002

Table 2 (continued)

Withdrawal Rates

Age	Years of Service			
	0 – 2	3	4	5+
45	15.00%	11.00%	9.00%	6.00%
46	15.00%	10.50%	9.00%	5.80%
47	15.00%	10.00%	8.50%	5.60%
48	15.00%	10.00%	8.00%	5.40%
49	15.00%	9.50%	7.50%	5.20%
50	15.00%	9.00%	7.00%	5.00%
51	15.00%	9.00%	7.00%	5.00%
52	15.00%	9.00%	7.00%	5.00%
53	15.00%	9.00%	7.00%	5.00%
54	15.00%	9.00%	7.00%	5.00%
55+	0.00%	0.00%	0.00%	0.00%

Schedule SB Attachment (Form 5500) –2024 Plan Year
 Retirement Plan for Bargaining Unit Employees of Fostoria and
 Greenville

EIN: 80-0697545 PN: 002

Table 3

Disability Rates

Age	Male	Female	Age	Male	Female
15	0.042%	0.042%	45	0.224%	0.336%
16	0.042%	0.042%	46	0.252%	0.378%
17	0.042%	0.042%	47	0.294%	0.420%
18	0.042%	0.042%	48	0.350%	0.462%
19	0.042%	0.042%	49	0.392%	0.504%
20	0.042%	0.042%	50	0.462%	0.560%
21	0.042%	0.042%	51	0.546%	0.616%
22	0.042%	0.042%	52	0.644%	0.686%
23	0.042%	0.042%	53	0.742%	0.756%
24	0.042%	0.042%	54	0.854%	0.826%
25	0.042%	0.042%	55	0.966%	0.896%
26	0.042%	0.042%	56	1.078%	0.966%
27	0.042%	0.042%	57	1.204%	1.036%
28	0.042%	0.056%	58	1.330%	1.120%
29	0.042%	0.056%	59	1.470%	1.190%
30	0.042%	0.056%	60	1.610%	1.260%
31	0.042%	0.070%	61	1.764%	1.344%
32	0.042%	0.070%	62	1.932%	1.414%
33	0.042%	0.084%	63	2.114%	1.470%
34	0.042%	0.084%	64	2.296%	1.526%
35	0.056%	0.098%	65+	0.000%	0.000%
36	0.056%	0.112%			
37	0.070%	0.126%			
38	0.084%	0.140%			
39	0.098%	0.168%			
40	0.112%	0.182%			
41	0.126%	0.210%			
42	0.140%	0.238%			
43	0.168%	0.266%			
44	0.196%	0.308%			

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: RETIREMENT PLAN FOR BARGAINING UNIT EMPLOYEES OF FOSTORIA AND GREENVILLE
1b Three-digit plan number (PN): 002
1c Effective date of plan: 07/29/2011
2a Plan sponsor's name (employer, if for a single-employer plan): FRAM GROUP OPERATIONS, LLC
2b Employer Identification Number (EIN): 80-0697545
2c Sponsor's telephone number: 847-482-3057
2d Business code (see instructions): 336300
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: 67
5b Total number of participants at the end of the plan year: 67
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: 16
5d(2) Total number of active participants at the end of the plan year: 13
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.

SIGN HERE: Signature of plan administrator, Date: 9/15/25, Name: KEVIN RUMINSKI
SIGN HERE: Signature of employer/plan sponsor, Date, Name

- 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 557985. (See instructions.)

Part III | Financial Information

7 Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
a Total plan assets.....	7a	15,061,837	14,255,626
b Total plan liabilities.....	7b		
c Net plan assets (subtract line 7b from line 7a).....	7c	15,061,837	14,255,626
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	162,928	
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b).....	8c		162,928
d Benefits paid (including direct rollovers and insurance premiums to provide benefits).....	8d	884,696	
e Certain deemed and/or corrective distributions (see instructions) .	8e		
f Administrative service providers (salaries, fees, commissions).....	8f	84,443	
g Other expenses.....	8g		
h Total expenses (add lines 8d, 8e, 8f, and 8g).....	8h		969,139
i Net income (loss) (subtract line 8h from line 8c).....	8i		-806,211
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: 1B 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		500,000
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		X	
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 RETIREMENT PLAN FOR BARGAINING UNIT EMPLOYEES OF FOSTORIA AND GREENVILLE	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF FRAM GROUP OPERATIONS LLC	D Employer Identification Number (EIN) 80-0697545	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input checked="" type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input type="checkbox"/> More than 500	

Part I Basic Information

1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>			
2 Assets:			
a Market value	2a	15,061,837	
b Actuarial value	2b	15,923,479	
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	50	10,634,497	10,634,497
b For terminated vested participants	1	41,865	41,865
c For active participants	16	3,091,850	3,100,219
d Total	67	13,768,212	13,776,581
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	5.04%	
6 Target normal cost			
a Present value of current plan year accruals	6a	39,344	
b Expected plan-related expenses	6b	56,678	
c Target normal cost	6c	96,022	

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	Justin. R Frazier	09/12/2025
	Signature of actuary	Date
	Justin R. Frazier	2308185
	Type or print name of actuary	Most recent enrollment number
	Aon Consulting, Inc.	847-442-3168
	Firm name	Telephone number (including area code)
	MSC# 17755 PO Box 551343 Atlanta GA 30355	
	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>6.66%</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)		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>5.18%</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		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	115.58%
15 Adjusted funding target attainment percentage	15	115.58%
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	117.81%
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 61
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
26 Demographic and benefit information				
a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....				27

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

Part VIII Minimum Required Contribution For Current Year				
31 Target normal cost and excess assets (see instructions):				
a Target normal cost (line 6c).....				31a 96,022
b Excess assets, if applicable, but not greater than line 31a				31b 96,022
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	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 checked="" type="checkbox"/> 2021				

Schedule SB Attachment (Form 5500) –2024 Plan Year
 Retirement Plan for Bargaining Unit Employees of Fostoria and
 Greenville

EIN: 80-0697545 PN: 002

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

The average retirement age shown in line 22 has been calculated by assuming the following retirement rates and no decrements other than retirement for this calculation. All retirements are assumed to occur at beginning of year.

(a) Age	(b) Rate	(c) Weight	(d) Product (a) × (b) × (c)
55	5.00%	1.0000	2.75
56	5.00%	0.9500	2.66
57	5.00%	0.9025	2.57
58	5.00%	0.8574	2.49
59	5.00%	0.8145	2.40
60	8.00%	0.7738	3.71
61	8.00%	0.7119	3.47
62	8.00%	0.6549	3.25
63	40.00%	0.6025	15.18
64	40.00%	0.3615	9.25
65	100.00%	0.2169	14.10
Weighted Average			61.83
Percentage of Actives			38.5%

(a) Age	(b) Rate	(c) Weight	(d) Product (a) × (b) × (c)
55	8.00%	1.0000	4.40
56	8.00%	0.9200	4.12
57	8.00%	0.8464	3.86
58	8.00%	0.7787	3.61
59	8.00%	0.7164	3.38
60	10.00%	0.6591	3.95
61	10.00%	0.5932	3.62
62	10.00%	0.5339	3.31
63	40.00%	0.4805	12.11
64	40.00%	0.2883	7.38
65	100.00%	0.1730	11.24
Weighted Average			60.98
Percentage of Actives			61.5%

Total Weighted Retirement Age = (61.83) * 38.5% + (60.98) * 61.5% = 61.31

Schedule SB Attachment (Form 5500) —2024 Plan Year
Retirement Plan for Bargaining Unit Employees of Fostoria and
Greenville
EIN: 80-0697545 PN: 002

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

For ERISA Requirements

Interest Rates for Minimum Funding Purposes	Based on segment rates with a four-month lookback (as of September 2023), each adjusted as needed to fall within the 25-year average interest rate stabilization corridor under ARPA
1st Segment Rate	4.75%
2nd Segment Rate	4.87%
3rd Segment Rate	5.59%
Interest Rates for Maximum Tax Purposes	Based on segment rates with a four-month lookback (as of September 2023), without regard to interest rate stabilization
1st Segment Rate	3.62%
2nd Segment Rate	4.46%
3rd Segment Rate	4.52%
Retirement Age	
Active Participants	See Tables 1
Terminated Vested Participants	Age 62
Optional Form Election	75% of married participants elect a 50% joint and survivor annuity and the remaining elect a single life annuity
Mortality Rates	
Healthy and Disabled	2024 combined static mortality table for small plans per §1.430(h)(3)-1(c)
Withdrawal Rates	See Table 2
Disability Rates	See Table 3
Decrement Timing	Beginning of year decrements
Surviving Spouse Benefit	It is assumed that 80% of males and 80% of females have an eligible spouse, and that males are three years older than their spouses.

Schedule SB Attachment (Form 5500) –2024 Plan Year
 Retirement Plan for Bargaining Unit Employees of Fostoria and
 Greenville
 EIN: 80-0697545 PN: 002

Benefit Limits	Projected benefits are limited by the current IRC section 415 maximum benefit of \$275,000.
Medicare Rebate	100% of future retirees enroll at age 65. Current retirees who are not yet age 65 are assumed to enroll at age 65.
Valuation of Plan Assets	<p>Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value.</p> <p>A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii).</p>
Expected Return on Assets	
2023 Plan Year	4.43%
2024 Plan Year	4.47%
Trust Expenses Included in Target Normal Cost	Prior year’s actual plan administrative expenses increased by a 2.30% inflation assumption
Actuarial Cost Method	Standard unit credit cost method
Census Data	As of January 1, 2024

Schedule SB Attachment (Form 5500) –2024 Plan Year
 Retirement Plan for Bargaining Unit Employees of Fostoria and
 Greenville
 EIN: 80-0697545 PN: 002

Actuarial Assumptions and Methods

Table 1

Retirement Rates

Age	Years of Service	
	0 - 29	30+
55	5.00%	8.00%
56	5.00%	8.00%
57	5.00%	8.00%
58	5.00%	8.00%
59	5.00%	8.00%
60	8.00%	10.00%
61	8.00%	10.00%
62	8.00%	10.00%
63	40.00%	40.00%
64	40.00%	40.00%
65+	100.00%	100.00%

Schedule SB Attachment (Form 5500) –2024 Plan Year
 Retirement Plan for Bargaining Unit Employees of Fostoria and
 Greenville

EIN: 80-0697545 PN: 002

Table 2

Withdrawal Rates

Age	Years of Service			
	0 – 2	3	4	5+
15	25.00%	20.00%	20.00%	20.00%
16	25.00%	20.00%	20.00%	20.00%
17	25.00%	20.00%	20.00%	20.00%
18	25.00%	20.00%	20.00%	20.00%
19	25.00%	20.00%	20.00%	20.00%
20	25.00%	20.00%	20.00%	20.00%
21	25.00%	20.00%	20.00%	20.00%
22	24.00%	20.00%	20.00%	20.00%
23	23.00%	19.00%	19.00%	15.50%
24	22.00%	18.00%	18.00%	14.50%
25	21.00%	17.50%	17.50%	13.50%
26	20.50%	17.50%	17.00%	13.00%
27	20.00%	17.50%	16.50%	12.50%
28	19.50%	17.50%	16.00%	12.50%
29	19.00%	17.50%	15.50%	12.00%
30	18.50%	17.50%	15.00%	12.00%
31	18.00%	17.00%	14.50%	11.50%
32	18.00%	16.50%	14.00%	11.00%
33	18.00%	16.00%	13.50%	11.00%
34	17.50%	15.50%	13.00%	10.50%
35	17.50%	15.00%	12.00%	10.00%
36	17.00%	15.00%	12.00%	9.40%
37	16.50%	14.50%	12.00%	8.80%
38	16.00%	14.50%	11.50%	8.20%
39	15.50%	14.00%	11.50%	7.60%
40	15.00%	13.50%	11.00%	7.00%
41	15.00%	13.00%	10.50%	6.80%
42	15.00%	12.50%	10.00%	6.60%
43	15.00%	12.00%	10.00%	6.40%
44	15.00%	11.50%	9.50%	6.20%

Schedule SB Attachment (Form 5500) –2024 Plan Year
 Retirement Plan for Bargaining Unit Employees of Fostoria and
 Greenville
 EIN: 80-0697545 PN: 002

Table 2 (continued)

Withdrawal Rates

Age	Years of Service			
	0 – 2	3	4	5+
45	15.00%	11.00%	9.00%	6.00%
46	15.00%	10.50%	9.00%	5.80%
47	15.00%	10.00%	8.50%	5.60%
48	15.00%	10.00%	8.00%	5.40%
49	15.00%	9.50%	7.50%	5.20%
50	15.00%	9.00%	7.00%	5.00%
51	15.00%	9.00%	7.00%	5.00%
52	15.00%	9.00%	7.00%	5.00%
53	15.00%	9.00%	7.00%	5.00%
54	15.00%	9.00%	7.00%	5.00%
55+	0.00%	0.00%	0.00%	0.00%

Schedule SB Attachment (Form 5500) –2024 Plan Year
 Retirement Plan for Bargaining Unit Employees of Fostoria and
 Greenville

EIN: 80-0697545 PN: 002

Table 3

Disability Rates

Age	Male	Female	Age	Male	Female
15	0.042%	0.042%	45	0.224%	0.336%
16	0.042%	0.042%	46	0.252%	0.378%
17	0.042%	0.042%	47	0.294%	0.420%
18	0.042%	0.042%	48	0.350%	0.462%
19	0.042%	0.042%	49	0.392%	0.504%
20	0.042%	0.042%	50	0.462%	0.560%
21	0.042%	0.042%	51	0.546%	0.616%
22	0.042%	0.042%	52	0.644%	0.686%
23	0.042%	0.042%	53	0.742%	0.756%
24	0.042%	0.042%	54	0.854%	0.826%
25	0.042%	0.042%	55	0.966%	0.896%
26	0.042%	0.042%	56	1.078%	0.966%
27	0.042%	0.042%	57	1.204%	1.036%
28	0.042%	0.056%	58	1.330%	1.120%
29	0.042%	0.056%	59	1.470%	1.190%
30	0.042%	0.056%	60	1.610%	1.260%
31	0.042%	0.070%	61	1.764%	1.344%
32	0.042%	0.070%	62	1.932%	1.414%
33	0.042%	0.084%	63	2.114%	1.470%
34	0.042%	0.084%	64	2.296%	1.526%
35	0.056%	0.098%	65+	0.000%	0.000%
36	0.056%	0.112%			
37	0.070%	0.126%			
38	0.084%	0.140%			
39	0.098%	0.168%			
40	0.112%	0.182%			
41	0.126%	0.210%			
42	0.140%	0.238%			
43	0.168%	0.266%			
44	0.196%	0.308%			

Schedule SB Attachment (Form 5500) –2024 Plan Year
Retirement Plan for Bargaining Unit Employees of Fostoria and
Greenville
EIN: 80-0697545 PN: 002

Schedule SB, Part V – Summary of Plan Provisions

Greenville Employees

Effective Date

Restatement effective January 1, 2017

Eligibility for Participation

An eligible employee of the Consumer Products Group Facility at Greenville, Ohio that is represented by the International Union, United Automobile, Aerospace, and Agricultural Implement Workers of America (UAW) Local Union No. 2413. The following employees are not eligible: non-hourly employees, leased employees, independent contract employees, consultants, persons only serving as director and Tier 2 Greenville employees.

After May 22, 2011, no new Greenville employees can enter the plan.

Normal Retirement

Eligibility

Age 65 and five years following entry to the plan.

Benefit

A monthly amount equal to (1) minus (2):

- (1) \$40.00 multiplied by accrual service
- (2) The actuarial value of the amount of any payments for loss of earnings under any program organized under State or Federal law to which First Brands Group has contributed unless such payments are fixed statutory payment for loss of use of any bodily member, Social Security payments, or payments/ allowances for disabilities incurred in the military service of the United States, plus the benefit payable under any other qualified defined benefit plan contributed to by First Brands Group for a period of employment a participant received accrual service under this plan.

Schedule SB Attachment (Form 5500) –2024 Plan Year
 Retirement Plan for Bargaining Unit Employees of Fostoria and
 Greenville
 EIN: 80-0697545 PN: 002

Early Retirement

Eligibility Age 55

Benefit A monthly benefit equal to the normal retirement benefit multiplied by the applicable factor in the table below to reflect that early retirement date precedes normal retirement date.

Age	Less Than 30 Years of Vesting Service	30 or More Years of Vesting Service
65	100.0%	100.0%
64	97.0%	97.5%
63	94.0%	95.0%
62	91.0%	92.5%
61	88.0%	90.0%
60	85.0%	87.5%
59	82.0%	85.0%
58	79.0%	82.5%
57	76.0%	80.0%
56	73.0%	77.5%
55	70.0%	75.0%

Late Retirement

Benefit Normal retirement benefit on late retirement date.

Medicare Rebate

Eligibility Age 65 and enrolled in Medicare Part B or Medicare+Choice.

Benefit If you are an active participant on the date you begin receiving monthly retirement benefits, your monthly retirement benefit will be increased by \$20 beginning with the payment immediately following the date you reach age 65. Benefit is continued to eligible surviving spouse.

Vested Termination

Eligibility Five years of vesting service

Benefit The accrued benefit at the date of termination. Reduced payments may begin any time after eligibility for early retirement based on the same reductions as early retirement from active status assuming less than 30 years of vesting service.

Schedule SB Attachment (Form 5500) –2024 Plan Year
Retirement Plan for Bargaining Unit Employees of Fostoria and
Greenville
EIN: 80-0697545 PN: 002

Disability

Eligibility	Ten years of vesting service and totally and permanently disabled
Benefit	A monthly amount equal to (1) plus (2): (1) The accrued benefit on the date of disability payable to the earlier of recovery, death or retirement. (2) \$40.00 multiplied by accrual service (up to a maximum of 30 years), payable to the earlier of age 62 or the date eligible for unreduced Social Security benefits.

Surviving Spouse

Eligibility	Five years of vesting service
Benefit	A monthly benefit payable to the surviving spouse beginning at the employee's earliest retirement age equal to 50% of the amount payable if the participant had retired early with a 50% joint and survivor benefit.

Normal Form of Annuity

Single life annuity

Optional Forms of Annuity

50% joint and survivor annuity
75% joint and survivor annuity

Lump sum if the present value is less than \$10,000

Actuarial Equivalence

Optional payment form conversion basis for survivorship annuities is determined in accordance with section 1.02 under "Actuarial Equivalent" in the plan document.

Optional payment form conversion basis for lump sum payments use the applicable interest rate and applicable mortality table as set forth in Code section 417 for lump sum payments.

Definitions

Accrual Service	One year of service is granted for each service period ending on or after May 9, 1976 in which a participant has worked 1,700 hours or more. Service prior to May 9, 1976 as determined under the provisions of the FRAM Corporation Employees' Retirement Plan is included.
Vesting Service	Employee is credited with one year of vesting service for each plan year where 1,000 hours of service are completed.

Schedule SB Attachment (Form 5500) —2024 Plan Year
Retirement Plan for Bargaining Unit Employees of Fostoria and
Greenville
EIN: 80-0697545 PN: 002

Tier 2 Employee

A Greenville employee who was not actively employed by
FRAM Group Operations, LLC Group as of July 29, 2011 or
was hired by a predecessor employer on or after
May 22, 2011.

Plan Changes Since the Prior Year

The funding valuation does not reflect any plan change since the prior year valuation.

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

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

As a result of internal change in assignments, a change in enrolled actuary from Andrew Furlan to Justin Frazier.

Schedule SB Attachment (Form 5500) –2024 Plan Year
Retirement Plan for Bargaining Unit Employees of Fostoria and
Greenville

EIN: 80-0697545 PN: 002

Schedule SB, line 24 – Change in Actuarial Assumptions

- A change in the unlimited expected return on asset assumption from 4.43 percent to 4.47 percent.
- A change in the inflation assumption from 2.40 percent for 2023 to 2.30 percent for 2024.

These assumption changes did not reduce the funding shortfall, so approval of the Commissioner is not required

Schedule SB Attachment (Form 5500) –2024 Plan Year
 Retirement Plan for Bargaining Unit Employees of Fostoria and
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Schedule SB, line 26a – Schedule of Active Participant Data
 as of January 1, 2024

Number of Participants

Attained Age	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25										
25-29										
30-34										
35-39										
40-44										
45-49										
50-54										
55-59							2		1	
60-64						3			2	2
65-69							1			4
70+										1

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Schedule SB Attachment (Form 5500) –2024 Plan Year
 Retirement Plan for Bargaining Unit Employees of Fostoria and
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Schedule SB, line 22 — Description of Weighted Average Retirement Age

The average retirement age shown in line 22 has been calculated by assuming the following retirement rates and no decrements other than retirement for this calculation. All retirements are assumed to occur at beginning of year.

(a) Age	(b) Rate	(c) Weight	(d) Product (a) × (b) × (c)
55	5.00%	1.0000	2.75
56	5.00%	0.9500	2.66
57	5.00%	0.9025	2.57
58	5.00%	0.8574	2.49
59	5.00%	0.8145	2.40
60	8.00%	0.7738	3.71
61	8.00%	0.7119	3.47
62	8.00%	0.6549	3.25
63	40.00%	0.6025	15.18
64	40.00%	0.3615	9.25
65	100.00%	0.2169	14.10
Weighted Average			61.83
Percentage of Actives			38.5%

(a) Age	(b) Rate	(c) Weight	(d) Product (a) × (b) × (c)
55	8.00%	1.0000	4.40
56	8.00%	0.9200	4.12
57	8.00%	0.8464	3.86
58	8.00%	0.7787	3.61
59	8.00%	0.7164	3.38
60	10.00%	0.6591	3.95
61	10.00%	0.5932	3.62
62	10.00%	0.5339	3.31
63	40.00%	0.4805	12.11
64	40.00%	0.2883	7.38
65	100.00%	0.1730	11.24
Weighted Average			60.98
Percentage of Actives			61.5%

Total Weighted Retirement Age = (61.83) * 38.5% + (60.98) * 61.5% = 61.31

Schedule SB Attachment (Form 5500) –2024 Plan Year
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Schedule SB, Part V – Summary of Plan Provisions

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Eligibility

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