

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

This form is required to be filed for employee benefit plans 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.

Part I Annual Report Identification Information

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

- A This return/report is for: a multiemployer plan, a multiple-employer plan, a single-employer plan, a DFE, etc.
B This return/report is: the first return/report, the final return/report, an amended return/report, a short plan year return/report, etc.
C If the plan is a collectively-bargained plan, check here.
D Check box if filing under: Form 5558, automatic extension, the DFVC program, special extension, etc.
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: PMC CONSOLIDATED PENSION PLAN COVERING CERTAIN EMPLOYEE GROUPS
1b Three-digit plan number (PN): 004
1c Effective date of plan: 07/01/1985
2a Plan sponsor's name (employer, if for a single-employer plan): PMC SPECIALTIES GROUP, INC.
2b Employer Identification Number (EIN): 95-4455076
2c Plan Sponsor's telephone number: 818-896-1101
2d Business code (see instructions): 326100

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 accompanying schedules, statements and attachments, 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. Includes rows for employer/plan sponsor and DFE.

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Form 5500 (2024) v. 240311

<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	
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	566
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. .... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> ..... <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) ..... <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) ..... <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<b>6a(1)</b>	2
	<b>6a(2)</b>	1
	<b>6b</b>	347
	<b>6c</b>	96
	<b>6d</b>	444
	<b>6e</b>	103
	<b>6f</b>	547
	<b>6g(1)</b>	0
<b>6g(2)</b>	0	
<b>6h</b>	0	
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>	

**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:  
1B

**b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

<b>9a</b> Plan funding arrangement (check all that apply)	<b>9b</b> Plan benefit arrangement (check all that apply)
(1) <input type="checkbox"/> Insurance	(1) <input type="checkbox"/> Insurance
(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts
(3) <input checked="" type="checkbox"/> Trust	(3) <input checked="" type="checkbox"/> Trust
(4) <input type="checkbox"/> General assets of the sponsor	(4) <input type="checkbox"/> General assets of the sponsor

**10** Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

**a Pension Schedules**

- (1)  **R** (Retirement Plan Information)
- (2)  **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3)  **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- (4)  **DCG** (Individual Plan Information) – Number Attached \_\_\_\_\_
- (5)  **MEP** (Multiple-Employer Retirement Plan Information)

**b General Schedules**

- (1)  **H** (Financial Information)
- (2)  **I** (Financial Information – Small Plan)
- (3)  **A** (Insurance Information) – Number Attached \_\_\_\_\_
- (4)  **C** (Service Provider Information)
- (5)  **D** (DFE/Participating Plan Information)
- (6)  **G** (Financial Transaction Schedules)

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**Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)**

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**11a** If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) .....  Yes  No

If "Yes" is checked, complete lines 11b and 11c.

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**11b** Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) .....  Yes  No

**11c** Enter the Receipt Confirmation Code for the 2024 Form M-1 annual report. If the plan was not required to file the 2024 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code \_\_\_\_\_

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<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>2024</b>  <b>This Form is Open to Public Inspection</b>
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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.

<b>A</b> Name of plan <u>PMC CONSOLIDATED PENSION PLAN COVERING CERTAIN EMPLOYEE GROUPS</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>004</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>PMC SPECIALTIES GROUP, INC.</u>	<b>D</b> Employer Identification Number (EIN) <u>95-4455076</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 type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

<b>Part I Basic Information</b>			
<b>1</b> Enter the valuation date:	Month <u>01</u>	Day <u>01</u>	Year <u>2024</u>
<b>2</b> Assets:			
<b>a</b> Market value .....	<b>2a</b>	<u>16215202</u>	
<b>b</b> Actuarial value .....	<b>2b</b>	<u>17273771</u>	
<b>3</b> Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
<b>a</b> For retired participants and beneficiaries receiving payment .....	<u>453</u>	<u>11259715</u>	<u>11259715</u>
<b>b</b> For terminated vested participants .....	<u>111</u>	<u>2872047</u>	<u>2872047</u>
<b>c</b> For active participants .....	<u>2</u>	<u>211230</u>	<u>211230</u>
<b>d</b> Total .....	<u>566</u>	<u>14342992</u>	<u>14342992</u>
<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>	<u>5.02 %</u>	
<b>6</b> Target normal cost			
<b>a</b> Present value of current plan year accruals .....	<b>6a</b>	<u>9461</u>	
<b>b</b> Expected plan-related expenses .....	<b>6b</b>	<u>161000</u>	
<b>c</b> Target normal cost .....	<b>6c</b>	<u>170461</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>		
	Signature of actuary	<u>08/27/2025</u> Date
	<u>MISTY LAM, EA, MSPA, MAAA</u> Type or print name of actuary	<u>23-06737</u> Most recent enrollment number
	<u>BUCK GLOBAL, LLC</u> Firm name	<u>808-258-0315</u> Telephone number (including area code)
	<u>1050 QUEEN STREET, SUITE 100 HONOLULU, HI 96814</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 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) .....	0	408811
<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) .....	0	408811
<b>10</b>	Interest on line 9 using prior year's actual return of <u>12.00</u> % .....	0	49057
<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>5.14</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) .....	0	457868

<b>Part III Funding Percentages</b>			
<b>14</b>	Funding target attainment percentage .....	<b>14</b>	117.24 %
<b>15</b>	Adjusted funding target attainment percentage .....	<b>15</b>	120.43 %
<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>	115.74 %
<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 Contributions and Liquidity Shortfalls</b>		<b>18 Contributions made to the plan for the plan year by employer(s) and employees:</b>					
(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		
			<b>Totals ▶</b>	<b>18(b)</b>		<b>18(c)</b>	

<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> 0
<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> 0
<b>20</b>	Quarterly contributions and liquidity shortfalls:	
<b>a</b>	Did the plan have a "funding shortfall" for the prior year? .....	<input type="checkbox"/> Yes <input checked="" 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 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: 4.87 %	<input type="checkbox"/> N/A, full yield curve used
<b>b</b> Applicable month (enter code) .....			<b>21b</b> 4
<b>22</b> Weighted average retirement age .....			<b>22</b> 62
<b>23</b> Mortality table(s) (see instructions) <input type="checkbox"/> Prescribed - combined <input checked="" 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 checked="" type="checkbox"/> Yes <input 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 .....			0
<b>29</b> Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....			0
<b>30</b> Remaining amount of unpaid minimum required contributions (line 28 minus line 29).....			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> 170461
<b>b</b> Excess assets, if applicable, but not greater than line 31a .....			<b>31b</b> 170461
<b>32</b> Amortization installments:	Outstanding Balance	Installment	
<b>a</b> Net shortfall amortization installment .....	0	0	
<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>
	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>
<b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) .....			<b>37</b> 0
<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> 0
<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			

<b>SCHEDULE C</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>Service Provider Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<b>A</b> Name of plan <b>PMC CONSOLIDATED PENSION PLAN COVERING CERTAIN EMPLOYEE GROUPS</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>004</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>PMC SPECIALTIES GROUP, INC.</b>	<b>D</b> Employer Identification Number (EIN) <b>95-4455076</b>	

**Part I Service Provider Information (see instructions)**

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

**1 Information on Persons Receiving Only Eligible Indirect Compensation**

**a** Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).....  Yes  No

**b** If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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**2. Information on Other Service Providers Receiving Direct or Indirect Compensation.** Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

J.P. MORGAN SECURITIES LLC

13-4110995

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	NONE	171524	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(a) Enter name and EIN or address (see instructions)

BUCK GLOBAL, LLC

PO BOX 207640  
DALLAS, TX 75320

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11	NONE	78531	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(a) Enter name and EIN or address (see instructions)

MILLER KAPLAN ARASE LLP

95-2036255

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	NONE	35000	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

**2. Information on Other Service Providers Receiving Direct or Indirect Compensation.** Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

MATRIX TRUST COMPANY

75-3182674

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 21	NONE	26376	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

**Part I Service Provider Information (continued)**

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

<b>(a)</b> Enter service provider name as it appears on line 2	<b>(b)</b> Service Codes (see instructions)	<b>(c)</b> Enter amount of indirect compensation
<b>(d)</b> Enter name and EIN (address) of source of indirect compensation	<b>(e)</b> Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
<b>(a)</b> Enter service provider name as it appears on line 2	<b>(b)</b> Service Codes (see instructions)	<b>(c)</b> Enter amount of indirect compensation
<b>(d)</b> Enter name and EIN (address) of source of indirect compensation	<b>(e)</b> Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
<b>(a)</b> Enter service provider name as it appears on line 2	<b>(b)</b> Service Codes (see instructions)	<b>(c)</b> Enter amount of indirect compensation
<b>(d)</b> Enter name and EIN (address) of source of indirect compensation	<b>(e)</b> Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

**Part II Service Providers Who Fail or Refuse to Provide Information**

**4** Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

<b>(a)</b> Enter name and EIN or address of service provider (see instructions)	<b>(b)</b> Nature of Service Code(s)	<b>(c)</b> Describe the information that the service provider failed or refused to provide

<b>(a)</b> Enter name and EIN or address of service provider (see instructions)	<b>(b)</b> Nature of Service Code(s)	<b>(c)</b> Describe the information that the service provider failed or refused to provide

<b>(a)</b> Enter name and EIN or address of service provider (see instructions)	<b>(b)</b> Nature of Service Code(s)	<b>(c)</b> Describe the information that the service provider failed or refused to provide

<b>(a)</b> Enter name and EIN or address of service provider (see instructions)	<b>(b)</b> Nature of Service Code(s)	<b>(c)</b> Describe the information that the service provider failed or refused to provide

<b>(a)</b> Enter name and EIN or address of service provider (see instructions)	<b>(b)</b> Nature of Service Code(s)	<b>(c)</b> Describe the information that the service provider failed or refused to provide

<b>(a)</b> Enter name and EIN or address of service provider (see instructions)	<b>(b)</b> Nature of Service Code(s)	<b>(c)</b> Describe the information that the service provider failed or refused to provide

**Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)**  
(complete as many entries as needed)

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>SCHEDULE H</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>Financial Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b>	
<b>A</b> Name of plan <b>PMC CONSOLIDATED PENSION PLAN COVERING CERTAIN EMPLOYEE GROUPS</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>004</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>PMC SPECIALTIES GROUP, INC.</b>	<b>D</b> Employer Identification Number (EIN) <b>95-4455076</b>

<b>Part I</b>	<b>Asset and Liability Statement</b>
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**1** Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

		(a) Beginning of Year	(b) End of Year
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>	245344	-55686
<b>b</b> Receivables (less allowance for doubtful accounts):			
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>		
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>		
<b>(3)</b> Other .....	<b>1b(3)</b>		
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	169793	168132
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>		
<b>(3)</b> Corporate debt instruments (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>		
<b>(B)</b> All other .....	<b>1c(3)(B)</b>		
<b>(4)</b> Corporate stocks (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>		
<b>(B)</b> Common .....	<b>1c(4)(B)</b>		
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>		
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>		
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>		
<b>(8)</b> Participant loans .....	<b>1c(8)</b>		
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>		
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>		
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>		
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>		
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	15800910	16017842
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) .....	<b>1c(14)</b>		
<b>(15)</b> Other .....	<b>1c(15)</b>		

<b>1d</b> Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	<b>1d(1)</b>		
(2) Employer real property.....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation.....	<b>1e</b>		
<b>f</b> Total assets (add all amounts in lines 1a through 1e).....	<b>1f</b>	16216047	16130288
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>		
<b>h</b> Operating payables.....	<b>1h</b>		
<b>i</b> Acquisition indebtedness.....	<b>1i</b>		
<b>j</b> Other liabilities.....	<b>1j</b>		
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>		
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	16216047	16130288

**Part II Income and Expense Statement**

**2** Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

<b>Income</b>		(a) Amount	(b) Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers.....	<b>2a(1)(A)</b>		
<b>(B)</b> Participants.....	<b>2a(1)(B)</b>		
<b>(C)</b> Others (including rollovers).....	<b>2a(1)(C)</b>		
(2) Noncash contributions.....	<b>2a(2)</b>		
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		
<b>b Earnings on investments:</b>			
<b>(1) Interest:</b>			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....	<b>2b(1)(A)</b>	15	
<b>(B)</b> U.S. Government securities.....	<b>2b(1)(B)</b>		
<b>(C)</b> Corporate debt instruments.....	<b>2b(1)(C)</b>		
<b>(D)</b> Loans (other than to participants).....	<b>2b(1)(D)</b>		
<b>(E)</b> Participant loans.....	<b>2b(1)(E)</b>		
<b>(F)</b> Other.....	<b>2b(1)(F)</b>		
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		15
<b>(2) Dividends:</b>			
<b>(A)</b> Preferred stock.....	<b>2b(2)(A)</b>		
<b>(B)</b> Common stock.....	<b>2b(2)(B)</b>		
<b>(C)</b> Registered investment company shares (e.g. mutual funds).....	<b>2b(2)(C)</b>	686424	
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		
(3) Rents.....	<b>2b(3)</b>		
<b>(4) Net gain (loss) on sale of assets:</b>			
<b>(A)</b> Aggregate proceeds.....	<b>2b(4)(A)</b>	1626841	
<b>(B)</b> Aggregate carrying amount (see instructions).....	<b>2b(4)(B)</b>	1626841	
<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result.....	<b>2b(4)(C)</b>		
<b>(5) Unrealized appreciation (depreciation) of assets:</b>			
<b>(A)</b> Real estate.....	<b>2b(5)(A)</b>		
<b>(B)</b> Other.....	<b>2b(5)(B)</b>		
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	<b>2b(6)</b>		
(7) Net investment gain (loss) from pooled separate accounts .....	<b>2b(7)</b>		
(8) Net investment gain (loss) from master trust investment accounts .....	<b>2b(8)</b>		
(9) Net investment gain (loss) from 103-12 investment entities .....	<b>2b(9)</b>		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	<b>2b(10)</b>		804400
<b>c</b> Other income .....	<b>2c</b>		
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....	<b>2d</b>		1490839

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers .....	<b>2e(1)</b>	1208001	
(2) To insurance carriers for the provision of benefits .....	<b>2e(2)</b>		
(3) Other .....	<b>2e(3)</b>		
(4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		1208001
<b>f</b> Corrective distributions (see instructions) .....	<b>2f</b>		
<b>g</b> Certain deemed distributions of participant loans (see instructions) .....	<b>2g</b>		
<b>h</b> Interest expense .....	<b>2h</b>		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances .....	<b>2i(1)</b>		
(2) Contract administrator fees .....	<b>2i(2)</b>		
(3) Recordkeeping fees .....	<b>2i(3)</b>		
(4) IQPA audit fees .....	<b>2i(4)</b>	35000	
(5) Investment advisory and investment management fees .....	<b>2i(5)</b>	171524	
(6) Bank or trust company trustee/custodial fees .....	<b>2i(6)</b>	26376	
(7) Actuarial fees .....	<b>2i(7)</b>	78531	
(8) Legal fees .....	<b>2i(8)</b>		
(9) Valuation/appraisal fees .....	<b>2i(9)</b>		
(10) Other trustee fees and expenses .....	<b>2i(10)</b>		
(11) Other expenses .....	<b>2i(11)</b>	57166	
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		368597
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	<b>2j</b>		1576598

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		-85759
<b>l</b> Transfers of assets:			
(1) To this plan .....	<b>2l(1)</b>		
(2) From this plan .....	<b>2l(2)</b>		

**Part III Accountant's Opinion**

**3** Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

**a** The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1)  Unmodified (2)  Qualified (3)  Disclaimer (4)  Adverse

**b** Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1)  DOL Regulation 2520.103-8 (2)  DOL Regulation 2520.103-12(d) (3)  neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

**c** Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: MILLER KAPLAN ARASE LLP

(2) EIN: 95-2036255

**d** The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

(1)  This form is filed for a CCT, PSA, DCG or MTIA. (2)  It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

**Part IV Compliance Questions**

**4** CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

	Yes	No	Amount
<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.)		X	
<b>b</b> Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
<b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
<b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
<b>e</b> Was this plan covered by a fidelity bond?	X		10000000
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
<b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
<b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
<b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
<b>l</b> Has the plan failed to provide any benefit when due under the plan?		X	
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
<b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

**5a** Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?  Yes  No  
If "Yes," enter the amount of any plan assets that reverted to the employer this year \_\_\_\_\_.

**5b** 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.)

<b>5b(1)</b> Name of plan(s)	<b>5b(2)</b> EIN(s)	<b>5b(3)</b> PN(s)

**5c** Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) .....  Yes  No  Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 557050.

<b>SCHEDULE R</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>Retirement Plan Information</b>  This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

<b>A</b> Name of plan <u>PMC CONSOLIDATED PENSION PLAN COVERING CERTAIN EMPLOYEE GROUPS</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>004</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <u>PMC SPECIALTIES GROUP, INC.</u>	<b>D</b> Employer Identification Number (EIN) <u>95-4455076</u>	

<b>Part I</b>	<b>Distributions</b>
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**All references to distributions relate only to payments of benefits during the plan year.**

<b>1</b> Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	<b>1</b>	0
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**2** Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):  
EIN(s): 75-3182674

**Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.**

<b>3</b> Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year .....	<b>3</b>	0
--	----------	---

<b>Part II</b>	<b>Funding Information</b> (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
----------------	---

**4** Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? .....  Yes  No  N/A  
**If the plan is a defined benefit plan, go to line 8.**

**5** 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 ruling letter granting the waiver. **Date:** Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_  
**If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.**

<b>6 a</b> Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....	<b>6a</b>	0
<b>b</b> Enter the amount contributed by the employer to the plan for this plan year .....	<b>6b</b>	0
<b>c</b> Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	<b>6c</b>	

**If you completed line 6c, skip lines 8 and 9.**

**7** Will the minimum funding amount reported on line 6c be met by the funding deadline? .....  Yes  No  N/A

**8** If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? .....  Yes  No  N/A

<b>Part III</b>	<b>Amendments</b>
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**9** If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.....  Increase  Decrease  Both  No

<b>Part IV</b>	<b>ESOPs</b> (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
----------------	---

**10** Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? .....  Yes  No

**11 a** Does the ESOP hold any preferred stock? .....  Yes  No

**b** If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) .....  Yes  No

**12** Does the ESOP hold any stock that is not readily tradable on an established securities market? .....  Yes  No

**Part V Additional Information for Multiemployer Defined Benefit Pension Plans**

**13** Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (measured in dollars). See instructions. Complete as many entries as needed to report all applicable employers.

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box  and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box  and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): \_\_\_\_\_

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box  and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box  and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): \_\_\_\_\_

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box  and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box  and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): \_\_\_\_\_

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box  and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box  and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): \_\_\_\_\_

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box  and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box  and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): \_\_\_\_\_

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box  and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box  and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): \_\_\_\_\_

**14** Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

<b>a</b> The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: <input type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment).....	<b>14a</b>	
<b>b</b> The plan year immediately preceding the current plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	<b>14b</b>	
<b>c</b> The second preceding plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	<b>14c</b>	

**15** Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

<b>a</b> The corresponding number for the plan year immediately preceding the current plan year .....	<b>15a</b>	
<b>b</b> The corresponding number for the second preceding plan year .....	<b>15b</b>	

**16** Information with respect to any employers who withdrew from the plan during the preceding plan year:

<b>a</b> Enter the number of employers who withdrew during the preceding plan year .....	<b>16a</b>	
<b>b</b> If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....	<b>16b</b>	0

**17** If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment .....

**Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans**

**18** If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment .....

**19** If the total number of participants is 1,000 or more, complete lines (a) and (b):

**a** Enter the percentage of plan assets held as:  
 Public Equity: \_\_\_\_\_% Private Equity: \_\_\_\_\_% Investment-Grade Debt and Interest Rate Hedging Assets: \_\_\_\_\_%  
 High-Yield Debt: \_\_\_\_\_% Real Assets: \_\_\_\_\_% Cash or Cash Equivalents: \_\_\_\_\_% Other: \_\_\_\_\_%

**b** Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:  
 0-5 years  5-10 years  10-15 years  15 years or more

**20 PBGC missed contribution reporting requirements.** If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

**a** Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero?  Yes  No

**b** If line 20a is "Yes," 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: \_\_\_\_\_

**Part VII IRS Compliance Questions**

**21a** 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

**21b** 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

**22** 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 \_\_\_\_\_.

<p><b>Structured Attachment</b></p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: small;">Pension Benefit Guaranty Corporation</p>	<p><b>Schedule SB, line 26a</b></p> <p><b>Schedule of Active Participant Data</b></p>	<p><b>2024</b></p> <hr/> <p>This Form is Open to Public Inspection</p>
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<b>Name of Plan</b>	PMC CONSOLIDATED PENSION PLAN COVERING CERTAIN EMPLOYEE GROUPS						
<b>Plan Year Begin Date</b>	01/01/2024	<b>Plan Year End Date</b>	12/31/2024	<b>EIN</b>	95-4455076	<b>PN</b>	004

Attained Age	YEARS OF CREDITED SERVICE					
	Under 1			1 to 4		
	No.	Average		No.	Average	
		Compensation	Cash Balance		Compensation	Cash Balance
Under 25						
25 to 29						
30 to 34						
35 to 39						
40 to 44						
45 to 49						
50 to 54						
55 to 59						
60 to 64						
65 to 69						
70 & Up						

Attained Age	YEARS OF CREDITED SERVICE					
	5 to 9			10 to 14		
	No.	Average		No.	Average	
		Compensation	Cash Balance		Compensation	Cash Balance
Under 25						
25 to 29						
30 to 34						
35 to 39						
40 to 44						
45 to 49						
50 to 54						
55 to 59						
60 to 64						
65 to 69						
70 & Up						

<b>Name of Plan</b>	PMC CONSOLIDATED PENSION PLAN COVERING CERTAIN EMPLOYEE GROUPS						
<b>Plan Year Begin Date</b>	01/01/2024	<b>Plan Year End Date</b>	12/31/2024	<b>EIN</b>	95-4455076	<b>PN</b>	004

Attained Age	YEARS OF CREDITED SERVICE					
	15 to 19			20 to 24		
	No.	Average		No.	Average	
		Compensation	Cash Balance		Compensation	Cash Balance
Under 25						
25 to 29						
30 to 34						
35 to 39						
40 to 44						
45 to 49						
50 to 54						
55 to 59						
60 to 64						
65 to 69						
70 & Up						

Attained Age	YEARS OF CREDITED SERVICE					
	25 to 29			30 to 34		
	No.	Average		No.	Average	
		Compensation	Cash Balance		Compensation	Cash Balance
Under 25						
25 to 29						
30 to 34						
35 to 39						
40 to 44						
45 to 49						
50 to 54						
55 to 59						
60 to 64						
65 to 69						
70 & Up						

<b>Name of Plan</b>	PMC CONSOLIDATED PENSION PLAN COVERING CERTAIN EMPLOYEE GROUPS						
<b>Plan Year Begin Date</b>	01/01/2024	<b>Plan Year End Date</b>	12/31/2024	<b>EIN</b>	95-4455076	<b>PN</b>	004

Attained Age	YEARS OF CREDITED SERVICE					
	35 to 39			40 & Up		
	No.	Average		No.	Average	
		Compensation	Cash Balance		Compensation	Cash Balance
Under 25						
25 to 29						
30 to 34						
35 to 39						
40 to 44						
45 to 49						
50 to 54						
55 to 59						
60 to 64						
65 to 69						
70 & Up						

**PMC CONSOLIDATED PENSION PLAN  
COVERING CERTAIN EMPLOYEE GROUPS**

FINANCIAL STATEMENTS

DECEMBER 31, 2024 AND 2023



## **INDEPENDENT AUDITOR'S REPORT**

To the Participants and Plan Administrator of  
PMC Consolidated Pension Plan Covering  
Certain Employee Groups:

### **Scope and Nature of the ERISA Section 103(a)(3)(C) Audit**

We have performed audits of the accompanying financial statements of PMC Consolidated Pension Plan Covering Certain Employee Groups (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, the related statements of changes in net assets available for benefits for the years then ended, the statement of accumulated plan benefits as of January 1, 2024, the related statement of changes in accumulated plan benefits for the year then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of the financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained a certification from a qualified institution as of December 31, 2024 and 2023, and for the years ended December 31, 2024 and 2023, stating that the certified investment information, as described in Note 4 to the financial statements, is complete and accurate.

### **Opinion**

In our opinion, based on our audits and on the procedures performed as described in the Auditor's Responsibilities for the Audit of the Financial Statements section –

- The amounts and disclosures in the financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- The information in the financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

To the Participants and Plan Administrator of  
PMC Consolidated Pension Plan Covering  
Certain Employee Groups

### **Basis for Opinion**

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

### **Responsibilities of Management for the Financial Statements**

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

Management is also responsible for maintaining a current plan instrument, including all plan amendments; administering the plan; and determining that the plan's transactions that are presented and disclosed in the financial statements are in conformity with the plan's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

### **Auditor's Responsibilities for the Audit of the Financial Statements**

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with generally accepted auditing standards, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an

To the Participants and Plan Administrator of  
PMC Consolidated Pension Plan Covering  
Certain Employee Groups

opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.

- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

Our audits did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

#### **Other Matter—Supplemental Schedules Required by ERISA**

The supplemental schedules of assets (held at end of year) as of December 31, 2024 and reportable transactions for the year ended December 31, 2024 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion –

- The form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

To the Participants and Plan Administrator of  
PMC Consolidated Pension Plan Covering  
Certain Employee Groups

- The information in the supplemental schedules related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

*Miller Kaplan Arase LLP*

MILLER KAPLAN ARASE LLP

Burbank, California

October 3, 2025

**PMC CONSOLIDATED PENSION PLAN  
COVERING CERTAIN EMPLOYEE GROUPS  
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS**

<b>ASSETS</b>	December 31, 2024	December 31, 2023
<b>INVESTMENTS - AT FAIR VALUE</b>		
Mutual Funds	\$ 10,879,931	\$ 11,151,398
Exchange Traded Funds	5,137,911	4,649,512
TOTAL INVESTMENTS	\$ 16,017,842	\$ 15,800,910
<b>CASH AND CASH EQUIVALENTS</b>		
Cash (Overdraft)	(55,686)	245,344
J.P. Morgan Sweep Accounts	168,132	169,793
TOTAL CASH AND CASH EQUIVALENTS	112,446	415,137
TOTAL ASSETS	16,130,288	16,216,047
<b>NET ASSETS AVAILABLE FOR BENEFITS</b>	<b>\$ 16,130,288</b>	<b>\$ 16,216,047</b>

**PMC CONSOLIDATED PENSION PLAN  
COVERING CERTAIN EMPLOYEE GROUPS**  
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

	January 1, 2024 to December 31, 2024	January 1, 2023 to December 31, 2023
<b>ADDITIONS</b>		
INVESTMENT INCOME		
Interest and Dividends	\$ 686,439	\$ 431,856
Net Appreciation of Investments	<u>804,400</u>	<u>1,703,670</u>
TOTAL INVESTMENT INCOME	1,490,839	2,135,526
EMPLOYER CONTRIBUTIONS	<u>-</u>	<u>-</u>
TOTAL ADDITIONS	<u>1,490,839</u>	<u>2,135,526</u>
<b>DEDUCTIONS</b>		
Benefits	1,208,001	1,254,814
Administrative Expenses	<u>368,597</u>	<u>491,155</u>
TOTAL DEDUCTIONS	<u>1,576,598</u>	<u>1,745,969</u>
NET INCREASE (DECREASE)	(85,759)	389,557
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of Year	<u>16,216,047</u>	<u>15,826,490</u>
End of Year	<u>\$ 16,130,288</u>	<u>\$ 16,216,047</u>

**PMC CONSOLIDATED PENSION PLAN  
COVERING CERTAIN EMPLOYEE GROUPS**  
STATEMENT OF ACCUMULATED PLAN BENEFITS  
JANUARY 1, 2024

ACTUARIAL PRESENT VALUE OF ACCUMULATED  
PLAN BENEFITS

VESTED BENEFITS

Active Participants	\$ 148,529
Participants with Deferred Benefits	2,146,407
Participants Receiving Benefits	<u>9,341,540</u>

TOTAL VESTED BENEFITS

11,636,476

NONVESTED BENEFITS

-

TOTAL ACTUARIAL PRESENT VALUE OF  
ACCUMULATED PLAN BENEFITS

\$ 11,636,476

**PMC CONSOLIDATED PENSION PLAN  
COVERING CERTAIN EMPLOYEE GROUPS**  
STATEMENT OF CHANGES IN ACCUMULATED PLAN BENEFITS  
JANUARY 1, 2023 TO JANUARY 1, 2024

ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS AT BEGINNING OF YEAR		\$ 11,761,010
INCREASE (DECREASE) DURING THE YEAR ATTRIBUTABLE TO:		
Increase for Interest Due to Decrease in the Discount Period	\$ 888,966	
Benefits Paid	(1,254,814)	
Benefit Changes and Other	<u>241,314</u>	
NET (DECREASE)		<u>(124,534)</u>
ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS AT END OF YEAR		<u>\$ 11,636,476</u>

**PMC CONSOLIDATED PENSION PLAN**  
**COVERING CERTAIN EMPLOYEE GROUPS**  
NOTES TO FINANCIAL STATEMENTS  
DECEMBER 31, 2024 AND 2023

**NOTE 1 - DESCRIPTION OF THE PLAN**

The following brief description of PMC Consolidated Pension Plan Covering Certain Employee Groups (the “Plan”) is provided for general information purposes only. Participants should refer to the Plan Document and any amendments regarding specific provisions of the Plan.

The Plan is a combination of four defined benefit pension plans covering certain current or former employees of The PMC Specialties Group, Inc., G.F.C. Foam L.L.C. and G.F.C. Trucking, Inc., General Foam Division of PMC, Inc. at Carlstadt and East Rutherford, New Jersey and BTA North East, Inc. (the “Company”) who are covered under a collective bargaining agreement and meet certain eligibility requirements. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”).

Employees of the Company with five or more years of service are fully vested. The normal retirement age is 65. Under Plan eligibility rules, participants can retire at an earlier age with reduced benefits. If employees terminate before completing five years of service, they forfeit the right to receive the portion of their accumulated plan benefits attributable to their years of service. A beneficiary of an active employee who dies after becoming vested but before benefit payments begin may be entitled to certain benefits under the Plan.

The Company makes contributions to the Plan in accordance with ERISA funding requirements with amounts determined by the Plan’s actuaries.

**NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**

**A. Basis of Accounting**

The financial statements of the Plan are prepared on the accrual basis of accounting.

**B. Estimates**

The preparation of financial statements in conformity with GAAP requires the plan administrator to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Accordingly, actual results may differ from those estimates.

**C. Investment Valuation and Income Recognition**

GAAP requires disclosures about fair value measurement and establish a framework for measuring fair value. The framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets and liabilities (level 1 measurements) and lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy are described below:

**PMC CONSOLIDATED PENSION PLAN  
COVERING CERTAIN EMPLOYEE GROUPS**  
NOTES TO FINANCIAL STATEMENTS  
DECEMBER 31, 2024 AND 2023

**NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)**

**C. Investment Valuation and Income Recognition (Continued)**

Level 1 – Inputs based on quoted prices in active markets.

Level 2 – Inputs based on quoted prices for similar instruments and model-based valuation techniques for which all significant assumptions are observable in the market or can be corroborated by observable market data.

Level 3 – Inputs are generally unobservable and typically reflect management’s estimates of assumptions that market participants would use in pricing the asset or liability.

The following tables represent the Plan’s fair value hierarchy for its financial assets measured at fair value on a recurring basis:

	Fair Value at December 31, 2024			
	Level 1	Level 2	Level 3	Total
Mutual Funds	\$ 10,879,931	\$ -	\$ -	\$ 10,879,931
Exchange Traded Funds	5,137,911	-	-	5,137,911
Total Assets in Fair Value Hierarchy	\$ 16,017,842	\$ -	\$ -	\$ 16,017,842

	Fair Value at December 31, 2023			
	Level 1	Level 2	Level 3	Total
Mutual Funds	\$ 11,151,398	\$ -	\$ -	\$ 11,151,398
Exchange Traded Funds	4,649,512	-	-	4,649,512
Total Assets in Fair Value Hierarchy	\$ 15,800,910	\$ -	\$ -	\$ 15,800,910

Level 1 investments consist of mutual funds and exchange traded funds that are actively traded on a national exchange based on quoted market prices.

Realized gains or losses from sale of investments and unrealized appreciation or depreciation in the fair value of investments is reported as net realized and unrealized appreciation or depreciation in fair value of investments. Investment income (loss), realized gains and losses on sale of investments, and other investment income and expenses are reported on the accrual basis.

**D. Contributions and Funding Policy**

The Company’s contributions to the Plan provide for funding of normal costs annually as the costs are incurred. The Company’s contributions for the years ended December 31, 2024 and 2023 were \$0, which meet the minimum funding requirements of ERISA as determined by the Plan’s actuary.

**PMC CONSOLIDATED PENSION PLAN  
COVERING CERTAIN EMPLOYEE GROUPS**  
NOTES TO FINANCIAL STATEMENTS  
DECEMBER 31, 2024 AND 2023

**NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)**

**E. Benefits**

Monthly benefits are normally paid in the month the benefits are due.

**F. Administrative Expenses**

Certain administrative expenses of the Plan are paid by the Company and are not reported in the Plan's financial statements.

**G. Tax Status**

The Internal Revenue Service has determined and informed the Company that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code ("IRC"). Although the Plan has since been amended, the plan administrator and attorney believe that the current Plan design and operations are in compliance with the IRC.

Accounting principles generally accepted in the United States of America require management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken a tax position that more likely than not would not be sustained upon examination by a tax authority. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

**H. Actuarial Present Value of Accumulated Plan Benefits**

Accumulated plan benefits are those future periodic payments that are attributable under the Plan's provisions to the service participants have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated participants or their beneficiaries, (b) beneficiaries of participants who have died, and (c) present participants or their beneficiaries. Benefits under the Plan are based on the participants' total credited service, which is the sum of (a) past service credits and (b) future service credits. Benefits payable under all circumstances – retirement, death and disability – are included, to the extent they are deemed attributable to participant service rendered to the valuation date.

The actuarial present value of accumulated plan benefits was determined by actuaries from Gallagher Benefit Services, Inc (formerly Buck Global, LLC) and is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money and the probability of payment between the valuation date and the expected date of payment. The significant actuarial assumptions as of January 1, 2024 were (if the actuarial assumptions as of January 1, 2023 are different, they are disclosed in [brackets]): (a) Effective Interest Rate – 5.02% per year [January 1, 2023 – 5.14% per year], compounded annually and (b) Mortality – The Pri-2012 total mortality table projected with the MP-2021 Improvement Scale, and (c) other assumptions. These actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

**I. Cash**

Cash consists of cash on deposit with financial institution, Matrix Trust Company.

**PMC CONSOLIDATED PENSION PLAN  
COVERING CERTAIN EMPLOYEE GROUPS  
NOTES TO FINANCIAL STATEMENTS  
DECEMBER 31, 2024 AND 2023**

**NOTE 3 - TERMINATION OF THE PLAN**

In the event of Plan termination, Plan's assets will be distributed to satisfy retirement benefits earned according to priorities outlined in the provisions of the Plan and established by law. Assets in excess of the amounts required to pay benefits will be returned to the Company. As required by law, the Company pays premiums to the Pension Benefit Guaranty Corporation ("PBGC") to insure certain benefits under the Plan. If the Plan terminates, the PBGC generally guarantees most vested normal and early retirement benefits as well as certain disability and survivor pensions.

**NOTE 4 - FINANCIAL INFORMATION CERTIFIED BY THE TRUSTEE**

The plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Information regarding investments held at December 31, 2024 and 2023 and investment income for the years ended December 31, 2024 and 2023 that is disclosed in the accompanying financial statements and supplemental schedules were obtained or derived from information supplied to the plan administrator and certified as complete and accurate by Matrix Trust Company, the trustee of the Plan.

**NOTE 5 - RECONCILIATION OF FINANCIAL STATEMENTS TO THE FORM 5500**

Realized gains and losses on sale of investments for financial statement purposes is the difference between proceeds from the sale or redemption of investments and the carry value (normally historical cost) of the investments sold. Form 5500 requires realized gains and losses to be the difference between proceeds from the sale or redemption of investments and the current (market) value of the investment at the beginning of the year, for those investments on hand at the beginning of the year, or the purchase price of investments acquired during the year. Form 5500 also requires realized and unrealized gains or losses from mutual funds to be reported on a separate line.

**NOTE 6 - RISKS AND UNCERTAINTIES**

The Plan provides for various investment options in any combination of investment securities offered by the Plan. Investment securities are exposed to various risks, such as interest rate, market fluctuations and credit risks. Due to the risk associated with investment securities, it is at least reasonably possible that changes in market values, interest rates or other factors in the near term would materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits and the statements of changes in net assets available for benefits.

The actuarial present value of accumulated plan benefits is reported based on certain assumptions pertaining to interest rates, inflation rates, employee demographics and other factors, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

**NOTE 7 - SUBSEQUENT EVENTS**

Management has evaluated subsequent events through October 3, 2025, the date on which the financial statements were available to be issued. There were no material subsequent events that required recognition or additional disclosures in these financial statements.

SUPPLEMENTAL SCHEDULES

**PMC CONSOLIDATED PENSION PLAN  
COVERING CERTAIN EMPLOYEE GROUPS**

FORM 5500

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

E.I.N. 95-4455076; PLAN NO. 004

DECEMBER 31, 2024

<u>Face Value</u>	<u>Interest Bearing Cash</u>	<u>Interest Rate</u>	<u>Maturity Date</u>	<u>Fair Value</u>	<u>Cost</u>
\$ 168,132	J.P. Morgan Sweep Accounts	Var.	N/A	\$ 168,132	\$ 168,132

<u>No. of Shares</u>	<u>Mutual Funds</u>		<u>Fair Value</u>	<u>Cost</u>
64,623	American Beacon AHL Mgd Futs Strat Y		\$ 646,227	\$ 723,449
121,908	American Funds Bond Fund of Amer F2		1,358,055	1,425,883
11,717	BlackRock Global Equity Market Neutral Instl		158,180	164,858
119,205	BlackRock Total Return Instl		1,159,866	1,231,382
74,064	Blackstone Alternative Multi-Strategy I		793,224	777,977
10,890	Calamos Market Neutral Income I		162,581	157,248
21,983	Causeway Internatl Value Ins		408,001	347,999
6,303	Cohen & Steers Global Realty I		321,702	374,684
11,518	Edgewood Growth Instl		510,488	478,085
145,094	Federated Hermes Total Return Bond IS		1,356,632	1,407,884
33,193	GQG Part Emerg Mkts Eq-Inst		549,019	498,571
22,036	GS GQG Part Intl Opp-Inst		431,017	402,920
32,138	Hartford Dividend & Growth I		1,060,556	1,094,703
43,703	Neuberger Berman Long Short Instl		819,436	727,096
25,876	Nuance Mid Cap Value-Inst		318,270	343,482
3,234	Oakmark Institutional		491,887	415,841
25,674	PIMCO Commodity RR Strategy I-2		334,790	479,319
	<u>TOTALS - MUTUAL FUNDS</u>		<u>\$ 10,879,931</u>	<u>\$ 11,051,381</u>

Exchange Traded Funds

5,373	Global X MLP & Energy Infras		\$ 325,389	\$ 259,927
12,414	IShares Core MSCI EAFE ETF		872,456	831,164
10,580	IShares Core Msci Emerging		552,488	545,925
1,095	IShares Core S&P 500 ETF		644,604	479,339
4,012	IShares Russell 1000 Growth ETF		1,611,139	1,053,024
3,523	IShares Russell 1000 Value ETF		652,213	611,114
3,784	IShares Russell Mid-Cap Growth		479,622	422,804
	<u>TOTALS - EXCHANGE TRADED FUNDS</u>		<u>\$ 5,137,911</u>	<u>\$ 4,203,297</u>

**PMC CONSOLIDATED PENSION PLAN  
COVERING CERTAIN EMPLOYEE GROUPS**

FORM 5500

SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS\*

E.I.N. 95-4455076; PLAN NO. 004

JANUARY 1, 2024 TO DECEMBER 31, 2024

<u>Party Involved</u>	<u>Description of Assets</u>	<u>Interest Rate (%)</u>	<u>Maturity Date</u>	<u>Purchase Price</u>	<u>Sales Price</u>	<u>Cost of Asset</u>	<u>Net Gain or (Loss)</u>
Morgan Stanley Bank Deposit Program	Money Market	N/A	N/A	\$ 1,625,180 -	\$ - 1,626,841	\$ 1,625,180 1,626,841	\$ - -
BlackRock Total Return Instl	Mutual Fund	N/A	N/A	257,132 -	- 707,257	257,132 728,092	- (20,835)
PIMCO Low Duration Income I2	Mutual Fund	N/A	N/A	63,158 -	- 994,738	63,158 998,854	- (4,116)
Western Asset Core Plus Bond I	Mutual Fund	N/A	N/A	34,345 -	- 968,364	34,345 1,016,505	- (48,141)
Federated Hermes Total Return Bond IS	Mutual Fund	N/A	N/A	1,452,468 -	- 43,958	1,452,468 44,584	- (626)

**PMC Consolidated Pension Plan Covering Certain Employee Groups**

**EIN/PN: 95-4455076 / 004**

**Schedule SB, Line 26a – Schedule of Active Participant Data**

**Distribution of Active Participants as of January 1, 2024 – Age by Credited Service**

Age	Years of Credited Service										Total	
	Under 1	1 - 4	5 - 9	10 - 14	15 - 19	20 - 24	25 - 29	30 - 34	35 - 39	40+		
15 - 19	0	0	0	0	0	0	0	0	0	0	0	0
20 - 24	0	0	0	0	0	0	0	0	0	0	0	0
25 - 29	0	0	0	0	0	0	0	0	0	0	0	0
30 - 34	0	0	0	0	0	0	0	0	0	0	0	0
35 - 39	0	0	0	0	0	0	0	0	0	0	0	0
40 - 44	0	0	0	0	0	0	0	0	0	0	0	0
45 - 49	0	0	0	0	0	0	0	0	0	0	0	0
50 - 54	0	0	0	0	0	0	1	0	0	0	0	1
55 - 59	0	0	0	0	0	0	0	0	0	0	0	0
60 - 64	0	0	0	1	0	0	0	0	0	0	0	1
65 - 69	0	0	0	0	0	0	0	0	0	0	0	0
70+	0	0	0	0	0	0	0	0	0	0	0	0
<b>Total</b>	0	0	0	1	0	0	1	0	0	0	0	2

# **PMC Consolidated Pension Plan Covering Certain Employee Groups**

**EIN/PN: 95-4455076 / 004**

## **Schedule SB, Part V – Statement of Actuarial Assumptions**

### **Funding assumptions and methods selection and rationale**

Actuarial Standard of Practice No. 27 ("ASOP 27") provides guidance to actuaries on economic assumptions for measuring pension obligations. Actuarial Standard of Practice No. 35 ("ASOP 35") provides guidance to actuaries on demographic and other noneconomic assumptions for measuring pension obligations. Under these ASOPs, for each assumption that has a significant effect on the measurement and that the actuary has selected, the actuary should disclose the information and analysis used to support the actuary's determination that, in the actuary's professional judgement, it is reasonable for the purpose of the measurement. No information or analysis is needed for any assumption prescribed by law or regulation.

The interest rates and mortality assumption used for this measurement are prescribed by law. The demographic and other noneconomic assumptions that have a significant effect on this measurement, and are chosen by the actuary, are the retirement rates and withdrawal rates. The retirement rates and withdrawal rates were originally chosen by the predecessor enrolled actuary. The plan's current enrolled actuary reviewed and considered them reasonable in 2020 and has compared actual experience to the assumptions each year since. If appropriate, changes are made based on this review. The actuary believes that these assumptions are reasonable for the purpose of the measurement.

### **Use of Models**

Actuarial Standard of Practice No. 56 ("ASOP 56") provides guidance to actuaries when performing actuarial services with respect to designing, developing, selecting, modifying, using, reviewing, or evaluating models. Gallagher uses third-party software in the performance of annual actuarial valuations and projections. The model is intended to calculate the liabilities associated with the provisions of the plan using data and assumptions as of the measurement date under the funding rules and/or accounting standards specified in this report. Further, the model applies those funding rules and/or accounting standards to the liabilities derived and other inputs, such as plan assets and contributions, to generate many of the exhibits found in this report. Gallagher has an extensive review process whereby the results of the liability calculations are checked using detailed sample output, changes from year to year are summarized by source, and significant deviations from expectations are investigated. Other funding and/or accounting outputs are similarly reviewed in detail and at a high level for accuracy, reasonability and consistency with prior results. Gallagher also reviews the model when significant changes are made to the software. The review is performed by experts within the company who are familiar with applicable funding and/or accounting rules as well as the manner in which the model generates its output.

### **Future actuarial measurements**

Future actuarial measurements may differ significantly from current measurements due to plan experience differing from that anticipated by the actuarial assumptions, changes expected as part of the natural operation of the methodology used for these measurements, and changes in plan provisions, applicable law or regulations. An analysis of the potential range of such future differences is beyond the scope of this report. However, in accordance with ASOP 51, an assessment of risks for the plan was performed.

# PMC Consolidated Pension Plan Covering Certain Employee Groups

## EIN/PN: 95-4455076 / 004

### Schedule SB, Part V – Statement of Actuarial Assumptions (continued)

#### Prescribed Funding/PBGC Assumptions and Methods

The following assumptions and methods are prescribed by ERISA, as currently amended.

##### Interest rates

	2024 Plan Year	2023 Plan Year
<b>Funding Rates – Constrained*</b>		
First Segment Rate	4.75%	4.75%
Second Segment Rate	4.87%	5.00%
Third Segment Rate	5.59%	5.74%
Effective Interest Rate	5.02%	5.14%
<b>Funding Rates – Unconstrained**</b>		
First Segment Rate	3.62%	1.41%
Second Segment Rate	4.46%	3.09%
Third Segment Rate	4.52%	3.58%
Effective Interest Rate	4.39%	3.09%

\* Used for minimum funding and benefit restriction purposes.

\*\* Used for maximum tax-deduction, PBGC premium funding target and low-default-risk obligation measure purposes.

The interest rates used for funding purposes are the Segment Rates with 4-month lookback, constrained in accordance with relevant legislation.

##### Mortality

Mortality tables mandated by applicable law and regulation as specified in IRS Regulation 1.430(h)(3)-1, as amended by IRS notice 2023-73, applied on a generational basis.

##### Actuarial cost method

Unit Credit Method. The Funding Target is the present value of accrued benefits based on compensation and service to date. The Target Normal Cost is the present value of benefits expected to be accrued during the current plan year, reflecting the effect of expected compensation increases during the year and including expected plan related expenses to be paid from plan assets during the year.

# PMC Consolidated Pension Plan Covering Certain Employee Groups

EIN/PN: 95-4455076 / 004

## Schedule SB, Part V – Statement of Actuarial Assumptions (continued)

### Non-Prescribed Funding Assumptions and Methods

The following assumptions were selected by the plan's enrolled actuary. The asset valuation method was selected by the plan sponsor with the actuary's advice and is an acceptable method under the applicable provisions of the Internal Revenue Code and associated regulations.

#### Expenses

Expense load equals preceding three-year average of the non-investment related plan expenses plus the PBGC expense rounded to the nearest thousand. The expected plan administrative expenses for 2024 plan year in amount of \$161,000 were added to the Target Normal Cost.

#### Withdrawal rates<sup>1</sup>

T-5 Table. Following are some sample factors:

Age	Probability of Termination
30	7.2%
35	6.3%
40	5.2%
45	4.0%

Not applicable for the Hazleton, Carlstadt and IPI groups since there are no active participants in these groups.

#### Retirement rates for Specialties

Age	Probability of Retirement
<62	0%
62+	100%

For deferred vested, 100% are assumed to commence at age 62 or current age if older for Specialties and Hazleton groups, and 100% are assumed to commence at age 65 or current age if older for Carlstadt and IPI groups.

#### Frequency of optional payment forms

Based on experience

Benefit Form	Assumption Hazleton Group	Assumption Carlstadt Group	Assumption IPI Group
Single Life Annuity	45%	55%	20%
Joint and 50% Survivor Annuity	20%	15%	10%
Joint and 100% Survivor Annuity	35%	30%	70%

Benefit Form	Assumption Specialties Group
One Year Certain and Life Annuity	45%
Joint and 55% Survivor Annuity	55%

<sup>1</sup> Sample rates are for Specialties active participants; other Locations do not have any active participants as of the valuation date.

# PMC Consolidated Pension Plan Covering Certain Employee Groups

EIN/PN: 95-4455076 / 004

## Schedule SB, Part V – Statement of Actuarial Assumptions (continued)

### Non-Prescribed Funding Assumptions and Methods (continued)

#### Marital percentage

80% of participants are assumed to be married at death. Husbands are assumed to be 3 years older than their wives.

#### Asset valuation method

The Actuarial Value of Assets is market value as of the valuation date, including the discounted value of accrued contributions, reduced by 2/3 of the gain/(loss) for the immediately preceding plan year and reduced by 1/3 of the gain/(loss) for the plan year before that. The gain/(loss) for each period is determined as the actual return on market value during the period less the expected return on market value based on an assumed earnings rate chosen by the actuary but required by current law and regulation to be not greater than the applicable third Segment Rate. The resulting value is constrained to be within a corridor of 90% to 110% of market value, including discounted receivable contributions.

	Actuary's Assumption	Third Segment Rate	Reflecting Limit
2024 Expected Return	8.00%	5.59%	5.59%
2023 Expected Return	Higher than the third segment rate	5.74%	5.74%
2022 Expected Return	Higher than the third segment rate	5.92%	5.92%

#### Summary of Changes from the January 1, 2023 Valuation

- The mortality assumption was updated according to the projection specified in IRS Regulation 1.430(h)(3)-1, as amended by IRS Notice 2023-73, applied on a generational basis.
- The interest rate basis was updated to the current rates as specified in IRS Regulation 1.430(h)(2)-1. These rates are constrained in accordance with relevant legislation.
- Changes in assumptions listed above increased the Funding Target by approximately \$232,000.

**Annual Return/Report of Employee Benefit Plan**  
 This form is required to be filed for employee benefit plans 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.**

**Part I Annual Report Identification Information**

For calendar plan year 2024 or fiscal plan year beginning \_\_\_\_\_ and ending \_\_\_\_\_

**A** This return/report is for:  a multiemployer plan  a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)

a single-employer plan  a DFE (specify) \_\_\_\_\_

**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** If the plan is a collectively-bargained plan, check here . . . . . ▶

**D** Check box if filing under:  Form 5558  automatic extension  the DFVC program

special extension (enter description) \_\_\_\_\_

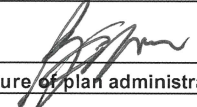
**E** If this is a retroactively adopted plan permitted by SECURE Act section 201, check here . . . . . ▶

**Part II Basic Plan Information - enter all requested information**

<b>1a</b> Name of plan PMC CONSOLIDATED PENSION PLAN COVERING CERTAIN EMPLOYEE GROUPS	<b>1b</b> Three-digit plan number (PN) ▶ 004
<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)  PMC SPECIALTIES GROUP, INC.  12243 BRANFORD ST SUN VALLEY, CA 91352	<b>1c</b> Effective date of plan 07/01/1985
	<b>2b</b> Employer Identification Number (EIN) 95-4455076
	<b>2c</b> Plan Sponsor's telephone number 818-896-1101
	<b>2d</b> Business code (see instructions) 326100

**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 accompanying schedules, statements and attachments, 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	X 	10/03/2025	Peter Gamboa
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

**PMC CONSOLIDATED PENSION PLAN  
COVERING CERTAIN EMPLOYEE GROUPS**

FORM 5500

SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS\*

E.I.N. 95-4455076; PLAN NO. 004

JANUARY 1, 2024 TO DECEMBER 31, 2024

<u>Party Involved</u>	<u>Description of Assets</u>	<u>Interest Rate (%)</u>	<u>Maturity Date</u>	<u>Purchase Price</u>	<u>Sales Price</u>	<u>Cost of Asset</u>	<u>Net Gain or (Loss)</u>
Morgan Stanley Bank Deposit Program	Money Market	N/A	N/A	\$ 1,625,180 -	\$ - 1,626,841	\$ 1,625,180 1,626,841	\$ - -
BlackRock Total Return Instl	Mutual Fund	N/A	N/A	257,132 -	- 707,257	257,132 728,092	- (20,835)
PIMCO Low Duration Income I2	Mutual Fund	N/A	N/A	63,158 -	- 994,738	63,158 998,854	- (4,116)
Western Asset Core Plus Bond I	Mutual Fund	N/A	N/A	34,345 -	- 968,364	34,345 1,016,505	- (48,141)
Federated Hermes Total Return Bond IS	Mutual Fund	N/A	N/A	1,452,468 -	- 43,958	1,452,468 44,584	- (626)

**PMC Consolidated Pension Plan Covering Certain Employee Groups  
 EIN/PN: 95-4455076 / 004**

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

This table calculates the weighted average retirement age for all active persons in the plan

(1) Age	(2) Expected Active Headcount	(3) Retirement Rate	(4) Expected Retirements (2)*(3)	(5) Weighted Age (1)*(4)
62	1.9347	1.0000	<u>1.9347</u>	<u>119.9497</u>
<b>Total</b>			<b>1.9347</b>	<b>119.9497</b>
<b>Weighted Average Retirement Age = 119.9497 / 1.9347</b>				<b>62.00</b>
<b>Rounded Weighted Average Retirement Age</b>				<b>62</b>

**Note to Column 2:** The Expected Active Headcount for each age includes persons who are eligible to retire and persons who are not eligible to retire at each age.

**Note to Column 3:** At each age, these retirement rates are a weighted average of the rates shown in Attachment to Part V for active participants eligible to retire at the age and zero for all other active participants.

**General note:** The table presents values rounded to fewer significant digits than used in the calculation.

# PMC Consolidated Pension Plan Covering Certain Employee Groups

EIN/PN: 95-4455076 / 004

## Schedule SB, Part V – Summary of Plan Provisions

PMC Consolidated Pension Plan Covering Certain Employee Groups (the Plan). Formerly known as the PMC Specialties Group, Inc. Employees' Defined Benefit Pension Plan (the "Specialties Plan").

### Specialties Group Benefit Structure

Effective December 31, 2014, Retirement Plan for Union Hourly Employees of GFC Foam at Hazleton, Pennsylvania (the "Hazleton Plan"), Retirement Plan For Certain Hourly Employees of GFC Carlstadt and East Rutherford (the "Carlstadt Plan") and Retirement Plan for Certain Hourly Employees of IPI Affiliates (the "IPI Plan") merged into PMC Specialties Group, Inc. Employees' Defined Benefit Pension Plan (the "Specialties Plan"). The name was changed to PMC Consolidated Pension Plan Covering Certain Employee Groups (the Plan). A brief summary (from the standpoint of developing actuarial costs and liabilities) of the key provisions of the plan is set forth below:

### Effective Date

July 1, 1985, with most recent amendment effective January 1, 2004.

### Eligibility

All employees of the PMC Specialties Group, Inc. who are members of a collective bargaining agreement are eligible to participate on completion of one year of service.

### Normal Retirement

#### Eligibility

Attainment of age 65.

#### Monthly benefit

(1) – (2)

(1) Cincinnati

Monthly benefit level times years of service (see table below) plus \$20.00.

Monthly Benefit Level	
Before 12/1/92	\$15.50
12/1/92 - 11/30/93	\$16.50
12/1/93 - 11/30/94	\$17.00
12/1/94 - 11/30/95	\$17.50
12/1/95 - 11/30/96	\$18.50
12/1/96 - 11/30/97	\$19.50
12/1/97 - 11/30/98	\$20.50
12/1/98 - 11/30/01	\$20.00
12/1/01 – 11/30/02	\$21.00
12/1/02 – 11/30/03	\$27.00
12/1/03 – 11/30/04	\$28.00
12/1/04 – 11/30/05	\$29.00
12/1/05 – 12/31/07	\$30.00
1/1/08 – 12/31/08	\$32.00
1/1/09 – 12/31/09	\$34.00
1/1/10 – 12/31/15	\$36.00
On or after 1/1/16	\$40.00

# PMC Consolidated Pension Plan Covering Certain Employee Groups

EIN/PN: 95-4455076 / 004

## Schedule SB, Part V – Summary of Plan Provisions (continued)

### Specialties Group Benefit Structure (continued)

Chicago PACE

Monthly benefit level times years of service (see table below) plus \$25.00.

Monthly Benefit Level	
Before 6/4/90	\$16.00
6/4/90 - 5/31/92	\$17.00
6/1/92 - 6/6/93	\$18.00
6/7/93 - 6/1/97	\$18.50
6/2/97 - 5/31/98	\$19.00
6/1/98 - 6/4/00	\$19.50
6/5/00 - 6/3/01	\$20.00
On or after 6/4/01	\$20.50

AFL-CIO

Monthly benefit level times years of service (see table below) plus \$25.00.

Monthly Benefit Level	
Before 6/4/90	\$16.00
6/4/90 - 5/31/92	\$17.00
6/1/92 - 6/6/93	\$18.00
6/7/93 - 6/1/97	\$18.50
6/2/97 - 5/31/98	\$19.00
6/1/00 - 6/4/00	\$20.00
6/5/00 - 6/3/01	\$20.50
On or after 6/4/01	\$21.50

Fords O.C.A.W.

\$14.00 multiplied by years of service from hire date (not earlier than September 10, 1987) to December 10, 1990 plus \$15.00 per year of service from December 11, 1990 to December 10, 1991 plus \$16.00 per year of service from December 10, 1991 to December 10, 1996 plus \$17.50 per year of service from December 10, 1996 to December 10, 1997 plus \$19.00 per year of future service plus \$20.00.

Operating Engineers

\$4.00 multiplied by years of service from hire date (not earlier than January 23, 1995) to December 31, 1995 plus \$8.00 per year of service from January 1, 1996 to December 31, 1996 plus \$10.00 per year of future service, plus \$20.00.

- (2) The amount of the annuity benefit to be paid by the predecessor plan for service prior to the effective date of the plan.

# **PMC Consolidated Pension Plan Covering Certain Employee Groups**

**EIN/PN: 95-4455076 / 004**

## **Schedule SB, Part V – Summary of Plan Provisions (continued)**

### **Specialties Group Benefit Structure (continued)**

#### **Early Retirement**

##### Eligibility

Attainment of age 55 and completion of 20 years of service, or attainment of age 60 and combination of age and years of service which totals 75 or more years.

##### Monthly benefit

Same formula as normal retirement benefit, based on service to early retirement date and reduced for each year that benefits commence before age 62.

#### **Late Retirement**

Same formula as normal retirement benefit based on service to normal retirement date, or actuarially increased normal retirement benefit if greater.

#### **Termination**

100% vesting after five years of service. Same formula as normal retirement benefit based on service to termination.

#### **Forms of Benefit**

##### Normal form

Single life annuity one year guaranteed.

##### Pre-retirement spouse's benefit

If an active participant dies after becoming eligible for early retirement or after attaining age 65 or a participant who terminated after becoming eligible for early retirement or after attaining age 65, dies before benefits commence, the spouse is entitled to the benefit payable as if the participant retired just before his/her death under the reduced joint and survivor annuity.

If an active participant dies before becoming eligible for early retirement, the spouse is entitled to receive the same benefit had the participant terminated employment on the date of death, survived the earliest retirement date, and retired under the joint and survivor annuity.

#### **Summary of changes from the January 1, 2023 valuation**

None.

# **PMC Consolidated Pension Plan Covering Certain Employee Groups**

**EIN/PN: 95-4455076 / 004**

## **Schedule SB, Part V – Summary of Plan Provisions (continued)**

### **Hazleton Group Benefit Structure**

The plan was originally adopted in 1964 by Tenneco Chemicals, Inc., and was adopted by GFC Foam Corporation on September 21, 1981. Effective December 31, 2014, Retirement Plan for Union Hourly Employees of GFC Foam at Hazleton, Pennsylvania (the "Hazleton Plan") merged into the PMC Consolidated Pension Plan Covering Certain Employee Groups (the Plan).

### **Employee Eligibility Requirements**

An employee who completes one year of service shall be eligible to participate in the plan.

### **Credited Service**

Credited service is essentially all service with the company.

### **Employee Contributions**

None. The company pays the full cost of the plan.

### **Retirement**

#### **Normal**

An employee's normal retirement date is the first day of the calendar month coinciding with or next following age 65.

#### **Early**

**Steelworkers:** An employee may retire once he has reached age 62.

**Teamsters:** An employee who has either (a) attained age 62, or (b) completed five years of service (increased to 10 years of service for employees hired after June 2, 1996) and attained age 58, may retire.

#### **Disability**

An employee who becomes totally and permanently disabled after completing 10 years of service may retire immediately.

# PMC Consolidated Pension Plan Covering Certain Employee Groups

EIN/PN: 95-4455076 / 004

## Schedule SB, Part V – Summary of Plan Provisions (continued)

### Hazleton Group Benefit Structure (continued)

#### Benefit Formula:

Normal retirement

The monthly pension is equal to a unit multiplied by years of credited service, as follows:

	Credited Service Dates	Unit Benefit
<b>Teamsters</b>	Before 01/01/71	\$20.00
	01/01/71 to 12/31/81	\$21.00
	01/01/82 to 12/31/87	\$22.00
	01/01/88 to 12/31/93	\$23.00
	01/01/94 to 12/31/94	\$25.00
	01/01/95 to 12/31/95	\$27.00
	01/01/96 to 12/31/96	\$29.00
	01/01/97 to 12/31/97	\$31.00
	01/01/98 to 12/31/98	\$33.00
	01/01/99 to 12/31/99	\$36.00
	01/01/00 to 12/31/00	\$41.00
	01/01/01 to 12/31/01	\$46.00
01/01/02 and after	\$51.00	
<b>Steelworkers</b>	Before 08/04/86	\$13.00
	08/04/86 to 08/02/87	\$14.00
	08/03/87 to 05/01/96	\$15.00
	05/02/96 to 05/03/97	\$16.00
	05/04/97 to 05/02/98	\$17.00
	05/03/98 to 05/01/99	\$18.00
	05/02/99 to 05/06/00	\$19.00
	05/07/00 to 05/05/01	\$21.00
	05/06/01 and after	\$23.00

#### Early Retirement

Steelworkers

The monthly pension is calculated as for normal retirement reduced by 3% for each year that pension commencement date precedes age 65.

Teamsters

The monthly pension calculated as for normal retirement (a) reduced by 3% for each year that pension commencement date precedes age 65 for employees who retire with less than five years of service, or (b) reduced by 3% for each year that pension commencement date precedes age 62 for employees who retire with five or more years of service.

# PMC Consolidated Pension Plan Covering Certain Employee Groups

EIN/PN: 95-4455076 / 004

## Schedule SB, Part V – Summary of Plan Provisions (continued)

### Hazleton Group Benefit Structure (continued)

#### Disability Retirement

The monthly pension to commence immediately is calculated as for normal retirement.

#### Death Benefits

If a participant dies in active employment after completing 10 years of service, but prior to commencement of his retirement benefit, his spouse will receive a benefit for the remainder of the spouse's lifetime. The spouse's benefit is a monthly annuity commencing immediately equal to 50% of the participant's accrued benefit.

If a participant has completed at least five but less than 10 years of service, his spouse will receive a benefit for the remainder of her lifetime starting at age 62. The spouse's benefit is a monthly annuity equal to 44.4% of the benefit the participant would have received had he retired on the day before his death, reduced for early retirement.

#### Termination Benefits

An employee who terminates employment after completing five years of service is vested in a benefit to commence at age 65 and calculated as for normal retirement. The employee may elect to have the deferred vested benefit paid on a reduced basis commencing on an earlier date.

#### Optional Benefit Forms

Optional forms of payment are available in a reduced amount as follows:

Option	Factor
5-year certain and life	.975
10-year certain and life	.950
Joint and 50% survivor	.888
Joint and 100% survivor	.798

#### Summary of changes from the January 1, 2023 valuation

None.

# PMC Consolidated Pension Plan Covering Certain Employee Groups

EIN/PN: 95-4455076 / 004

## Schedule SB, Part V – Summary of Plan Provisions (continued)

### Carlstadt Group Benefit Structure

The plan was originally adopted in 1967 by Tenneco Chemicals, Inc., and was adopted by GFC Foam Corporation on September 21, 1981. Effective December 31, 2014, Retirement Plan For Certain Hourly Employees of GFC Carlstadt and East Rutherford (the "Carlstadt Plan") merged into the PMC Consolidated Pension Plan Covering Certain Employee Groups (the Plan).

### Employee Eligibility Requirements

An employee who completes one year of service shall be eligible to participate in the plan.

### Credited Service

Credited service is essentially all service with the company.

### Employee Contributions

None. The company pays the full cost of the plan.

### Retirement

#### Normal

An employee's normal retirement date is the first day of the calendar month coinciding with or next following age 65.

#### Disability

An employee who becomes totally and permanently disabled after completing 10 years of service may retire immediately.

### Benefit Formula:

#### Normal retirement

The monthly pension for retirement after November 12, 1985 is equal to a unit multiplied by years of credited service, as follows:

	Credited Service Dates	Unit Benefit
<b>Carlstadt</b> <b>(Local Union 15127)</b>	Before 11/21/82	\$9.00
	11/21/82 – 11/20/83	\$10.00
	11/21/83 – 11/24/85	\$11.00
	11/25/85 – 11/24/86	\$12.00
	11/25/86 – 11/19/94	\$13.00
	11/20/94 – 11/19/95	\$15.00
	11/20/95 and after	\$16.00
<b>East Rutherford</b> <b>(Local Union 13742)</b>	Before 10/25/86	\$10.00
	10/25/86 – 10/24/91	\$11.00
	10/25/91 – 10/22/94	\$12.00
	10/23/94 – 10/22/95	\$14.00
	10/23/95 – 10/25/98	\$15.00
	10/26/98 – 10/25/99	\$16.00
	10/26/99 – 10/25/00	\$17.00
10/26/00 and after	\$18.00	

# PMC Consolidated Pension Plan Covering Certain Employee Groups

EIN/PN: 95-4455076 / 004

## Schedule SB, Part V – Summary of Plan Provisions (continued)

### Carlstadt Group Benefit Structure (continued)

	Credited Service Dates	Unit Benefit
East Rutherford	09/01/94 – 08/31/95	\$1.00
(Local Union 15024)	09/01/95 – 08/31/96	\$2.00
	09/01/96 – 09/19/97	\$4.00
	09/20/97 – 09/19/98	\$5.00
	09/20/98 – 09/19/99	\$6.00
	09/20/99 – 09/23/00	\$7.00
	09/24/00 – 09/23/01	\$8.00
	09/24/01 – 09/23/02	\$9.00
	09/24/02 and thereafter	\$10.00

### Disability Retirement

The monthly pension is calculated as for normal retirement but actuarially reduced for early commencement.

### Death Benefits

If a participant dies after attaining age 55 and completing 10 years of service, but prior to commencement of his retirement benefit, his spouse will receive a benefit for the remainder of the spouse's lifetime. The spouse's benefit is a monthly annuity equal to 44.4% of the benefit the participant would have received had he retired on the day before his death and elected a joint and survivor option, actuarially reduced for early commencement.

If a participant dies before reaching age 55 but after completing five years of service, then his spouse is entitled to a benefit commencing on the date he would have attained age 55. Such benefit is equal to 22.2% of the amount he would have been paid at his normal retirement date, if he had terminated on his date of death.

### Termination Benefits

An employee who terminates employment after completing five years of service is vested in a benefit to commence at age 65 and calculated as for normal retirement.

### Optional Benefit Forms

Optional forms of payment are available in a reduced amount as follows:

Option	Factor
5-year certain and life	.975
10-year certain and life	.950
Joint and 50% survivor	.888
Joint and 100% survivor	.798

### Summary of changes from the January 1, 2023 valuation

None.

# **PMC Consolidated Pension Plan Covering Certain Employee Groups**

**EIN/PN: 95-4455076 / 004**

## **Schedule SB, Part V – Summary of Plan Provisions (continued)**

### **IPI Group Benefit Structure**

Effective December 31, 2014, Retirement Plan for Certain Hourly Employees of IPI Affiliates (the “IPI Plan”) merged into the PMC Consolidated Pension Plan Covering Certain Employee Groups (the Plan). A brief summary (from the standpoint of developing actuarial costs and liabilities) of the key provisions of the plan is set forth below:

#### **Effective Date**

July 1, 1984.

#### **Eligibility**

All hourly employees of IPI North East, Inc. and IPI International, Inc. who are covered under a collective bargaining agreement, are eligible to participate on completion of one year of service, so long as they are over age 21.

#### **Normal Retirement**

##### **Eligibility**

Attainment of age 65.

##### **Annual benefit**

If hired before 06/14/93: (1) + (2) for each year of service, effective 01/01/89:

(1) 1.10% of each year’s pay up to \$4,200

(2) 1.65% of each year’s pay over \$4,200

but no less than \$10 times years of service since 01/01/94.

For purposes of determining pay, pay increases awarded after June 13, 1995 are excluded. However, effective June 1, 1998, the June 1, 1998 pay increase will be recognized.

If hired on or after 06/14/93: \$240 for each year of service prior to June 1, 1998, plus \$264 for each year of service earned to May 31, 1999, plus \$276 for each year of service thereafter.

#### **Early Retirement**

##### **Eligibility**

Attainment of age 55.

#### **Termination**

100% vesting after five years of service.

#### **Normal Form of Benefit**

Single life annuity.

#### **Summary of changes from the January 1, 2023 valuation**

None.

**SCHEDULE SB  
(Form 5500)**

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

OMB No. 1210-0110

**2024**

**This Form is Open to Public  
Inspection**

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

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.**

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.

<b>A</b> Name of plan PMC CONSOLIDATED PENSION PLAN COVERING CERTAIN EMPLOYEE GROUPS		<b>B</b> Three-digit plan number (PN) ▶	004
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF PMC SPECIALTIES GROUP, INC.		<b>D</b> Employer Identification Number (EIN) 95-4455076	
<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 type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

**Part I Basic Information**

**1** Enter the valuation date: Month 01 Day 01 Year 2024

<b>2</b> Assets:			
<b>a</b> Market value .....	<b>2a</b>		16,215,202
<b>b</b> Actuarial value .....	<b>2b</b>		17,273,771
<b>3</b> Funding target/participant count breakdown:	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
<b>a</b> For retired participants and beneficiaries receiving payment.....	453	11,259,715	11,259,715
<b>b</b> For terminated vested participants .....	111	2,872,047	2,872,047
<b>c</b> For active participants.....	2	211,230	211,230
<b>d</b> Total .....	566	14,342,992	14,342,992
<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>		5.02%
<b>6</b> Target normal cost:			
<b>a</b> Present value of current plan year accruals .....	<b>6a</b>		9,461
<b>b</b> Expected plan-related expenses .....	<b>6b</b>		161,000
<b>c</b> Target normal cost .....	<b>6c</b>		170,461

**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**

*Misty Lam*  
Signature of actuary

8/27/2025  
Date

2306737

Most recent enrollment number

808-258-0315

Telephone number (including area code)

Misty Lam, EA, MSPA, MAAA

Type or print name of actuary

Buck Global, LLC

Firm name

1050 Queen Street, Suite 100

Honolulu HI 96814

Address of the firm

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

**For Paperwork Reduction Act Notice, see the Instructions for Form 5500 or 5500-SF.**

**Schedule SB (Form 5500) 2024  
v. 240311**



<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: 4.87 %	3rd segment: 5.59%	<input type="checkbox"/> N/A, full yield curve used
<b>b</b> Applicable month (enter code).....				<b>21b</b> 4
<b>22</b> Weighted average retirement age .....				<b>22</b> 62
<b>23</b> Mortality table(s) (see instructions)	<input type="checkbox"/> Prescribed - combined <input checked="" 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 checked="" type="checkbox"/> Yes <input 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> 0
<b>29</b> Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....				<b>29</b> 0
<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> 170,461
<b>b</b> Excess assets, if applicable, but not greater than line 31a .....				<b>31b</b> 170,461
<b>32</b> Amortization installments:	Outstanding Balance		Installment	
<b>a</b> Net shortfall amortization installment .....	0		0	
<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> 0
	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> 0
<b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....				<b>37</b> 0
<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> 0
<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				

**PMC CONSOLIDATED PENSION PLAN  
COVERING CERTAIN EMPLOYEE GROUPS**

FORM 5500

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

E.I.N. 95-4455076; PLAN NO. 004

DECEMBER 31, 2024

<u>Face Value</u>	<u>Interest Bearing Cash</u>	<u>Interest Rate</u>	<u>Maturity Date</u>	<u>Fair Value</u>	<u>Cost</u>
\$ 168,132	J.P. Morgan Sweep Accounts	Var.	N/A	\$ 168,132	\$ 168,132

<u>No. of Shares</u>	<u>Mutual Funds</u>		<u>Fair Value</u>	<u>Cost</u>
64,623	American Beacon AHL Mgd Futs Strat Y		\$ 646,227	\$ 723,449
121,908	American Funds Bond Fund of Amer F2		1,358,055	1,425,883
11,717	BlackRock Global Equity Market Neutral Instl		158,180	164,858
119,205	BlackRock Total Return Instl		1,159,866	1,231,382
74,064	Blackstone Alternative Multi-Strategy I		793,224	777,977
10,890	Calamos Market Neutral Income I		162,581	157,248
21,983	Causeway Internatl Value Ins		408,001	347,999
6,303	Cohen & Steers Global Realty I		321,702	374,684
11,518	Edgewood Growth Instl		510,488	478,085
145,094	Federated Hermes Total Return Bond IS		1,356,632	1,407,884
33,193	GQG Part Emerg Mkts Eq-Inst		549,019	498,571
22,036	GS GQG Part Intl Opp-Inst		431,017	402,920
32,138	Hartford Dividend & Growth I		1,060,556	1,094,703
43,703	Neuberger Berman Long Short Instl		819,436	727,096
25,876	Nuance Mid Cap Value-Inst		318,270	343,482
3,234	Oakmark Institutional		491,887	415,841
25,674	PIMCO Commodity RR Strategy I-2		334,790	479,319
	<u>TOTALS - MUTUAL FUNDS</u>		<u>\$ 10,879,931</u>	<u>\$ 11,051,381</u>

Exchange Traded Funds

5,373	Global X MLP & Energy Infras		\$ 325,389	\$ 259,927
12,414	IShares Core MSCI EAFE ETF		872,456	831,164
10,580	IShares Core Msci Emerging		552,488	545,925
1,095	IShares Core S&P 500 ETF		644,604	479,339
4,012	IShares Russell 1000 Growth ETF		1,611,139	1,053,024
3,523	IShares Russell 1000 Value ETF		652,213	611,114
3,784	IShares Russell Mid-Cap Growth		479,622	422,804
	<u>TOTALS - EXCHANGE TRADED FUNDS</u>		<u>\$ 5,137,911</u>	<u>\$ 4,203,297</u>