

Form 5500

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security  
Administration

Pension Benefit Guaranty Corporation

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.

OMB Nos. 1210-0110  
1210-0089

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

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

1a Name of plan: THE CONSOLIDATED ALLAGASH PENSION PLAN
1b Three-digit plan number (PN): 010
1c Effective date of plan: 01/01/1970
2a Plan sponsor's name (employer, if for a single-employer plan): NEW BERRY, INC.
Mailing address (include room, apt., suite no. and street, or P.O. Box): 2408 EVANS CITY ROAD, HARMONY, PA 16037
2b Employer Identification Number (EIN): 95-3874528
2c Plan Sponsor's telephone number: 724-452-8040
2d Business code (see instructions): 333900

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:<br><b>a</b> Sponsor's name<br><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>                                   | 338 |
| <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> ).<br><b>a(1)</b> Total number of active participants at the beginning of the plan year .....<br><b>a(2)</b> Total number of active participants at the end of the plan year .....<br><b>b</b> Retired or separated participants receiving benefits.....<br><b>c</b> Other retired or separated participants entitled to future benefits .....<br><b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....<br><b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....<br><b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....<br><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) .....<br><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) .....<br><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>                               | 1   |
|   | <b>6a(2)</b>                               | 1   |
|   | <b>6b</b>                                  | 223 |
|   | <b>6c</b>                                  | 43  |
|   | <b>6d</b>                                  | 267 |
|   | <b>6e</b>                                  | 58  |
|   | <b>6f</b>                                  | 325 |
|   | <b>6g(1)</b>                               |     |
| <b>6g(2)</b>  |  |     |
| <b>6h</b>   |  |     |
| <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:  
1A 1B 1C 1I

**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)

|  |  |
|--|--|
| <b>a Pension Schedules</b>   | <b>b General Schedules</b>   |
| (1) <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)   | (1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information)                 |
| (2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary | (2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)               |
| (3) <input checked="" type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary                    | (3) <input type="checkbox"/> <b>A</b> (Insurance Information) – Number Attached <u>0</u> |
| (4) <input type="checkbox"/> <b>DCG</b> (Individual Plan Information) – Number Attached _____  | (4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)          |
| (5) <input type="checkbox"/> <b>MEP</b> (Multiple-Employer Retirement Plan Information)  | (5) <input type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)               |
|  | (6) <input type="checkbox"/> <b>G</b> (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><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Single-Employer Defined Benefit Plan</b><br><b>Actuarial Information</b><br><br>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).<br><br><b>▶ File as an attachment to Form 5500 or 5500-SF.</b> | <small>OMB No. 1210-0110</small><br><br><b>2024</b><br><br><b>This Form is Open to Public Inspection</b> |
|---|--|--|

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<br><u>THE CONSOLIDATED ALLAGASH PENSION PLAN</u>  | <b>B</b> Three-digit plan number (PN) ▶   | <u>010</u> |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br><u>NEW BERRY, INC.</u>  | <b>D</b> Employer Identification Number (EIN)<br><u>95-3874528</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 checked="" type="checkbox"/> 101-500 <input 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>10991472</u>           |                          |
| <b>b</b> Actuarial value .....  | <b>2b</b>                  | <u>11302385</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>287</u>                 | <u>9843142</u>            | <u>9843142</u>           |
| <b>b</b> For terminated vested participants .....   | <u>50</u>                  | <u>1830374</u>            | <u>1830374</u>           |
| <b>c</b> For active participants .....  | <u>1</u>                   | <u>22784</u>              | <u>22784</u>             |
| <b>d</b> Total .....  | <u>338</u>                 | <u>11696300</u>           | <u>11696300</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>4.94 %</u>             |                          |
| <b>6</b> Target normal cost   |                            |                           |                          |
| <b>a</b> Present value of current plan year accruals .....  | <b>6a</b>                  | <u>0</u>                  |                          |
| <b>b</b> Expected plan-related expenses .....   | <b>6b</b>                  | <u>225000</u>             |                          |
| <b>c</b> Target normal cost .....   | <b>6c</b>                  | <u>225000</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>10/06/2025</u>   | Date                                   |
|                  | <u>MICHAEL J. WHITTLE, JR.</u>                                   | <u>23-08339</u>     | Most recent enrollment number          |
|                  | <u>CBIZ</u>  | <u>215-587-0700</u> | Telephone number (including area code) |
|                  | <u>1845 WALNUT STREET, 10TH FLOOR<br/>PHILADELPHIA, PA 19103</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                     | 0                      |
| <b>8</b>   | Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....   | 0                     | 0                      |
| <b>9</b>   | Amount remaining (line 7 minus line 8) .....   | 0                     | 0                      |
| <b>10</b>  | Interest on line 9 using prior year's actual return of <u>15.58</u> % .....  | 0                     | 0                      |
| <b>11</b>  | Prior year's excess contributions to be added to prefunding balance:   |                       |                        |
| <b>a</b>   | Present value of excess contributions (line 38a from prior year) .....   |                       | 658803                 |
| <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>5.06</u> % ..... |                       | 33335                  |
| <b>b(2)</b>  | Interest on line 38b from prior year Schedule SB, using prior year's actual return .....   |                       |                        |
| <b>c</b>   | Total available at beginning of current plan year to add to prefunding balance .....   |                       | 692138                 |
| <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                     | 0                      |

| <b>Part III Funding Percentages</b> |  |           |         |
|-------------------------------------|--|-----------|---------|
| <b>14</b>                           | Funding target attainment percentage .....   | <b>14</b> | 96.63 % |
| <b>15</b>                           | Adjusted funding target attainment percentage .....  | <b>15</b> | 96.63 % |
| <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> | 87.02 % |
| <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 |              |   |
| 04/10/2024  | 163000                         | 0  |                       |                                |                              |              |   |
| 07/12/2024  | 163000                         | 0  |                       |                                |                              |              |   |
|   |                                |  |                       |                                |                              |              |   |
|   |                                |  |                       |                                |                              |              |   |
|   |                                |  |                       |                                |                              |              |   |
|   |                                |  |                       |                                |                              |              |   |
|   |                                |  | <b>Totals ▶</b>       | <b>18(b)</b>                   | 326000                       | <b>18(c)</b> | 0 |

|  |  |   |         |
|--|--|---|---------|
| <b>19</b>  | Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year: |   |         |
| <b>a</b>   | Contributions allocated toward unpaid minimum required contributions from prior years .....                                | <b>19a</b>  | 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>  | 319775  |
| <b>20</b>  | Quarterly contributions and liquidity shortfalls:  |   |         |
| <b>a</b>   | Did the plan have a "funding shortfall" for the prior year? .....  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |         |
| <b>b</b>   | If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? .....             | <input checked="" 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 |
| 0  | 0  | 0   | 0       |

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

**21** Discount rate:

|                         |                        |                        |                        |   |
|-------------------------|------------------------|------------------------|------------------------|---|
| <b>a</b> Segment rates: | 1st segment:<br>4.75 % | 2nd segment:<br>4.87 % | 3rd segment:<br>5.59 % | <input type="checkbox"/> N/A, full yield curve used |
|-------------------------|------------------------|------------------------|------------------------|---|

**b** Applicable month (enter code) ..... **21b** 4

**22** Weighted average retirement age ..... **22** 65

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

**Part VI Miscellaneous Items**

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

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

**26** Demographic and benefit information

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

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

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

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

|   |           |   |
|---|-----------|---|
| <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 |

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

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

|  |            |        |
|--|------------|--------|
| <b>a</b> Target normal cost (line 6c) .....                                | <b>31a</b> | 225000 |
| <b>b</b> Excess assets, if applicable, but not greater than line 31a ..... | <b>31b</b> | 0      |

|   |                     |             |
|---|---------------------|-------------|
| <b>32</b> Amortization installments:                  | Outstanding Balance | Installment |
| <b>a</b> Net shortfall amortization installment ..... | 393915              | 65788       |
| <b>b</b> Waiver amortization installment.....         | 0                   | 0           |

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

|   |                   |                    |
|---|-------------------|--------------------|
| <b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....         | <b>34</b>         | 290788             |
|   | Carryover balance | Prefunding balance |
| <b>35</b> Balances elected for use to offset funding requirement .....  | 0                 | 0                  |
| <b>36</b> Additional cash requirement (line 34 minus line 35) .....   | <b>36</b>         | 290788             |
| <b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) ..... | <b>37</b>         | 319775             |

**38** 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> | 28987 |
| <b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances..... | <b>38b</b> | 0     |

|   |           |   |
|---|-----------|---|
| <b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) ..... | <b>39</b> | 0 |
| <b>40</b> Unpaid minimum required contributions for all years .....   | <b>40</b> | 0 |

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

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

|  |  |   |
|--|--|---|
| <b>SCHEDULE C</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Service Provider Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br><b>▶ File as an attachment to Form 5500.</b> | <small>OMB No. 1210-0110</small><br><br><b>2024</b><br><br><b>This Form is Open to Public Inspection.</b> |
|--|--|---|

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

|   |  |            |
|---|--|------------|
| <b>A</b> Name of plan<br><b>THE CONSOLIDATED ALLAGASH PENSION PLAN</b>                  | <b>B</b> Three-digit plan number (PN) ▶                            | <b>010</b> |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>NEW BERRY, INC.</b> | <b>D</b> Employer Identification Number (EIN)<br><b>95-3874528</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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**(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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**(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)

SEI INVESTMENTS

04-2452803

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 28 52 11 17            | NONE  | 61846  | 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)

CBIZ

31-1582098

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 11 15 17 50 64 70      | NONE  | 56238  | 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)

SCHNEIDER DOWNS

25-1408703

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 10                     | NONE  | 14400  | 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"/>                                     |

**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<br>(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<br>(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<br>(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><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Financial Information</b><br><br>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).<br><br><b>▶ File as an attachment to Form 5500.</b> | <small>OMB No. 1210-0110</small><br><br><b>2024</b><br><br><b>This Form is Open to Public Inspection</b> |
|--|--|--|

|  |  |
|--|--|
| 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<br><b>THE CONSOLIDATED ALLGASH PENSION PLAN</b>                                    | <b>B</b> Three-digit plan number (PN) ▶ <b>010</b>                 |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>NEW BERRY, INC.</b>                  | <b>D</b> Employer Identification Number (EIN)<br><b>95-3874528</b> |

|               |                                      |
|---------------|--------------------------------------|
| <b>Part I</b> | <b>Asset and Liability Statement</b> |
|---------------|--------------------------------------|

**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>Assets</b>  |                 |                       |                 |
| <b>a</b> Total noninterest-bearing cash .....  | <b>1a</b>       |                       |                 |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                       |                 |                       |                 |
| <b>(1)</b> Employer contributions .....  | <b>1b(1)</b>    | 1057000               | 0               |
| <b>(2)</b> Participant contributions .....   | <b>1b(2)</b>    |                       |                 |
| <b>(3)</b> Other .....   | <b>1b(3)</b>    | 14397                 | 16158           |
| <b>c</b> General investments:  |                 |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....   | <b>1c(1)</b>    |                       |                 |
| <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>   | 9951089               | 10818846        |
| <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:                                  |              | <b>(a)</b> Beginning of Year | <b>(b)</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>    | 11022486                     | 10835004               |
| <b>Liabilities</b>   |              |                              |                        |
| <b>g</b> Benefit claims payable.....                                     | <b>1g</b>    |                              |                        |
| <b>h</b> Operating payables.....   | <b>1h</b>    | 8358                         | 7669                   |
| <b>i</b> Acquisition indebtedness.....                                   | <b>1i</b>    | 0                            | 0                      |
| <b>j</b> Other liabilities.....  | <b>1j</b>    |                              |                        |
| <b>k</b> Total liabilities (add all amounts in lines 1g through 1j)..... | <b>1k</b>    | 8358                         | 7669                   |
| <b>Net Assets</b>  |              |                              |                        |
| <b>l</b> Net assets (subtract line 1k from line 1f).....                 | <b>1l</b>    | 11014128                     | 10827335               |

**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>  |                 | <b>(a)</b> Amount | <b>(b)</b> Total |
|--|-----------------|-------------------|------------------|
| <b>a Contributions:</b>  |                 |                   |                  |
| (1) Received or receivable in cash from: <b>(A)</b> Employers.....   | <b>2a(1)(A)</b> | 326000            |                  |
| <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>    |                   | 326000           |
| <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> |                   |                  |
| <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> |                   | 0                |
| <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> |                   |                  |
| <b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....                  | <b>2b(2)(D)</b> |                   | 0                |
| <b>(3)</b> 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> |                   |                  |
| <b>(B)</b> Aggregate carrying amount (see instructions).....   | <b>2b(4)(B)</b> |                   |                  |
| <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 .....                              | 2b(6)  |            |           |
| (7) Net investment gain (loss) from pooled separate accounts .....                              | 2b(7)  |            |           |
| (8) Net investment gain (loss) from master trust investment accounts .....                      | 2b(8)  |            |           |
| (9) Net investment gain (loss) from 103-12 investment entities .....                            | 2b(9)  |            |           |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) ..... | 2b(10) |            | 1022144   |
| <b>c</b> Other income .....   | 2c     |            |           |
| <b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....        | 2d     |            | 1348144   |

**Expenses**

|   |        |         |         |
|---|--------|---------|---------|
| <b>e</b> Benefit payment and payments to provide benefits:                                  |        |         |         |
| (1) Directly to participants or beneficiaries, including direct rollovers .....             | 2e(1)  | 1304927 |         |
| (2) To insurance carriers for the provision of benefits .....                               | 2e(2)  |         |         |
| (3) Other .....   | 2e(3)  |         |         |
| (4) Total benefit payments. Add lines 2e(1) through (3) .....                               | 2e(4)  |         | 1304927 |
| <b>f</b> Corrective distributions (see instructions) .....                                  | 2f     |         |         |
| <b>g</b> Certain deemed distributions of participant loans (see instructions) .....         | 2g     |         |         |
| <b>h</b> Interest expense .....   | 2h     |         |         |
| <b>i</b> Administrative expenses:   |        |         |         |
| (1) Salaries and allowances .....   | 2i(1)  |         |         |
| (2) Contract administrator fees .....   | 2i(2)  |         |         |
| (3) Recordkeeping fees .....  | 2i(3)  |         |         |
| (4) IQPA audit fees .....   | 2i(4)  | 14400   |         |
| (5) Investment advisory and investment management fees .....                                | 2i(5)  |         |         |
| (6) Bank or trust company trustee/custodial fees .....                                      | 2i(6)  | 61846   |         |
| (7) Actuarial fees .....  | 2i(7)  | 56238   |         |
| (8) Legal fees .....  | 2i(8)  |         |         |
| (9) Valuation/appraisal fees .....  | 2i(9)  |         |         |
| (10) Other trustee fees and expenses .....  | 2i(10) |         |         |
| (11) Other expenses .....   | 2i(11) | 97526   |         |
| (12) Total administrative expenses. Add lines 2i(1) through (11) .....                      | 2i(12) |         | 230010  |
| <b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total ..... | 2j     |         | 1534937 |

**Net Income and Reconciliation**

|   |       |  |         |
|---|-------|--|---------|
| <b>k</b> Net income (loss). Subtract line 2j from line 2d ..... | 2k    |  | -186793 |
| <b>l</b> Transfers of assets:                                   |       |  |         |
| (1) To this plan .....  | 2l(1) |  |         |
| (2) From this plan .....  | 2l(2) |  |         |

**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: **SCHNEIDER DOWNS**

(2) EIN: **25-1408703**

**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   |    | 2000000 |
| <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 556250.

|  |   |   |
|--|---|---|
| <b>SCHEDULE R</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Retirement Plan Information</b><br><br>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).<br><br><b>▶ File as an attachment to Form 5500.</b> | <small>OMB No. 1210-0110</small><br><br><b>2024</b><br><br><b>This Form is Open to Public Inspection.</b> |
|--|---|---|

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

|   |  |            |
|---|--|------------|
| <b>A</b> Name of plan<br><u>THE CONSOLIDATED ALLGASH PENSION PLAN</u>                   | <b>B</b> Three-digit plan number (PN) ▶                            | <u>010</u> |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>NEW BERRY, INC.</u> | <b>D</b> Employer Identification Number (EIN)<br><u>95-3874528</u> |            |

|               |                      |
|---------------|----------------------|
| <b>Part I</b> | <b>Distributions</b> |
|---------------|----------------------|

**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..... | 1 | 0 |
|---|---|---|

**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): 23-3060382

**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 ..... | 3 | 3 |
|--|---|---|

|                |   |
|----------------|---|
| <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) .....  | 6a |  |
| <b>b</b> Enter the amount contributed by the employer to the plan for this plan year .....  | 6b |  |
| <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)..... | 6c |  |

**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> |
|-----------------|-------------------|

**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> |  |

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

THE CONSOLIDATED ALLAGASH PENSION PLAN  
Harmony, Pennsylvania

Financial Statements and  
Supplementary Information  
As of December 31, 2024 and 2023  
and for the years ended December 31, 2024 and 2023  
  
and Independent Auditor's Report Thereon



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All other schedules required by Section 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA), as amended, have been omitted because they are not applicable.

INDEPENDENT AUDITOR’S REPORT

To the Pension and Benefits Administration Committee of  
The Consolidated Allagash Pension Plan  
Harmony, Pennsylvania

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

We have performed audits of the financial statements of the Consolidated Allagash Pension Plan (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, and the related statements of changes in net assets available for benefits for the years 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 Plan’s 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 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 accompanying 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 (U.S. GAAP).
- the information in the accompanying 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).

## **Basis for Opinion**

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). 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 U.S. GAAP, 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 for the Financial Statements 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 GAAS 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 substantial likelihood that, individually or in the aggregate, they would influence the judgement made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, 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 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 U.S. GAAP.

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 U.S. GAAP.

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.

### **Supplemental Schedules Required by ERISA**

The supplemental schedule of assets (held at end of year) as of December 31, 2024 and schedule of 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 auditing procedures applied in the audit 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 GAAS. 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.
- 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).

*Schneider Downs & Co, Inc.*

Pittsburgh, Pennsylvania  
September 29, 2025

THE CONSOLIDATED ALLAGASH PENSION PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

|                                   |  | <u>December 31</u>   |                      |
|-----------------------------------|--|----------------------|----------------------|
|                                   |  | <u>2024</u>          | <u>2023</u>          |
| ASSETS                            |  |                      |                      |
| Investments                       |  | \$ 10,818,846        | \$ 9,951,089         |
| RECEIVABLES                       |  |                      |                      |
| Accrued income                    |  | 16,158               | 14,397               |
| Employer contributions            |  | -                    | 1,057,000            |
|                                   |  | <u>16,158</u>        | <u>1,071,397</u>     |
| Total Assets                      |  | 10,835,004           | 11,022,486           |
| LIABILITIES                       |  |                      |                      |
| Accrued expenses                  |  | <u>7,669</u>         | <u>8,358</u>         |
| Net Assets Available For Benefits |  | <u>\$ 10,827,335</u> | <u>\$ 11,014,128</u> |

See notes to financial statements.

THE CONSOLIDATED ALLAGASH PENSION PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS  
FOR THE YEARS ENDED DECEMBER 31, 2024 AND 2023

|  | <u>2024</u>          | <u>2023</u>          |
|--|----------------------|----------------------|
| ADDITIONS:   |                      |                      |
| Net appreciation in fair value of investments                | \$ 621,455           | \$ 1,057,824         |
| Dividend and interest income                                 | 400,689              | 350,338              |
| Employer contributions                                       | <u>326,000</u>       | <u>1,396,000</u>     |
| Total Additions  | 1,348,144            | 2,804,162            |
| DEDUCTIONS:  |                      |                      |
| Benefits paid to participants                                | 1,304,927            | 1,560,718            |
| Administrative expenses                                      | <u>230,010</u>       | <u>381,631</u>       |
| Total Deductions   | <u>1,534,937</u>     | <u>1,942,349</u>     |
| Net (Decrease) Increase In Net Assets Available For Benefits | (186,793)            | 861,813              |
| NET ASSETS AVAILABLE FOR BENEFITS:                           |                      |                      |
| Beginning of year  | <u>11,014,128</u>    | <u>10,152,315</u>    |
| End of year  | <u>\$ 10,827,335</u> | <u>\$ 11,014,128</u> |

See notes to financial statements.

## THE CONSOLIDATED ALLAGASH PENSION PLAN

### NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2024 AND 2023

#### NOTE 1 - DESCRIPTION OF THE PLAN

The following description of The Consolidated Allagash Pension Plan (Plan) is provided for general information purposes only. Participants should refer to the Plan document for complete information.

The Plan is sponsored by New Berry, Inc. d.b.a Berry Metal Company (Company). Until August 15, 2017, the Company participated in the Consolidated Allagash Pension Plan, a multiple-employer pension plan that was frozen in 2003. Under the pension plan arrangement, the assets of the individual plans are pooled and are generally available to pay benefits for employees of any of the participating employers. On August 15, 2017, the Company became the Plan sponsor, and the Plan changed to a single-employer plan.

The Plan covers certain employees of the Company and obligations incurred by prior affiliates. The accumulation of future benefits to Plan participants was frozen. The retirement benefit provided to an employee is based on the employee's service and compensation. The Company contributes such amounts as necessary on an actuarial basis to provide the Plan with assets sufficient to meet the benefits to be paid to Plan participants.

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue such contributions at any time and terminate the Plan. If the Plan were to terminate at some future time, the available Plan assets shall be allocated among participants, former participants, retired participants and beneficiaries to provide benefits in accordance with the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), the Internal Revenue Code (IRC), the Pension Benefit Guaranty Corporation (PBGC), and regulations issued pursuant to those statutes. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination.

Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide for accumulated benefit obligations and may also depend on the financial condition of the Plan sponsor and level of benefits guaranteed by the PBGC.

Plan Benefits - Plan benefits are calculated in accordance with each employee's applicable employer calculation, as specified within the Plan document.

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

A summary of significant accounting policies consistently applied by the Plan administrator in the preparation of the accompanying statements of net assets available for benefits and related statements of changes in net assets available for benefits and the related notes to the financial statements (financial statements) follows:

Basis of Accounting - The financial statements of the Plan are prepared under the accrual method of accounting.

Use of Estimates - The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America (U.S. GAAP) requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities and changes therein, disclosure of contingent assets and liabilities, and the actuarial present value of accumulated plan benefits at the dates of the financial statements and changes therein. Actual results could differ from those estimates.

THE CONSOLIDATED ALLAGASH PENSION PLAN

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2024 AND 2023

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Investment Valuation and Income Recognition - Investments are reported at fair value, which is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 5 for discussion of fair value measurement.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation in fair value of investments includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Payment of Benefits - Benefit payments to participants are recorded when paid.

Administrative Expenses - The Plan's expenses are paid either by the Plan or the Company, as provided by the Plan document. Expenses paid directly by the Company are excluded from these financial statements. Certain expenses incurred in connection with the general administration of the Plan that are paid by the Plan are recorded as deductions in the accompanying statements of changes in net assets available for benefits. Investment-related expenses are included in net appreciation in fair value of investments.

Actuarial Present Value of Accumulated Plan Benefits - Accumulated plan benefits (See Note 3) are those future periodic payments, including lump-sum distributions, that are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to a) retired or terminated employees or their beneficiaries; b) beneficiaries of employees who have died; and for c) present employees or their beneficiaries. Benefits payable under all circumstances - retirement, death and termination of employment - are included to the extent they are deemed attributable to employee service rendered to the valuation date.

The actuarial present value of accumulated plan benefits is determined based on independent actuarial valuations as of the beginning of the year. It results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment between the valuation date and the expected date of payment.

Funding Policy - The Plan's funding policy is for the Company to contribute an amount that will meet or exceed the annual ERISA minimum funding requirement.

Subsequent Events - Management has evaluated subsequent events through September 29, 2025, the date the financial statements were available to be issued.

THE CONSOLIDATED ALLAGASH PENSION PLAN

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2024 AND 2023

NOTE 3 - ACCUMULATED PLAN BENEFITS

The Plan complied with the minimum funding requirements for the years ended December 31, 2024 and 2023. The computations of the actuarial present value of accumulated plan benefits were made as of January 1, 2024 and 2023. Had the valuation been performed as of the end of the year, there would be no material differences. The accumulated plan benefit information as of the beginning of the years ended December 31, 2024 and 2023 is as follows:

| Actuarial present value of accumulated plan benefits:     | <u>2024</u>              | <u>2023</u>              |
|---|--------------------------|--------------------------|
| Vested benefits:  |                          |                          |
| Active participants                                       | \$ 22,511                | \$ 68,920                |
| Participants with deferred benefits                       | 1,790,370                | 2,132,399                |
| Participants receiving benefits                           | <u>9,299,670</u>         | <u>9,829,941</u>         |
| <br>Total Actuarial Present Value of Accumulated Benefits | <br><u>\$ 11,112,551</u> | <br><u>\$ 12,031,260</u> |

The change in actuarial present value of accumulated plan benefits as of the beginning of the year ended December 31, 2024 is as follows:

|  |                          |
|--|--------------------------|
| Actuarial present value of accumulated plan benefits as of January 1, 2023     | \$ 12,031,260            |
| (Decrease) increase during the year attributable to:                           |                          |
| Benefits accumulated and gains and losses                                      | (40,855)                 |
| Increase in the discount rate  | 675,054                  |
| Actual benefits paid   | (1,560,718)              |
| Change in actuarial assumptions  | <u>7,810</u>             |
| <br>Net Decrease   | <br><u>(918,709)</u>     |
| <br>Actuarial present value of accumulated plan benefits as of January 1, 2024 | <br><u>\$ 11,112,551</u> |

The significant assumptions and methods underlying the actuarial computations as of the beginning of the fiscal year ended December 31, 2024 and 2023 include:

|                                   |   |
|-----------------------------------|---|
| Assumed investment rate of return | 6.0% in 2024 and 2023   |
| Mortality                         | Pre-2012 Amount Weighted Total Dataset Mortality Tables (Employee, Retiree, and Contingent Survivor tables as applicable), with generational projection from 2012 using Scale MP-2021 for the years ended December 31, 2024 and 2023. |
| Actuarial cost method             | Unit credit   |
| Retirement age                    | Age 65  |

THE CONSOLIDATED ALLAGASH PENSION PLAN

NOTES TO FINANCIAL STATEMENTS  
DECEMBER 31, 2024 AND 2023

NOTE 3 - ACCUMULATED BENEFITS (Continued)

The 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.

NOTE 4 - INFORMATION CERTIFIED BY THE TRUSTEE (Unaudited)

Certain information related to investments disclosed in the accompanying financial statements and ERISA-required supplemental schedules, including investments held at December 31, 2024 and 2023, and net appreciation in fair value of investments and interest and dividends for the years ended December 31, 2024 and 2023, was obtained by management and agreed to or derived from information certified as complete and accurate by SEI Private Trust Company (SEI), the trustee of the Plan.

NOTE 5 - FAIR VALUE MEASUREMENT

The framework for measuring fair value 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 or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy are described as follows:

Level 1 - Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2 - Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs, other than quoted prices, that are observable for the asset or liability;
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

Level 3 - Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

THE CONSOLIDATED ALLAGASH PENSION PLAN

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2024 AND 2023

NOTE 5 - FAIR VALUE MEASUREMENT (Continued)

Following is a description of the valuation methodologies used for investments measured at fair value. There have been no changes in the valuation methodologies used at December 31, 2024 and 2023.

Mutual Funds: Valued at the daily closing price as reported by the fund, which represents the net asset value of shares held by the Plan at year-end.

Money Market Funds: Valued at the daily closing price as reported by the fund, which represents the net asset of shares held by the plan at year end.

The preceding methods described above might produce a fair value calculation that might not be indicative of net realizable value or reflective of future fair values. Furthermore, while Plan management believes that its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following table sets forth, by level within the fair value hierarchy, the Plan's investments at fair value as of December 31:

|                            | 2024                 |          |          |                      |
|----------------------------|----------------------|----------|----------|----------------------|
|                            | Level 1              | Level 2  | Level 3  | Total                |
| Mutual funds               | \$ 10,818,805        | -        | -        | \$ 10,818,805        |
| Money market funds         | 41                   |          |          | 41                   |
| Total Assets At Fair Value | <u>\$ 10,818,846</u> | <u>-</u> | <u>-</u> | <u>\$ 10,818,846</u> |
|                            | 2023                 |          |          |                      |
|                            | Level 1              | Level 2  | Level 3  | Total                |
| Mutual funds               | \$ 9,951,089         | -        | -        | \$ 9,951,089         |
| Total Assets At Fair Value | <u>\$ 9,951,089</u>  | <u>-</u> | <u>-</u> | <u>\$ 9,951,089</u>  |

NOTE 6 - TAX STATUS

The Plan has received a determination letter from the Internal Revenue Service (IRS) dated September 27, 2013 stating that the Plan is qualified under Section 401(a) of the IRC, and, therefore, the related trust is exempt from taxation. Although the Plan has been amended since receiving the determination letter, the Plan sponsor believes that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the IRC and, therefore, believes that the Plan is qualified and the related trust is tax-exempt.

THE CONSOLIDATED ALLAGASH PENSION PLAN

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2024 AND 2023

NOTE 6 - TAX STATUS (Continued)

U.S. GAAP require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2024 and 2023, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. Should the Plan incur penalties and interest related to unrecognized tax benefits, such amounts would be recorded in administrative expenses. The Plan administrator believes that the Plan is no longer subject to income tax examinations for tax years prior to 2021.

NOTE 7 - RISKS AND UNCERTAINTIES

The Plan invests in various investment securities, which are exposed to various risks such as interest rate, market and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the statements of net assets available for benefits.

Plan contributions are made and the actuarial present value of accumulated plan benefits is reported on certain assumptions pertaining to interest rates, inflation rates and employee demographics, 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 8 - TRANSACTIONS WITH PARTIES-IN-INTEREST

Plan investments consist of mutual funds and money market funds managed by SEI, which is the trustee as defined by the Plan; therefore, these transactions qualify as party-in-interest transactions. Expenses incurred with SEI approximated \$62,000 and \$60,000 for the years ended December 31, 2024 and 2023, respectively. In addition, certain administrative functions are performed by officers and employees of the Company at no cost to the Plan.

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SUPPLEMENTARY INFORMATION



THE CONSOLIDATED ALLAGASH PENSION PLAN

EIN: 95-3874528

PLAN NUMBER: 010

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

| (a) | (b)<br>Identity of Issue, Borrower,<br>Lessor or Similar Party | (c)<br>Description of Investment Including<br>Maturity Date, Rate of Interest,<br>Collateral, Par or Maturity Value | (d)<br>Cost          | (e)<br>Current<br>Value |
|-----|--|---|----------------------|-------------------------|
|     | <u>Mutual Funds:</u>   |   |                      |                         |
| *   | SEI Private Trust Company                                      | Core Fixed Income Fund  | \$ 3,728,788         | \$ 3,268,506            |
| *   | SEI Private Trust Company                                      | World Equity Ex-US Fund   | 2,708,568            | 2,570,426               |
| *   | SEI Private Trust Company                                      | Large Cap Disciplined Equity Fund   | 1,367,239            | 1,300,618               |
| *   | SEI Private Trust Company                                      | S&P 500 Index A   | 1,272,021            | 1,298,274               |
| *   | SEI Private Trust Company                                      | High Yield Bond Fund  | 632,909              | 551,031                 |
| *   | SEI Private Trust Company                                      | Emerging Markets Debt Fund  | 627,488              | 541,501                 |
| *   | SEI Private Trust Company                                      | Dynamic Asset Allocation Fund   | 452,280              | 434,507                 |
| *   | SEI Private Trust Company                                      | Extended Market Index Fund  | 307,362              | 321,906                 |
| *   | SEI Private Trust Company                                      | Small/Mid Cap Equity Fund   | 341,010              | 316,917                 |
| *   | SEI Private Trust Company                                      | Emerging Markets Equity Fund  | 226,585              | 215,119                 |
|     | <u>Money Market Funds:</u>                                     |   |                      |                         |
| *   | SEI Private Trust Company                                      | Daily Income Government Fund  | 41                   | 41                      |
|     |  |   | <u>\$ 11,664,291</u> | <u>\$ 10,818,846</u>    |

\* Party-in-interest

The independent auditor's report should be read with this schedule.

THE CONSOLIDATED ALLAGASH PENSION PLAN

EIN: 95-3874528  
PLAN NUMBER: 010

SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS

| (a)<br>Identity of Party Involved  | (b)<br>Description of Asset           | (c)<br>Purchase<br>Price | (d)<br>Selling<br>Price | (g)<br>Cost<br>of Asset | (h)<br>Current Value<br>of Asset on<br>Transaction<br>Date | (i)<br>Net<br>(Loss) Gain |
|--|---------------------------------------|--------------------------|-------------------------|-------------------------|--|---------------------------|
| <i>Series I - Single transactions in excess of 5% of Plan assets</i>                       |                                       |                          |                         |                         |  |                           |
| * SEI Private Trust Company  | Daily Income Government Fund          | \$ 535,000               | -                       | \$ 535,000              | \$ 535,000   | -                         |
| * SEI Private Trust Company  | Daily Income Government Fund          | 535,000                  | -                       | 535,000                 | 535,000  | -                         |
| <i>Series III - Series of transactions in same security in excess of 5% of Plan assets</i> |                                       |                          |                         |                         |  |                           |
| * SEI Private Trust Company  | Core Fixed Income Fund (1)            | 588,758                  | -                       | 588,758                 | 588,758  | -                         |
| * SEI Private Trust Company  | Core Fixed Income Fund (2)            | -                        | \$ 196,120              | 223,151                 | 196,120  | \$ (27,031)               |
| * SEI Private Trust Company  | S&P 500 Index-A (3)                   | 516,955                  | -                       | 516,955                 | 516,955  | -                         |
| * SEI Private Trust Company  | S&P 500 Index-A (4)                   | -                        | 298,509                 | 251,134                 | 298,509  | 47,375                    |
| * SEI Private Trust Company  | World Equity Ex-US (5)                | 420,537                  | -                       | 420,537                 | 420,537  | -                         |
| * SEI Private Trust Company  | World Equity Ex-US (6)                | -                        | 329,007                 | 333,356                 | 329,007  | (4,349)                   |
| * SEI Private Trust Company  | Large Cap Disciplined Equity Fund (7) | 478,258                  | -                       | 478,258                 | 478,258  | -                         |
| * SEI Private Trust Company  | Large Cap Disciplined Equity Fund (8) | -                        | 293,805                 | 278,587                 | 293,805  | 15,218                    |

(1) Represents 21 purchase transactions

(2) Represents 12 sale transactions

(3) Represents 12 purchase transactions

(4) Represents 20 sales transactions

(5) Represents 12 purchase transactions

(6) Represents 16 sales transactions

(7) Represents 10 purchases transactions

(8) Represents 21 sales transactions

\* Party-in-interest

See independent auditor's report.



## Schedule SB, Part V - Statement of Actuarial Assumptions

**Funding Discount Rates**      IRS-Prescribed Three-Segment Rates, for the fourth month prior to the valuation date (September).

|            | Non-Stabilized | Limited to 25-Year Corridor |
|------------|----------------|-----------------------------|
| Segment 1: | 3.62%          | 4.75%                       |
| Segment 2: | 4.46%          | 4.87%                       |
| Segment 3: | 4.52%          | 5.59%                       |

The "Limited to 25 Year Corridor" rates are adjusted by the applicable maximum and applicable minimum percentages of the 25-year average segment rates, as set forth in the American Rescue Plan Act of 2021 ('ARPA-21') for use in Minimum Required Contribution calculations. The IRS Maximum Deductible Limit Calculations use the rates from the "Non-Stabilized" column above.

**Effective Interest Rate**      The Effective Interest Rate (EIR) for the current Plan Year is 4.94%. For the prior Plan Year, the EIR was 5.06%.

The EIR is the single rate of interest which, if used to determine the Funding Target, would result in the same Funding Target determined using the Plan Sponsor's above-elected discount rates. The EIR is used to discount contributions for minimum funding requirements and to accumulate excess contributions to the end of the year.

**Funding Expected Return on Assets**      The Expected Return on Assets (EROA) used in the calculation of the Actuarial Value of Assets is the lesser of (a) or (b), below:

(a) The Plan Sponsor's expected long-term rate of return on assets based on policy trust allocations; or

(b) The third segment rate in the IRS-prescribed three-segment rate assumption, based on the elections made by the Plan Sponsor for minimum funding purposes.

The results are as follows:

| Plan Year | Assumption (a) | Seg. III (b) | EROA (smaller of (a) or (b)) |
|-----------|----------------|--------------|------------------------------|
| 2023      | 7.00%          | 5.74%        | 5.74%                        |
| 2022      | 7.00%          | 5.92%        | 5.92%                        |

**Funding Administrative Expenses**      Administrative expenses of \$225,000 were estimated to be paid from the trust in the current Plan Year and were included in the Normal Cost.

**Funding Mortality** §430(h) Generational Separate Annuitant/Non-Annuitant Mortality Tables for the Current Plan Year.

**Withdrawal** Active employees are assumed to remain employed until their unreduced retirement ages.

**Disability** None.

**Retirement** All terminated vested participants are assumed to retire as shown below:

| Age   | Rate    |
|-------|---------|
| 55-59 | 10.00%  |
| 60-62 | 20.00%  |
| 63    | 25.00%  |
| 64    | 20.00%  |
| 65    | 75.00%  |
| 66-69 | 25.00%  |
| 70+   | 100.00% |

Active participants are assumed to retire at their unreduced retirement dates.

**Spousal Assumptions** 80% of participants are assumed to be married.

Husbands are assumed to be three years older than their wives.

**Form of Payment** 100% of participants eligible for a lump sum distribution are assumed to elect a lump sum. All others are assumed to elect the annuity form as follows:

| Form of Annuity          | Rate   |
|--------------------------|--------|
| Single Life              | 50.00% |
| 10 Year Certain and Life | 10.00% |
| 50% Joint & Survivor     | 20.00% |
| 100% Joint & Survivor    | 20.00% |

**Cash Balance Interest Credit** The assumed interest credit for cash balance accounts is 3.00%.

**Cash Balance and Lump Sum Conversions** The interest rates used to convert annuities into actuarially equivalent lump sums are the same as the Target Liability interest rates for the associated liability measure.

The mortality table for developing lump sum factors is the IRS 2024 Applicable Mortality Table.

**Changes in funding assumptions since the prior valuation**

In accordance with federal law, the discount rates for funding and PBGC purposes were updated from the discount rates disclosed in the 2023 Actuarial Valuation Report to the discount rates shown above.

The funding mortality table was changed from the IRS 2023 Static Mortality Table to the IRS 2024 Generational Mortality Table.

The mortality table for developing lump sum factors was changed from the IRS 2023 Applicable Mortality Table to the IRS 2024 Applicable Mortality Table.

Plan administrative expenses are assumed to be \$225,000, compared to \$475,000 in 2023.

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## Schedule SB, Part V - Statement of Actuarial Methods

**Actuarial Cost Method**

The Pension Protection Act (PPA) requires the calculation of the Target Liability and Target Normal Cost. The Target Liability represents the present value of benefits accumulated as of the valuation date. The present value is calculated by projecting future payments of the accrued benefit, adjusting for probability of receipt according to demographic assumptions, and discounting the payments back to the valuation date using the segment interest rates. Payments expected within five years of the valuation date are discounted using the first segment rate, payments expected at least five but within 20 years of the valuation date are discounted using the second segment rate, and payments expected at least 20 years from the valuation date are discounted using the third segment rate. The calculation of the Target Normal Cost is identical, except that the future payment stream is based on the benefit expected to accrue during the plan year.

**Funding Actuarial Value of Assets Method**

The Actuarial Value of Assets is determined by averaging three market values: the market values as of the current year valuation date, and the two market values at each of the prior two years' valuation dates. The two prior year market values are adjusted for any benefit payments, expenses, contributions, and expected returns that occurred between their respective valuation dates and the current year valuation date. The Actuarial Value of Assets is adjusted to be no greater than 110% and no less than 90% of the market value of assets as of the current year valuation date.

Accrued contributions are discounted back to the valuation date at the prior year's effective interest rate.

**Changes Since the Prior Valuation**

None.

THE CONSOLIDATED ALLAGASH PENSION PLAN

EIN: 95-3874528  
PLAN NUMBER: 010

SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS

| (a)<br>Identity of Party Involved  | (b)<br>Description of Asset           | (c)<br>Purchase<br>Price | (d)<br>Selling<br>Price | (g)<br>Cost<br>of Asset | (h)<br>Current Value<br>of Asset on<br>Transaction<br>Date | (i)<br>Net<br>(Loss) Gain |
|--|---------------------------------------|--------------------------|-------------------------|-------------------------|--|---------------------------|
| <i>Series I - Single transactions in excess of 5% of Plan assets</i>                       |                                       |                          |                         |                         |  |                           |
| * SEI Private Trust Company  | Daily Income Government Fund          | \$ 535,000               | -                       | \$ 535,000              | \$ 535,000   | -                         |
| * SEI Private Trust Company  | Daily Income Government Fund          | 535,000                  | -                       | 535,000                 | 535,000  | -                         |
| <i>Series III - Series of transactions in same security in excess of 5% of Plan assets</i> |                                       |                          |                         |                         |  |                           |
| * SEI Private Trust Company  | Core Fixed Income Fund (1)            | 588,758                  | -                       | 588,758                 | 588,758  | -                         |
| * SEI Private Trust Company  | Core Fixed Income Fund (2)            | -                        | \$ 196,120              | 223,151                 | 196,120  | \$ (27,031)               |
| * SEI Private Trust Company  | S&P 500 Index-A (3)                   | 516,955                  | -                       | 516,955                 | 516,955  | -                         |
| * SEI Private Trust Company  | S&P 500 Index-A (4)                   | -                        | 298,509                 | 251,134                 | 298,509  | 47,375                    |
| * SEI Private Trust Company  | World Equity Ex-US (5)                | 420,537                  | -                       | 420,537                 | 420,537  | -                         |
| * SEI Private Trust Company  | World Equity Ex-US (6)                | -                        | 329,007                 | 333,356                 | 329,007  | (4,349)                   |
| * SEI Private Trust Company  | Large Cap Disciplined Equity Fund (7) | 478,258                  | -                       | 478,258                 | 478,258  | -                         |
| * SEI Private Trust Company  | Large Cap Disciplined Equity Fund (8) | -                        | 293,805                 | 278,587                 | 293,805  | 15,218                    |

(1) Represents 21 purchase transactions

(2) Represents 12 sale transactions

(3) Represents 12 purchase transactions

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(6) Represents 16 sales transactions

(7) Represents 10 purchases transactions

(8) Represents 21 sales transactions

\* Party-in-interest

See independent auditor's report.

**SCHEDULE SB  
(Form 5500)**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security Administration  
Pension Benefit Guaranty Corporation

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

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

**2024**

**This Form is Open to Public Inspection**

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<br>The Consolidated Allagash Pension Plan   |  | <b>B</b> Three-digit plan number (PN) ▶   | 010 |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br>New Berry, Inc.   |  | <b>D</b> Employer Identification Number (EIN)<br>95-3874528   |     |
| <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 checked="" type="checkbox"/> 101-500 <input type="checkbox"/> More than 500 |     |

**Part I Basic Information**

|  |                            |                           |                          |
|--|----------------------------|---------------------------|--------------------------|
| <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>                  | 10,991,472                |                          |
| <b>b</b> Actuarial value.....  | <b>2b</b>                  | 11,302,385                |                          |
| <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.....   | 287                        | 9,843,142                 | 9,843,142                |
| <b>b</b> For terminated vested participants.....   | 50                         | 1,830,374                 | 1,830,374                |
| <b>c</b> For active participants.....  | 1                          | 22,784                    | 22,784                   |
| <b>d</b> Total.....  | 338                        | 11,696,300                | 11,696,300               |
| <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>                   | 4.94%                     |                          |
| <b>6</b> Target normal cost  |                            |                           |                          |
| <b>a</b> Present value of current plan year accruals.....  | <b>6a</b>                  | 0                         |                          |
| <b>b</b> Expected plan-related expenses.....   | <b>6b</b>                  | 225,000                   |                          |
| <b>c</b> Target normal cost.....   | <b>6c</b>                  | 225,000                   |                          |

**Statement by Enrolled Actuary**

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

|  |  |  |
|--|--|--|
| <b>SIGN HERE</b>   | <i>Michael J. Whittle, Jr.</i><br>Signature of actuary   | <u>10/06/2025</u><br>Date                              |
|  | Michael J. Whittle, Jr.<br>Type or print name of actuary | 2308339<br>Most recent enrollment number               |
| CBIZ<br>Firm name  |  | 215-587-0700<br>Telephone number (including area code) |
| 1845 Walnut Street, 10th Floor<br>Philadelphia PA 19103<br>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.



|   |  |                       |                       |   |
|---|--|-----------------------|-----------------------|---|
| <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:<br>4.75%  | 2nd segment:<br>4.87% | 3rd segment:<br>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> 65  |
| <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 checked="" type="checkbox"/> Yes <input 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> 225,000 |
| <b>b</b> Excess assets, if applicable, but not greater than line 31a .....   |                     |                    |               | <b>31b</b> 0       |
| <b>32</b> Amortization installments:   | Outstanding Balance |                    | Installment   |                    |
| <b>a</b> Net shortfall amortization installment .....  | 393,915             |                    | 65,788        |                    |
| <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> 290,788  |
|  | 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> 290,788  |
| <b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....   |                     |                    |               | <b>37</b> 319,775  |
| <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> 28,987  |
| <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 checked="" type="checkbox"/> 2021 |  |  |  |  |



**SCHEDULE SB ATTACHMENT**  
**Line 24 - Change in Actuarial Assumptions**

**Plan Name: Consolidated Allagash Pension Plan**

**EIN/PN: 95-3874528/010**

**Valuation Date: January 1, 2024**

Plan administrative expenses were changed from \$475,000 to \$225,000 to reflect estimated expenses to be paid from the trust.



**SCHEDULE SB ATTACHMENT**  
**Line 32 - Schedule of Amortization Bases**

**Plan Name: Consolidated Allagash Pension Plan**

**EIN/PN: 95-3874528/010**

**Valuation Date: January 1, 2024**

| <u>Original<br/>Valuation</u> | <u>Remaining<br/>Years</u> | <u>Amortization<br/>Type</u> | <u>Outstanding<br/>Balance</u> | <u>Current<br/>Year<br/>Amortization</u> |
|-------------------------------|----------------------------|------------------------------|--------------------------------|--|
| 1/1/2024                      | 15.00                      | 15 Year                      | (1,178,780)                    | (107,246)                                |
| 1/1/2023                      | 14.00                      | 15 Year                      | 469,024                        | 44,765                                   |
| 1/1/2022                      | 13.00                      | 15 Year                      | (1,734,605)                    | (174,533)                                |
| 1/1/2021                      | 12.00                      | 15 Year                      | 2,838,276                      | 302,802                                  |

## Schedule SB, Part V - Statement of Actuarial Assumptions

**Funding Discount Rates**      IRS-Prescribed Three-Segment Rates, for the fourth month prior to the valuation date (September).

|            | Non-Stabilized | Limited to 25-Year Corridor |
|------------|----------------|-----------------------------|
| Segment 1: | 3.62%          | 4.75%                       |
| Segment 2: | 4.46%          | 4.87%                       |
| Segment 3: | 4.52%          | 5.59%                       |

The "Limited to 25 Year Corridor" rates are adjusted by the applicable maximum and applicable minimum percentages of the 25-year average segment rates, as set forth in the American Rescue Plan Act of 2021 ('ARPA-21') for use in Minimum Required Contribution calculations. The IRS Maximum Deductible Limit Calculations use the rates from the "Non-Stabilized" column above.

**Effective Interest Rate**      The Effective Interest Rate (EIR) for the current Plan Year is 4.94%. For the prior Plan Year, the EIR was 5.06%.

The EIR is the single rate of interest which, if used to determine the Funding Target, would result in the same Funding Target determined using the Plan Sponsor's above-elected discount rates. The EIR is used to discount contributions for minimum funding requirements and to accumulate excess contributions to the end of the year.

**Funding Expected Return on Assets**      The Expected Return on Assets (EROA) used in the calculation of the Actuarial Value of Assets is the lesser of (a) or (b), below:

(a) The Plan Sponsor's expected long-term rate of return on assets based on policy trust allocations; or

(b) The third segment rate in the IRS-prescribed three-segment rate assumption, based on the elections made by the Plan Sponsor for minimum funding purposes.

The results are as follows:

| Plan Year | Assumption (a) | Seg. III (b) | EROA (smaller of (a) or (b)) |
|-----------|----------------|--------------|------------------------------|
| 2023      | 7.00%          | 5.74%        | 5.74%                        |
| 2022      | 7.00%          | 5.92%        | 5.92%                        |

**Funding Administrative Expenses**      Administrative expenses of \$225,000 were estimated to be paid from the trust in the current Plan Year and were included in the Normal Cost.

**Funding Mortality** §430(h) Generational Separate Annuitant/Non-Annuitant Mortality Tables for the Current Plan Year.

**Withdrawal** Active employees are assumed to remain employed until their unreduced retirement ages.

**Disability** None.

**Retirement** All terminated vested participants are assumed to retire as shown below:

| Age   | Rate    |
|-------|---------|
| 55-59 | 10.00%  |
| 60-62 | 20.00%  |
| 63    | 25.00%  |
| 64    | 20.00%  |
| 65    | 75.00%  |
| 66-69 | 25.00%  |
| 70+   | 100.00% |

Active participants are assumed to retire at their unreduced retirement dates.

**Spousal Assumptions** 80% of participants are assumed to be married.

Husbands are assumed to be three years older than their wives.

**Form of Payment** 100% of participants eligible for a lump sum distribution are assumed to elect a lump sum. All others are assumed to elect the annuity form as follows:

| Form of Annuity          | Rate   |
|--------------------------|--------|
| Single Life              | 50.00% |
| 10 Year Certain and Life | 10.00% |
| 50% Joint & Survivor     | 20.00% |
| 100% Joint & Survivor    | 20.00% |

**Cash Balance Interest Credit** The assumed interest credit for cash balance accounts is 3.00%.

**Cash Balance and Lump Sum Conversions** The interest rates used to convert annuities into actuarially equivalent lump sums are the same as the Target Liability interest rates for the associated liability measure.

The mortality table for developing lump sum factors is the IRS 2024 Applicable Mortality Table.

**Changes in funding assumptions since the prior valuation**

In accordance with federal law, the discount rates for funding and PBGC purposes were updated from the discount rates disclosed in the 2023 Actuarial Valuation Report to the discount rates shown above.

The funding mortality table was changed from the IRS 2023 Static Mortality Table to the IRS 2024 Generational Mortality Table.

The mortality table for developing lump sum factors was changed from the IRS 2023 Applicable Mortality Table to the IRS 2024 Applicable Mortality Table.

Plan administrative expenses are assumed to be \$225,000, compared to \$475,000 in 2023.

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## Schedule SB, Part V - Statement of Actuarial Methods

**Actuarial Cost Method**

The Pension Protection Act (PPA) requires the calculation of the Target Liability and Target Normal Cost. The Target Liability represents the present value of benefits accumulated as of the valuation date. The present value is calculated by projecting future payments of the accrued benefit, adjusting for probability of receipt according to demographic assumptions, and discounting the payments back to the valuation date using the segment interest rates. Payments expected within five years of the valuation date are discounted using the first segment rate, payments expected at least five but within 20 years of the valuation date are discounted using the second segment rate, and payments expected at least 20 years from the valuation date are discounted using the third segment rate. The calculation of the Target Normal Cost is identical, except that the future payment stream is based on the benefit expected to accrue during the plan year.

**Funding Actuarial Value of Assets Method**

The Actuarial Value of Assets is determined by averaging three market values: the market values as of the current year valuation date, and the two market values at each of the prior two years' valuation dates. The two prior year market values are adjusted for any benefit payments, expenses, contributions, and expected returns that occurred between their respective valuation dates and the current year valuation date. The Actuarial Value of Assets is adjusted to be no greater than 110% and no less than 90% of the market value of assets as of the current year valuation date.

Accrued contributions are discounted back to the valuation date at the prior year's effective interest rate.

**Changes Since the Prior Valuation**

None.

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

### Allagash (Dunham Bush and MEPCO Non-bargaining) Legacy Group

|                                  |   |
|----------------------------------|---|
| <b>Effective Date</b>            | The Plan was adopted effective January 1, 1970.   |
| <b>Eligibility</b>               | Each full-time employee of the Dunham-Bush or Marshall Engineered Products Company not covered by a collective bargaining agreement will be included as a participant in the plan on the first day of employment. Part-time employees become eligible upon the completion of 1,000 hours of service.  |
| <b>Vesting Service</b>           | Years of Vesting Service are measured from the participant's date of hire to the date of termination of employment, during which the participant completes at least 1,000 hours of service in each plan year.   |
| <b>Credited Service</b>          | Years of Credited Service are measured from the participant's date of hire to the date of termination of employment. Fractional years of Credited Service may be given for plan years in which less than 1,000 hours of service are completed.  |
| <b>Accrued Benefit</b>           | <p>The monthly accrued benefit as of any date of determination is equal to the December 31, 1988 accrued benefit, plus for each Year of Credited Service after 1988, the sum of (i) and (ii), but not less than (iii) below:</p> <ul style="list-style-type: none"><li>(i) 1.50% of average monthly compensation plus</li><li>(ii) 0.50% of average monthly compensation in excess of \$2,083.33, but not less than</li><li>(iii) \$12.</li></ul> <p>Benefits were frozen as of May 31, 2003.</p> |
| <b>Normal Retirement Date</b>    | The attainment of age 65.   |
| <b>Normal Retirement Benefit</b> | Accrued Benefit as of Normal Retirement Date.   |
| <b>Early Retirement Date</b>     | The later of attainment of age 55 and the completion of five years of Vesting Service.  |
| <b>Early Retirement Benefit</b>  | Accrued Benefit as of Early Retirement Date, reduced by 1/15th for each of the first five years and 1/30th for each of the next five years that Early Retirement Date precedes Normal Retirement Date.  |
| <b>Deferred Retirement Date</b>  | The first day of any month following Normal Retirement Date.  |

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|  |   |
|--|---|
| <b>Deferred Retirement Benefit</b>               | The greater of (i) the Accrued Benefit as of Deferred Retirement Date, or (ii) the actuarially increased Normal Retirement Benefit.   |
| <b>Vested Benefit</b>                            | A participant has a non-forfeitable right to his Accrued Benefit as of his date of termination of employment, provided that he has completed at least five years of Vesting Service. The benefit will be payable at Normal Retirement Date. Alternatively, a participant who satisfies the early retirement eligibility requirements may elect to receive a reduced benefit prior to Normal Retirement Date.  |
| <b>Qualified Pre-Retirement Survivor Annuity</b> | <p>If a vested participant who has not yet retired dies on or before their Early Retirement Date, the participant's spouse will receive a benefit equal to the benefit the spouse would have received had the participant separated from service on the date of death, survived to the Early Retirement Date, retired with an immediate 50% Joint and Survivor Annuity at Early Retirement Date and died the day after the Early Retirement Date. The benefit is payable at the participant's Early Retirement Date.</p> <p>If a vested participant who has not yet retired dies after Early Retirement Date, the participant's spouse will receive a benefit equal to the benefit the spouse would have received had the participant retired on the date of death and elected to receive a 50% Joint and Survivor Annuity.</p> |
| <b>Normal Form of Annuity</b>                    | The Accrued Benefit defined above assumes payment in the form of a monthly life annuity. Benefits will be actuarially adjusted to reflect any other form of annuity payable.  |
| <b>Optional Benefit Forms</b>                    | Life Annuity<br>50% Joint and Survivor Annuity<br>75% Joint and Survivor Annuity<br>100% Joint and Survivor Annuity   |
| <b>NOTE:</b>                                     | The above summary is intended solely to describe benefits reflected in this valuation and is not a substitute for the plan document in determining eligibility for or amounts of plan benefits.   |

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**Michigan Wheel / Berry Metal Legacy Group**

|                                  |  |
|----------------------------------|--|
| <b>Effective Date</b>            | The Plan was adopted effective January 1, 1989.  |
| <b>Eligibility</b>               | <p>Prior to January 1, 1993, each eligible employee shall become a participant on the first day of the month coincident with or next following the later of (i) the completion of one Year of Service; and (ii) the attainment of age 21.</p> <p>Effective January 1, 1993, the age and service conditions are deleted. Participation was frozen effective May 31, 2003.</p>   |
| <b>Vesting Service</b>           | Years of Vesting Service are measured from the participant's date of hire to the date of termination of employment, during which the participant completes at least 1,000 hours of service in each plan year.  |
| <b>Credited Service</b>          | Years of Credited Service are measured from the participant's date of hire to the date of termination of employment, during which the participant completes at least 1,000 hours of service in each plan year.   |
| <b>Accrued Benefit</b>           | <p>A participant's Accrued Benefit is equal to: (a) the December 31, 1988 frozen accrued benefit plus (b) the sum of (i) and (ii), multiplied by (iii) below:</p> <ul style="list-style-type: none"><li>(i) 1.5% of the participant's average monthly compensation plus</li><li>(ii) 0.6% of the participant's average monthly compensation in excess of one-twelfth of the participant's integration level, multiplied by</li><li>(iii) the participant's number of Years of Service, not to exceed 35 years.</li></ul> <p>Benefits were frozen as of May 31, 2003.</p> |
| <b>Normal Retirement Date</b>    | The later of the attainment of age 65 or five years of participation in the Plan.  |
| <b>Normal Retirement Benefit</b> | Accrued Benefit as of Normal Retirement Date.  |
| <b>Early Retirement Date</b>     | The attainment of age 55.  |

**Early Retirement Benefit** Either: (i) a deferred pension beginning age 65 equal to the participant’s Accrued Benefit (computed in the same manner as the normal retirement benefit, but with Credited Service to the date of termination); or (ii) an immediate pension which is equal to the sum of (a) the participant’s December 31, 1988 frozen accrued benefit reduced by the factors below, and (b) the additional benefit reduced .005555 for each of the first 36 months and .002777 for each of the next 60 months that the date on which payments begin precedes the participant’s 63rd birthday.

| Age | Michigan Wheel | New Berry, Inc. with the following Years of Service |       |       |       |       |
|-----|----------------|---|-------|-------|-------|-------|
|     |                | <10   | 10-14 | 15-19 | 20-24 | 25+   |
| 55  | 0.566          | 0.450   | 0.500 | 0.550 | 0.600 | 0.650 |
| 56  | 0.600          | 0.480   | 0.530 | 0.580 | 0.630 | 0.680 |
| 57  | 0.633          | 0.520   | 0.570 | 0.620 | 0.670 | 0.720 |
| 58  | 0.666          | 0.560   | 0.610 | 0.660 | 0.710 | 0.760 |
| 59  | 0.733          | 0.600   | 0.650 | 0.700 | 0.750 | 0.800 |
| 60  | 0.800          | 0.650   | 0.700 | 0.750 | 0.800 | 0.850 |
| 61  | 0.866          | 0.700   | 0.750 | 0.800 | 0.850 | 0.900 |
| 62  | 0.933          | 0.770   | 0.820 | 0.870 | 0.920 | 0.970 |
| 63  | 1.000          | 0.830   | 0.880 | 0.930 | 0.960 | 0.980 |
| 64  | 1.000          | 0.910   | 0.940 | 0.970 | 0.980 | 0.990 |

**Deferred Retirement Date** The first day of any month following Normal Retirement Date.

**Deferred Retirement Benefit** Calculated as the greater of (i) the Accrued Benefit with service continuing to accrue until actual retirement; or (ii) the actuarial equivalent of the Accrued Benefit as of the close of the prior plan year.

**Vested Benefit** A participant has a non-forfeitable right to his Accrued Benefit as of his date of termination of employment, provided that he has completed at least five years of Vesting Service. The benefit will be payable at Normal Retirement Date. Alternatively, a participant who satisfies the early retirement requirements may elect to receive a reduced benefit prior to Normal Retirement Date.

**Disability Retirement Date** A participant shall be eligible for a Disability Retirement Benefit if his employment with the employer is terminated as a result of a Total Disability.

|  |   |
|--|---|
| <b>Disability Retirement Benefit</b>             | If the participant is eligible for disability benefits under the Federal Social Security Act, a reduced pension is payable immediately. If the benefits commence at age 55 or later, the early reduction shall be the early retirement reduction. If benefits begin before age 55, the amount of benefit shall be the actuarial equivalent of the age 55 benefit.   |
| <b>Qualified Pre-Retirement Survivor Annuity</b> | <p>If a vested participant who has not yet retired dies on or before their Early Retirement Date, the participant's spouse will receive a benefit equal to the benefit the spouse would have received had the participant separated from service on the date of death, survived to the Early Retirement Date, retired with an immediate 50% Joint and Survivor Annuity at Early Retirement Date and died the day after the Early Retirement Date. The benefit is payable at the participant's Early Retirement Date.</p> <p>If a vested participant who has not yet retired dies after Early Retirement Date, the participant's spouse will receive a benefit equal to the benefit the spouse would have received had the participant retired on the date of death and elected to receive a 50% Joint and Survivor Annuity.</p> |
| <b>Normal Form of Annuity</b>                    | The Accrued Benefit defined above assumes payment in the form of a monthly single life annuity. Benefits will be actuarially adjusted to reflect any other form of annuity payable.   |
| <b>Optional Benefit Forms</b>                    | Life Annuity<br>10 Years Certain and Life Annuity<br>20 Years Certain and Life Annuity<br>50% Joint and Survivor Annuity<br>75% Joint and Survivor Annuity<br>100% Joint and Survivor Annuity<br>Lump Sum   |
| <b>NOTE:</b>                                     | The above summary is intended solely to describe benefits reflected in this valuation and is not a substitute for the plan document in determining eligibility for or amounts of plan benefits.   |

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## Rotation Dynamics Legacy Group

|                             |   |
|-----------------------------|---|
| <b>Effective Date</b>       | The Plan was adopted effective January 1, 1984.   |
| <b>Eligibility</b>          | Prior to 1999, the plan covered non-highly compensated employees who were participants as of December 31, 1988. Effective January 1, 1999, all non-union employees are eligible to participate immediately. Participation was frozen effective December 31, 2003.   |
| <b>Vesting Service</b>      | Years of Vesting Service are measured from the participant's date of hire to the date of termination of employment, during which the participant completes at least 1,000 hours of service in each plan year.   |
| <b>Credited Service</b>     | Years of Credited Service are measured from the participant's date of hire to the date of termination of employment. Service prior to August 1, 1966 is excluded.   |
| <b>Accrued Benefit</b>      | <p>For active participants as of December 31, 1988, the monthly Accrued Benefit as of any date of determination date is equal to the sum of (i) and (ii), multiplied by Years of Service (maximum 35 years) less (iii) and (iv), where:</p> <ul style="list-style-type: none"><li>(i) 1.0% of average monthly compensation,</li><li>(ii) 0.5% of average monthly compensation in excess of the integration level,</li><li>(iii) Monthly benefit payable from the Ideal Roller and Graphics Co. Retirement Plan, and</li><li>(iv) Monthly benefit payable from the Rotation Dynamics Corporation Profit Sharing Plan.</li></ul> <p>The Accrued Benefit shall not be less than the participant's accrued benefit as of December 31, 1988, nor less than the participant's Cash Balance Account discussed below. Benefits were frozen as of December 31, 2003.</p> |
| <b>Cash Balance Account</b> | Effective January 1, 1999, all non-union employees shall have a Cash Balance Account established. Each year the Cash Balance Account shall be increased with a Pay Credit and an Interest Credit.   |

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|  |   |
|--|---|
| <b>Annual Pay Credit</b>                         | Effective January 1, 2002, the annual Pay Credit shall be equal to 1% of the participant's compensation. This amount is credited on December 31 of each year. Prior to 2002, the annual Pay Credit was equal to 3% compensation. In addition, former members of the Cash Bonus Plan received supplemental contributions through 2001. Pay credits ceased effective January 1, 2004.   |
| <b>Annual Interest Credit</b>                    | The Account Balance will earn annual interest at a rate equal to the average yield on 30-year Treasury securities for the month of November preceding the first day of the plan year.   |
| <b>Normal Retirement Date</b>                    | The attainment of age 65.   |
| <b>Normal Retirement Benefit</b>                 | Accrued Benefit as of Normal Retirement Date.   |
| <b>Early Retirement Date</b>                     | Attainment of age 55 and completion of 10 Years of Service.   |
| <b>Early Retirement Benefit</b>                  | Accrued Benefit as of Early Retirement Date, reduced by 1/15th for each of the first five years and 1/30th for each of the next five years that Early Retirement Date precedes Normal Retirement Date.  |
| <b>Vested Benefit</b>                            | After completion of five years of Vesting Service, the accrued normal retirement pension is 100% vested.  |
| <b>Qualified Pre-Retirement Survivor Annuity</b> | <p>If a vested participant who has not yet retired dies on or before their Early Retirement Date, the participant's spouse will receive a benefit equal to the benefit the spouse would have received had the participant separated from service on the date of death, survived to the Early Retirement Date, retired with an immediate 50% Joint and Survivor Annuity at Early Retirement Date and died the day after the Early Retirement Date. The benefit is payable at the participant's Early Retirement Date.</p> <p>If a vested participant who has not yet retired dies after Early Retirement Date, the participant's spouse will receive a benefit equal to the benefit the spouse would have received had the participant retired on the date of death and elected to receive a 50% Joint and Survivor annuity.</p> |
| <b>Normal Form of Annuity</b>                    | The Accrued Benefit defined above assumes payment in the form of a monthly life annuity. Benefits will be actuarially adjusted to reflect any other form of annuity payable.  |

**Optional Benefit Forms**

- Life Annuity
- 10 Years Certain and Life Annuity
- 20 Years Certain and Life Annuity
- 50% Joint and Survivor Annuity
- 75% Joint and Survivor Annuity
- 100% Joint and Survivor Annuity
- Lump Sum

**NOTE:** The above summary is intended solely to describe benefits reflected in this valuation and is not a substitute for the plan document in determining eligibility for or amounts of plan benefits.

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**MEPCO Bargaining Legacy Group**

|                                    |  |
|------------------------------------|--|
| <b>Effective Date</b>              | The Plan was adopted effective October 1, 1968.  |
| <b>Eligibility</b>                 | Each eligible union employee shall become a participant on the date of his employment.   |
| <b>Vesting Service</b>             | Years of Vesting Service are measured from the participant's date of hire to the date of termination of employment, during which the participant completes at least 1,000 hours of service in each plan year.  |
| <b>Credited Service</b>            | Years of Credited Service are plan years from the participant's date of hire to the date of termination of employment, during which the participant completes at least 1,000 hours of service. Fractional years of Credited Service may be given for plan years in which less than 1,000 hours of service are completed. A participant shall be credited with 1/12th of a Year of Credited Service for each month that he completes 83 $\frac{1}{3}$ Hours of Service. |
| <b>Accrued Benefit</b>             | The monthly accrued benefit as of any date of determination is equal to \$17.75 times years of Credited Service.   |
| <b>Normal Retirement Date</b>      | The later of the attainment of age 65 or five years of participation in the Plan.  |
| <b>Normal Retirement Benefit</b>   | Accrued Benefit as of Normal Retirement Date.  |
| <b>Deferred Retirement Date</b>    | The first day of any month following Normal Retirement Date.   |
| <b>Deferred Retirement Benefit</b> | The greater of (i) the Accrued Benefit as of Deferred Retirement Date, or (ii) the actuarially increased Normal Retirement Benefit.  |
| <b>Early Retirement Date</b>       | The attainment of age 55.  |

**Early Retirement Benefit**      Accrued Benefit as of Early Retirement Date, multiplied by the appropriate reduction factor from the table below based on the number of years that Early Retirement Date precedes Normal Retirement Date.

| Years Early | Early Retirement Factor |
|-------------|-------------------------|
| 1           | 92.1%                   |
| 2           | 85.1%                   |
| 3           | 78.8%                   |
| 4           | 73.2%                   |
| 5           | 68.1%                   |
| 6           | 63.6%                   |
| 7           | 59.4%                   |
| 8           | 55.7%                   |
| 9           | 52.2%                   |
| 10          | 49.1%                   |

**Vested Benefit**      A participant has a non-forfeitable right to his Accrued Benefit as of his date of termination of employment, provided that he has completed at least five years of Vesting Service. The benefit will be payable at Normal Retirement Date.

**Qualified Pre-Retirement Survivor Annuity**      If a vested participant who has not yet retired dies on or before the Early Retirement Date, the participant’s spouse will receive a benefit equal to the benefit the spouse would have received had the participant separated from service on the date of death, survived to the Early Retirement Date, retired with an immediate 50% Joint and Survivor Annuity at Early Retirement Date and died the next day. The benefit is payable at the Participant's Early Retirement Date.

If a vested participant who has not yet retired dies after Early Retirement Date, the participant's spouse will receive a benefit equal to the benefit the spouse would have received had the participant retired on the date of death and elected to receive a 50% Joint and Survivor Annuity.

**Normal Form of Annuity**      The Accrued Benefit defined above assumes payment in the form of a monthly life annuity. Benefits will be actuarially adjusted to reflect any other form of annuity payable.

**Optional Benefit Forms**      Life Annuity  
 10 Years Certain and Life Annuity  
 20 Years Certain and Life Annuity  
 50% Joint and Survivor Annuity  
 75% Joint and Survivor Annuity  
 100% Joint and Survivor Annuity

**NOTE:**

The above summary is intended solely to describe benefits reflected in this valuation and is not a substitute for the plan document in determining eligibility for or amounts of plan benefits.



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

### Allagash (Dunham Bush and MEPCO Non-bargaining) Legacy Group

|                                  |   |
|----------------------------------|---|
| <b>Effective Date</b>            | The Plan was adopted effective January 1, 1970.   |
| <b>Eligibility</b>               | Each full-time employee of the Dunham-Bush or Marshall Engineered Products Company not covered by a collective bargaining agreement will be included as a participant in the plan on the first day of employment. Part-time employees become eligible upon the completion of 1,000 hours of service.  |
| <b>Vesting Service</b>           | Years of Vesting Service are measured from the participant's date of hire to the date of termination of employment, during which the participant completes at least 1,000 hours of service in each plan year.   |
| <b>Credited Service</b>          | Years of Credited Service are measured from the participant's date of hire to the date of termination of employment. Fractional years of Credited Service may be given for plan years in which less than 1,000 hours of service are completed.  |
| <b>Accrued Benefit</b>           | <p>The monthly accrued benefit as of any date of determination is equal to the December 31, 1988 accrued benefit, plus for each Year of Credited Service after 1988, the sum of (i) and (ii), but not less than (iii) below:</p> <ul style="list-style-type: none"><li>(i) 1.50% of average monthly compensation plus</li><li>(ii) 0.50% of average monthly compensation in excess of \$2,083.33, but not less than</li><li>(iii) \$12.</li></ul> <p>Benefits were frozen as of May 31, 2003.</p> |
| <b>Normal Retirement Date</b>    | The attainment of age 65.   |
| <b>Normal Retirement Benefit</b> | Accrued Benefit as of Normal Retirement Date.   |
| <b>Early Retirement Date</b>     | The later of attainment of age 55 and the completion of five years of Vesting Service.  |
| <b>Early Retirement Benefit</b>  | Accrued Benefit as of Early Retirement Date, reduced by 1/15th for each of the first five years and 1/30th for each of the next five years that Early Retirement Date precedes Normal Retirement Date.  |
| <b>Deferred Retirement Date</b>  | The first day of any month following Normal Retirement Date.  |

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|  |   |
|--|---|
| <b>Deferred Retirement Benefit</b>               | The greater of (i) the Accrued Benefit as of Deferred Retirement Date, or (ii) the actuarially increased Normal Retirement Benefit.   |
| <b>Vested Benefit</b>                            | A participant has a non-forfeitable right to his Accrued Benefit as of his date of termination of employment, provided that he has completed at least five years of Vesting Service. The benefit will be payable at Normal Retirement Date. Alternatively, a participant who satisfies the early retirement eligibility requirements may elect to receive a reduced benefit prior to Normal Retirement Date.  |
| <b>Qualified Pre-Retirement Survivor Annuity</b> | <p>If a vested participant who has not yet retired dies on or before their Early Retirement Date, the participant's spouse will receive a benefit equal to the benefit the spouse would have received had the participant separated from service on the date of death, survived to the Early Retirement Date, retired with an immediate 50% Joint and Survivor Annuity at Early Retirement Date and died the day after the Early Retirement Date. The benefit is payable at the participant's Early Retirement Date.</p> <p>If a vested participant who has not yet retired dies after Early Retirement Date, the participant's spouse will receive a benefit equal to the benefit the spouse would have received had the participant retired on the date of death and elected to receive a 50% Joint and Survivor Annuity.</p> |
| <b>Normal Form of Annuity</b>                    | The Accrued Benefit defined above assumes payment in the form of a monthly life annuity. Benefits will be actuarially adjusted to reflect any other form of annuity payable.  |
| <b>Optional Benefit Forms</b>                    | Life Annuity<br>50% Joint and Survivor Annuity<br>75% Joint and Survivor Annuity<br>100% Joint and Survivor Annuity   |
| <b>NOTE:</b>                                     | The above summary is intended solely to describe benefits reflected in this valuation and is not a substitute for the plan document in determining eligibility for or amounts of plan benefits.   |

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**Michigan Wheel / Berry Metal Legacy Group**

|                                  |  |
|----------------------------------|--|
| <b>Effective Date</b>            | The Plan was adopted effective January 1, 1989.  |
| <b>Eligibility</b>               | <p>Prior to January 1, 1993, each eligible employee shall become a participant on the first day of the month coincident with or next following the later of (i) the completion of one Year of Service; and (ii) the attainment of age 21.</p> <p>Effective January 1, 1993, the age and service conditions are deleted. Participation was frozen effective May 31, 2003.</p>   |
| <b>Vesting Service</b>           | Years of Vesting Service are measured from the participant's date of hire to the date of termination of employment, during which the participant completes at least 1,000 hours of service in each plan year.  |
| <b>Credited Service</b>          | Years of Credited Service are measured from the participant's date of hire to the date of termination of employment, during which the participant completes at least 1,000 hours of service in each plan year.   |
| <b>Accrued Benefit</b>           | <p>A participant's Accrued Benefit is equal to: (a) the December 31, 1988 frozen accrued benefit plus (b) the sum of (i) and (ii), multiplied by (iii) below:</p> <ul style="list-style-type: none"><li>(i) 1.5% of the participant's average monthly compensation plus</li><li>(ii) 0.6% of the participant's average monthly compensation in excess of one-twelfth of the participant's integration level, multiplied by</li><li>(iii) the participant's number of Years of Service, not to exceed 35 years.</li></ul> <p>Benefits were frozen as of May 31, 2003.</p> |
| <b>Normal Retirement Date</b>    | The later of the attainment of age 65 or five years of participation in the Plan.  |
| <b>Normal Retirement Benefit</b> | Accrued Benefit as of Normal Retirement Date.  |
| <b>Early Retirement Date</b>     | The attainment of age 55.  |

**Early Retirement Benefit** Either: (i) a deferred pension beginning age 65 equal to the participant’s Accrued Benefit (computed in the same manner as the normal retirement benefit, but with Credited Service to the date of termination); or (ii) an immediate pension which is equal to the sum of (a) the participant’s December 31, 1988 frozen accrued benefit reduced by the factors below, and (b) the additional benefit reduced .005555 for each of the first 36 months and .002777 for each of the next 60 months that the date on which payments begin precedes the participant’s 63rd birthday.

| Age | Michigan Wheel | New Berry, Inc. with the following Years of Service |       |       |       |       |
|-----|----------------|---|-------|-------|-------|-------|
|     |                | <10   | 10-14 | 15-19 | 20-24 | 25+   |
| 55  | 0.566          | 0.450   | 0.500 | 0.550 | 0.600 | 0.650 |
| 56  | 0.600          | 0.480   | 0.530 | 0.580 | 0.630 | 0.680 |
| 57  | 0.633          | 0.520   | 0.570 | 0.620 | 0.670 | 0.720 |
| 58  | 0.666          | 0.560   | 0.610 | 0.660 | 0.710 | 0.760 |
| 59  | 0.733          | 0.600   | 0.650 | 0.700 | 0.750 | 0.800 |
| 60  | 0.800          | 0.650   | 0.700 | 0.750 | 0.800 | 0.850 |
| 61  | 0.866          | 0.700   | 0.750 | 0.800 | 0.850 | 0.900 |
| 62  | 0.933          | 0.770   | 0.820 | 0.870 | 0.920 | 0.970 |
| 63  | 1.000          | 0.830   | 0.880 | 0.930 | 0.960 | 0.980 |
| 64  | 1.000          | 0.910   | 0.940 | 0.970 | 0.980 | 0.990 |

**Deferred Retirement Date** The first day of any month following Normal Retirement Date.

**Deferred Retirement Benefit** Calculated as the greater of (i) the Accrued Benefit with service continuing to accrue until actual retirement; or (ii) the actuarial equivalent of the Accrued Benefit as of the close of the prior plan year.

**Vested Benefit** A participant has a non-forfeitable right to his Accrued Benefit as of his date of termination of employment, provided that he has completed at least five years of Vesting Service. The benefit will be payable at Normal Retirement Date. Alternatively, a participant who satisfies the early retirement requirements may elect to receive a reduced benefit prior to Normal Retirement Date.

**Disability Retirement Date** A participant shall be eligible for a Disability Retirement Benefit if his employment with the employer is terminated as a result of a Total Disability.

|  |   |
|--|---|
| <b>Disability Retirement Benefit</b>             | If the participant is eligible for disability benefits under the Federal Social Security Act, a reduced pension is payable immediately. If the benefits commence at age 55 or later, the early reduction shall be the early retirement reduction. If benefits begin before age 55, the amount of benefit shall be the actuarial equivalent of the age 55 benefit.   |
| <b>Qualified Pre-Retirement Survivor Annuity</b> | <p>If a vested participant who has not yet retired dies on or before their Early Retirement Date, the participant's spouse will receive a benefit equal to the benefit the spouse would have received had the participant separated from service on the date of death, survived to the Early Retirement Date, retired with an immediate 50% Joint and Survivor Annuity at Early Retirement Date and died the day after the Early Retirement Date. The benefit is payable at the participant's Early Retirement Date.</p> <p>If a vested participant who has not yet retired dies after Early Retirement Date, the participant's spouse will receive a benefit equal to the benefit the spouse would have received had the participant retired on the date of death and elected to receive a 50% Joint and Survivor Annuity.</p> |
| <b>Normal Form of Annuity</b>                    | The Accrued Benefit defined above assumes payment in the form of a monthly single life annuity. Benefits will be actuarially adjusted to reflect any other form of annuity payable.   |
| <b>Optional Benefit Forms</b>                    | Life Annuity<br>10 Years Certain and Life Annuity<br>20 Years Certain and Life Annuity<br>50% Joint and Survivor Annuity<br>75% Joint and Survivor Annuity<br>100% Joint and Survivor Annuity<br>Lump Sum   |
| <b>NOTE:</b>                                     | The above summary is intended solely to describe benefits reflected in this valuation and is not a substitute for the plan document in determining eligibility for or amounts of plan benefits.   |

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**Rotation Dynamics Legacy Group**

|                             |   |
|-----------------------------|---|
| <b>Effective Date</b>       | The Plan was adopted effective January 1, 1984.   |
| <b>Eligibility</b>          | Prior to 1999, the plan covered non-highly compensated employees who were participants as of December 31, 1988. Effective January 1, 1999, all non-union employees are eligible to participate immediately. Participation was frozen effective December 31, 2003.   |
| <b>Vesting Service</b>      | Years of Vesting Service are measured from the participant's date of hire to the date of termination of employment, during which the participant completes at least 1,000 hours of service in each plan year.   |
| <b>Credited Service</b>     | Years of Credited Service are measured from the participant's date of hire to the date of termination of employment. Service prior to August 1, 1966 is excluded.   |
| <b>Accrued Benefit</b>      | <p>For active participants as of December 31, 1988, the monthly Accrued Benefit as of any date of determination date is equal to the sum of (i) and (ii), multiplied by Years of Service (maximum 35 years) less (iii) and (iv), where:</p> <ul style="list-style-type: none"><li>(i) 1.0% of average monthly compensation,</li><li>(ii) 0.5% of average monthly compensation in excess of the integration level,</li><li>(iii) Monthly benefit payable from the Ideal Roller and Graphics Co. Retirement Plan, and</li><li>(iv) Monthly benefit payable from the Rotation Dynamics Corporation Profit Sharing Plan.</li></ul> <p>The Accrued Benefit shall not be less than the participant's accrued benefit as of December 31, 1988, nor less than the participant's Cash Balance Account discussed below. Benefits were frozen as of December 31, 2003.</p> |
| <b>Cash Balance Account</b> | Effective January 1, 1999, all non-union employees shall have a Cash Balance Account established. Each year the Cash Balance Account shall be increased with a Pay Credit and an Interest Credit.   |

|  |   |
|--|---|
| <b>Annual Pay Credit</b>                         | Effective January 1, 2002, the annual Pay Credit shall be equal to 1% of the participant's compensation. This amount is credited on December 31 of each year. Prior to 2002, the annual Pay Credit was equal to 3% compensation. In addition, former members of the Cash Bonus Plan received supplemental contributions through 2001. Pay credits ceased effective January 1, 2004.   |
| <b>Annual Interest Credit</b>                    | The Account Balance will earn annual interest at a rate equal to the average yield on 30-year Treasury securities for the month of November preceding the first day of the plan year.   |
| <b>Normal Retirement Date</b>                    | The attainment of age 65.   |
| <b>Normal Retirement Benefit</b>                 | Accrued Benefit as of Normal Retirement Date.   |
| <b>Early Retirement Date</b>                     | Attainment of age 55 and completion of 10 Years of Service.   |
| <b>Early Retirement Benefit</b>                  | Accrued Benefit as of Early Retirement Date, reduced by 1/15th for each of the first five years and 1/30th for each of the next five years that Early Retirement Date precedes Normal Retirement Date.  |
| <b>Vested Benefit</b>                            | After completion of five years of Vesting Service, the accrued normal retirement pension is 100% vested.  |
| <b>Qualified Pre-Retirement Survivor Annuity</b> | <p>If a vested participant who has not yet retired dies on or before their Early Retirement Date, the participant's spouse will receive a benefit equal to the benefit the spouse would have received had the participant separated from service on the date of death, survived to the Early Retirement Date, retired with an immediate 50% Joint and Survivor Annuity at Early Retirement Date and died the day after the Early Retirement Date. The benefit is payable at the participant's Early Retirement Date.</p> <p>If a vested participant who has not yet retired dies after Early Retirement Date, the participant's spouse will receive a benefit equal to the benefit the spouse would have received had the participant retired on the date of death and elected to receive a 50% Joint and Survivor annuity.</p> |
| <b>Normal Form of Annuity</b>                    | The Accrued Benefit defined above assumes payment in the form of a monthly life annuity. Benefits will be actuarially adjusted to reflect any other form of annuity payable.  |

**Optional Benefit Forms**

- Life Annuity
- 10 Years Certain and Life Annuity
- 20 Years Certain and Life Annuity
- 50% Joint and Survivor Annuity
- 75% Joint and Survivor Annuity
- 100% Joint and Survivor Annuity
- Lump Sum

**NOTE:** The above summary is intended solely to describe benefits reflected in this valuation and is not a substitute for the plan document in determining eligibility for or amounts of plan benefits.

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**MEPCO Bargaining Legacy Group**

|                                    |  |
|------------------------------------|--|
| <b>Effective Date</b>              | The Plan was adopted effective October 1, 1968.  |
| <b>Eligibility</b>                 | Each eligible union employee shall become a participant on the date of his employment.   |
| <b>Vesting Service</b>             | Years of Vesting Service are measured from the participant's date of hire to the date of termination of employment, during which the participant completes at least 1,000 hours of service in each plan year.  |
| <b>Credited Service</b>            | Years of Credited Service are plan years from the participant's date of hire to the date of termination of employment, during which the participant completes at least 1,000 hours of service. Fractional years of Credited Service may be given for plan years in which less than 1,000 hours of service are completed. A participant shall be credited with 1/12th of a Year of Credited Service for each month that he completes 83 $\frac{1}{3}$ Hours of Service. |
| <b>Accrued Benefit</b>             | The monthly accrued benefit as of any date of determination is equal to \$17.75 times years of Credited Service.   |
| <b>Normal Retirement Date</b>      | The later of the attainment of age 65 or five years of participation in the Plan.  |
| <b>Normal Retirement Benefit</b>   | Accrued Benefit as of Normal Retirement Date.  |
| <b>Deferred Retirement Date</b>    | The first day of any month following Normal Retirement Date.   |
| <b>Deferred Retirement Benefit</b> | The greater of (i) the Accrued Benefit as of Deferred Retirement Date, or (ii) the actuarially increased Normal Retirement Benefit.  |
| <b>Early Retirement Date</b>       | The attainment of age 55.  |

**Early Retirement Benefit**      Accrued Benefit as of Early Retirement Date, multiplied by the appropriate reduction factor from the table below based on the number of years that Early Retirement Date precedes Normal Retirement Date.

| Years Early | Early Retirement Factor |
|-------------|-------------------------|
| 1           | 92.1%                   |
| 2           | 85.1%                   |
| 3           | 78.8%                   |
| 4           | 73.2%                   |
| 5           | 68.1%                   |
| 6           | 63.6%                   |
| 7           | 59.4%                   |
| 8           | 55.7%                   |
| 9           | 52.2%                   |
| 10          | 49.1%                   |

**Vested Benefit**      A participant has a non-forfeitable right to his Accrued Benefit as of his date of termination of employment, provided that he has completed at least five years of Vesting Service. The benefit will be payable at Normal Retirement Date.

**Qualified Pre-Retirement Survivor Annuity**      If a vested participant who has not yet retired dies on or before the Early Retirement Date, the participant’s spouse will receive a benefit equal to the benefit the spouse would have received had the participant separated from service on the date of death, survived to the Early Retirement Date, retired with an immediate 50% Joint and Survivor Annuity at Early Retirement Date and died the next day. The benefit is payable at the Participant's Early Retirement Date.

If a vested participant who has not yet retired dies after Early Retirement Date, the participant's spouse will receive a benefit equal to the benefit the spouse would have received had the participant retired on the date of death and elected to receive a 50% Joint and Survivor Annuity.

**Normal Form of Annuity**      The Accrued Benefit defined above assumes payment in the form of a monthly life annuity. Benefits will be actuarially adjusted to reflect any other form of annuity payable.

**Optional Benefit Forms**      Life Annuity  
 10 Years Certain and Life Annuity  
 20 Years Certain and Life Annuity  
 50% Joint and Survivor Annuity  
 75% Joint and Survivor Annuity  
 100% Joint and Survivor Annuity

**NOTE:**

The above summary is intended solely to describe benefits reflected in this valuation and is not a substitute for the plan document in determining eligibility for or amounts of plan benefits.

THE CONSOLIDATED ALLAGASH PENSION PLAN

EIN: 95-3874528

PLAN NUMBER: 010

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

| <u>(a)</u> | <u>(b)</u><br>Identity of Issue, Borrower,<br>Lessor or Similar Party | <u>(c)</u><br>Description of Investment Including<br>Maturity Date, Rate of Interest,<br>Collateral, Par or Maturity Value | <u>(d)</u><br>Cost   | <u>(e)</u><br>Current<br>Value |
|------------|---|--|----------------------|--------------------------------|
|            | <u>Mutual Funds:</u>  |  |                      |                                |
| *          | SEI Private Trust Company   | Core Fixed Income Fund   | \$ 3,728,788         | \$ 3,268,506                   |
| *          | SEI Private Trust Company   | World Equity Ex-US Fund  | 2,708,568            | 2,570,426                      |
| *          | SEI Private Trust Company   | Large Cap Disciplined Equity Fund  | 1,367,239            | 1,300,618                      |
| *          | SEI Private Trust Company   | S&P 500 Index A  | 1,272,021            | 1,298,274                      |
| *          | SEI Private Trust Company   | High Yield Bond Fund   | 632,909              | 551,031                        |
| *          | SEI Private Trust Company   | Emerging Markets Debt Fund   | 627,488              | 541,501                        |
| *          | SEI Private Trust Company   | Dynamic Asset Allocation Fund  | 452,280              | 434,507                        |
| *          | SEI Private Trust Company   | Extended Market Index Fund   | 307,362              | 321,906                        |
| *          | SEI Private Trust Company   | Small/Mid Cap Equity Fund  | 341,010              | 316,917                        |
| *          | SEI Private Trust Company   | Emerging Markets Equity Fund   | 226,585              | 215,119                        |
|            | <u>Money Market Funds:</u>  |  |                      |                                |
| *          | SEI Private Trust Company   | Daily Income Government Fund   | 41                   | 41                             |
|            |   |  | <u>\$ 11,664,291</u> | <u>\$ 10,818,846</u>           |

\* Party-in-interest

The independent auditor's report should be read with this schedule.

**SCHEDULE SB ATTACHMENT**  
**Line 32 - Schedule of Amortization Bases**

**Plan Name: Consolidated Allagash Pension Plan**

**EIN/PN: 95-3874528/010**

**Valuation Date: January 1, 2024**

| <u>Original<br/>Valuation</u> | <u>Remaining<br/>Years</u> | <u>Amortization<br/>Type</u> | <u>Outstanding<br/>Balance</u> | <u>Current<br/>Year<br/>Amortization</u> |
|-------------------------------|----------------------------|------------------------------|--------------------------------|--|
| 1/1/2024                      | 15.00                      | 15 Year                      | (1,178,780)                    | (107,246)                                |
| 1/1/2023                      | 14.00                      | 15 Year                      | 469,024                        | 44,765                                   |
| 1/1/2022                      | 13.00                      | 15 Year                      | (1,734,605)                    | (174,533)                                |
| 1/1/2021                      | 12.00                      | 15 Year                      | 2,838,276                      | 302,802                                  |

**SCHEDULE SB ATTACHMENT**  
**Line 24 - Change in Actuarial Assumptions**

**Plan Name: Consolidated Allagash Pension Plan**

**EIN/PN: 95-3874528/010**

**Valuation Date: January 1, 2024**

Plan administrative expenses were changed from \$475,000 to \$225,000 to reflect estimated expenses to be paid from the trust.