

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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

Complete all entries in accordance with the instructions to the Form 5500.

Part I Annual Report Identification Information

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

- A This return/report is for: [] a multiemployer plan [] a multiple-employer plan... [X] a single-employer plan [] a DFE... B This return/report is: [] the first return/report [] the final return/report... C If the plan is a collectively-bargained plan... D Check box if filing under: [X] Form 5558 [] automatic extension... E If this is a retroactively adopted plan...

Part II Basic Plan Information—enter all requested information

1a Name of plan: BARNES GROUP INC. CONSOLIDATED PENSION PLAN
1b Three-digit plan number (PN): 002
1c Effective date of plan: 12/01/1950
2a Plan sponsor's name, mailing address, city, state, and ZIP: BARNES GROUP INC., 123 MAIN STREET, BRISTOL, CT 06010-6307
2b Employer Identification Number (EIN): 06-0247840
2c Plan Sponsor's telephone number: 860-583-7070
2d Business code: 332900

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.

3a Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor BARNES GROUP INC. BENEFITS COMMITTEE 123 MAIN STREET BRISTOL, CT 06010-6307	3b Administrator's EIN 06-0247840 3c Administrator's telephone number 860-583-7070
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4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
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5 Total number of participants at the beginning of the plan year	5	2194
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6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).		
a(1) Total number of active participants at the beginning of the plan year	6a(1)	104
a(2) Total number of active participants at the end of the plan year	6a(2)	66
b Retired or separated participants receiving benefits.....	6b	1797
c Other retired or separated participants entitled to future benefits	6c	740
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d	2603
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e	455
f Total. Add lines 6d and 6e	6f	3058
g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	6g(1)	
g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g(2)	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	0

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	
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8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
 1A

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

9a Plan funding arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

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

b General Schedules

- (1) **H** (Financial Information)
- (2) **I** (Financial Information – Small Plan)
- (3) **A** (Insurance Information) – Number Attached 0
- (4) **C** (Service Provider Information)
- (5) **D** (DFE/Participating Plan Information)
- (6) **G** (Financial Transaction Schedules)

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

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.

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 _____

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

▶ **Round off amounts to nearest dollar.**
 ▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan <u>BARNES GROUP INC. CONSOLIDATED PENSION PLAN</u>	B Three-digit plan number (PN) ▶	<u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>BARNES GROUP INC.</u>	D Employer Identification Number (EIN) <u>06-0247840</u>	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

Part I Basic Information

1	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>		
2	Assets:		
	a Market value	2a	<u>225636860</u>
	b Actuarial value	2b	<u>244569166</u>
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	<u>1506</u>	<u>157420157</u>
	b For terminated vested participants	<u>620</u>	<u>34625558</u>
	c For active participants	<u>104</u>	<u>28743484</u>
	d Total	<u>2230</u>	<u>220789199</u>
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>		
	a Funding target disregarding prescribed at-risk assumptions	4a	
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b	
5	Effective interest rate	5	<u>5.16 %</u>
6	Target normal cost		
	a Present value of current plan year accruals	6a	<u>0</u>
	b Expected plan-related expenses	6b	<u>815000</u>
	c Target normal cost	6c	<u>815000</u>

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

SIGN HERE Signature of actuary <u>TIMOTHY J. DIIULIO, F.S.A.</u> Type or print name of actuary <u>MERCER</u> Firm name <u>99 HIGH STREET</u> <u>BOSTON, MA 02110-2320</u> Address of the firm	Date <u>23-07805</u> Most recent enrollment number <u>212-345-8680</u> Telephone number (including area code)
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If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions

Part II Beginning of Year Carryover and Prefunding Balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	1342936	7246847
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	1342936	7246847
10	Interest on line 9 using prior year's actual return of <u>12.33</u> %	165584	893536
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.23</u> %		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	1508520	8140383

Part III Funding Percentages			
14	Funding target attainment percentage	14	105.99 %
15	Adjusted funding target attainment percentage	15	110.34 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	102.66 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls		18 Contributions made to the plan for the plan year by employer(s) and employees:				
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	
Totals ▶			18(b)	0	18(c)	0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	0

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? Yes No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? Yes No

c If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

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

21 Discount rate:

a Segment rates:	1st segment: 4.75 %	2nd segment: 4.96 %	3rd segment: 5.59 %	<input type="checkbox"/> N/A, full yield curve used
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b Applicable month (enter code) **21b** 0

22 Weighted average retirement age **22** 62

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

Part VI Miscellaneous Items

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

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

26 Demographic and benefit information

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

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

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

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

a Target normal cost (line 6c)	31a	815000
b Excess assets, if applicable, but not greater than line 31a	31b	815000

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
b Waiver amortization installment.....	0	0

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

34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....	34	0
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	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement			0

36 Additional cash requirement (line 34 minus line 35)..... **36** 0

37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)..... **37** 0

38 Present value of excess contributions for current year (see instructions)

a Total (excess, if any, of line 37 over line 36)	38a	0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances.....	38b	

39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)..... **39** 0

40 Unpaid minimum required contributions for all years..... **40** 0

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

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

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

A Name of plan BARNES GROUP INC. CONSOLIDATED PENSION PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 BARNES GROUP INC.	D Employer Identification Number (EIN) 06-0247840	

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

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)

MERCER INVESTMENT MANAGEMENT

30-0282430

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	969525	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

MERCER

13-2834414

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11	NONE	500325	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)

FIONDELLA, MILONE & LASARACINA LLP

06-1648707

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	NONE	38939	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

NELSON MULLINS RILEY & SCARBOROUGH

57-0215445

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29	NONE	5864	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan <u>BARNES GROUP INC. CONSOLIDATED PENSION PLAN</u>	B Three-digit plan number (PN)	<u>002</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>BARNES GROUP INC.</u>	D Employer Identification Number (EIN) <u>06-0247840</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>BARNES GROUP INC. PENSION TRUST</u>		
b Name of sponsor of entity listed in (a): <u>BARNES GROUP INC.</u>		
c EIN-PN <u>06-0247840-023</u>	d Entity code <u>M</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>295096288</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information 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). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan BARNES GROUP INC. CONSOLIDATED PENSION PLAN	B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 BARNES GROUP INC.	D Employer Identification Number (EIN) 06-0247840

Part I	Asset and Liability Statement
---------------	--------------------------------------

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
Assets			
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	0
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)	225636860	295096288
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	225636860	295096288
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h	71693	282722
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	71693	282722
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	225565167	294813566

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.

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)		
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		0
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

		(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)		12057468
(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)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		12057468

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	15981134	
(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)		15981134
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)	313020	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	38939	
(5) Investment advisory and investment management fees	2i(5)	969525	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)	187305	
(8) Legal fees	2i(8)	5864	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	187509	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		1702162
j Total expenses. Add all expense amounts in column (b) and enter total	2j		17683296

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-5625828
l Transfers of assets:			
(1) To this plan	2l(1)		74874227
(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: **FIONDELLA, MILONE, & LASARACINA LLP**

(2) EIN: **06-1648707**

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
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
b Were 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	
c 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	
d 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	
e Was this plan covered by a fidelity bond?	X		10000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g 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	
h 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	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)		X	
j 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	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
n 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.)

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) 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 561624.

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Retirement Plan Information 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). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan <u>BARNES GROUP INC. CONSOLIDATED PENSION PLAN</u>	B Three-digit plan number (PN) ▶	<u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>BARNES GROUP INC.</u>	D Employer Identification Number (EIN) <u>06-0247840</u>	

Part I	Distributions
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All references to distributions relate only to payments of benefits during the plan year.

1 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): 13-5160382

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

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....

3		0
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Part II	Funding Information (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.)
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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.

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a	
b Enter the amount contributed by the employer to the plan for this plan year	6b	
c 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

Part III	Amendments
-----------------	-------------------

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

Part IV	ESOPs (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:

a 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).....	14a	
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).....	14b	
c 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).....	14c	

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:

a The corresponding number for the plan year immediately preceding the current plan year	15a	
b The corresponding number for the second preceding plan year	15b	

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

a Enter the number of employers who withdrew during the preceding plan year	16a	
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.....	16b	

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: 67.2 % Private Equity: 0.0 % Investment-Grade Debt and Interest Rate Hedging Assets: 31.5 %
 High-Yield Debt: 0.2 % Real Assets: 0.0 % Cash or Cash Equivalents: 1.1 % Other: 0.0 %

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 _____.

Structured AttachmentDepartment of the Treasury
Internal Revenue ServiceDepartment of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Schedule SB, line 26b
Schedule of Projection of Expected
Benefit Payments**2024****This Form is Open to**
Public Inspection

Name of Plan	BARNES GROUP INC. CONSOLIDATED PENSION PLAN						
Plan Year Begin Date	01/01/2024	Plan Year End Date	12/31/2024	EIN	06-0247840	PN	002

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2024	346112	503041	15645261	16494414
2025	641409	717916	15176638	16535963
2026	873999	962986	14693185	16530170
2027	1105064	1192948	14195878	16493890
2028	1306232	1528389	13687521	16522142
2029	1490177	1746098	13169020	16405295
2030	1675073	1913838	12641073	16229984
2031	1812956	2047101	12101046	15961103
2032	1950125	2313579	11556729	15820433
2033	2073633	2406101	11006411	15486145
2034	2172291	2498624	10444262	15115177
2035	2257347	2593901	9884246	14735494
2036	2313584	2700572	9321424	14335580
2037	2364672	2737939	8757321	13859932
2038	2430562	2796284	8193682	13420528
2039	2461949	2845208	7632524	12939681
2040	2485262	2840259	7076132	12401653
2041	2491183	2835670	6527050	11853903
2042	2476502	2828634	5987962	11293098
2043	2446914	2858656	5461560	10767130
2044	2422055	2857576	4950530	10230161
2045	2377456	2814335	4457460	9649251
2046	2335513	2749699	3984866	9070078
2047	2294069	2731139	3535132	8560340
2048	2221017	2663559	3110499	7995075

Name of Plan	BARNES GROUP INC. CONSOLIDATED PENSION PLAN						
Plan Year Begin Date	01/01/2024	Plan Year End Date	12/31/2024	EIN	06-0247840	PN	002

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2049	2140531	2578655	2713069	7432255
2050	2065799	2489706	2344633	6900138
2051	1975594	2394004	2006578	6376176
2052	1879983	2291128	1699790	5870901
2053	1780910	2175857	1424625	5381392
2054	1678652	2056276	1180881	4915809
2055	1573453	1933308	967777	4474538
2056	1467057	1810673	783991	4061721
2057	1360587	1684386	627730	3672703
2058	1254600	1558347	496807	3309754
2059	1150314	1433862	388770	2972946
2060	1050464	1315536	301001	2667001
2061	952204	1197774	230816	2380794
2062	858034	1084896	175594	2118524
2063	768617	977678	132844	1879139
2064	684374	876697	100290	1661361
2065	605648	782344	75908	1463900
2066	533144	694845	57942	1285931
2067	466027	614256	44905	1125188
2068	404726	540471	35571	980768
2069	349281	473279	28952	851512
2070	299478	412400	24279	736157
2071	255088	357506	20969	633563
2072	215841	308249	18591	542681
2073	181396	264247	16835	462478

Financial Statements

***Barnes Group Inc.
Consolidated Pension Plan***

*Years ended December 31, 2024 and 2023
with Independent Auditors' Report*



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Barnes Group Inc. Consolidated Pension Plan
Financial Statements

Years ended December 31, 2024 and 2023

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Independent Auditors' Report

To the Benefits Committee
Barnes Group, Inc.
Consolidated Pension Plan

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

We have performed audits of the accompanying financial statements of Barnes Group Inc. Consolidated Pension Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) [ERISA Section 103(a)(3)(C) audit]. The financial statements comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, 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 December 31, 2024 and 2023, and for the years then ended stating that the certified investment information, as described in Note 5 to the financial statements, is complete and accurate.

Opinion

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

- The amounts and disclosures in the financial statements referred to above, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- The information in the financial statements referred to above 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).



Independent Auditors' Report (continued)

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with 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 a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.



Independent Auditors' Report (continued)

Auditor's Responsibilities for the Audit of the Financial Statements (continued)

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

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

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

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

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

Fiondella, Milone & LaSaracina LLP

Glastonbury, Connecticut
October 8, 2025



Barnes Group Inc.
Consolidated Pension Plan

Statements of Net Assets Available for Benefits

	Years Ended December 31,	
	2024	2023
Assets		
Investments at fair value:		
Plan interest in investment income of Barnes Group Inc.		
Pension Trust	\$ 295,096,288	\$ 225,636,860
Total assets	295,096,288	225,636,860
Liabilities		
Accrued administrative expenses	282,722	71,693
Total liabilities	282,722	71,693
Net assets available for benefits	\$ 294,813,566	\$ 225,565,167

See accompanying notes.

Barnes Group Inc.
Consolidated Pension Plan

Statements of Changes in Net Assets Available for Benefits

	Years Ended December 31,	
	2024	2023
Additions		
Plan interest in investment income of Barnes Group Inc. Pension Trust, net of investment expenses	\$ 12,057,468	\$ 27,027,338
Total additions	12,057,468	27,027,338
Deductions		
Benefit payments	15,981,134	15,706,799
Administrative expenses	1,702,162	2,609,776
Total deductions	17,683,296	18,316,575
Net (decrease) increase before transfers	(5,625,828)	8,710,763
Transfer from Barnes Group, Inc. UAW Agreement and Pension Plan	72,047,741	-
Transfer from Barnes Group, Inc. Pension for Hourly Employees Milwaukee Plan	2,826,486	-
Net increase	69,248,399	8,710,763
Net assets available for benefits, beginning of year	225,565,167	216,854,404
Net assets available for benefits, end of year	\$ 294,813,566	\$ 225,565,167

See accompanying notes.

Barnes Group Inc.
Consolidated Pension Plan

Notes to Financial Statements

Years ended December 31, 2024 and 2023

1. Plan Description

The following description of the Barnes Group Inc. Consolidated Pension Plan (the Plan) provides only general information. Participants should refer to the Plan Document for a more complete description of the Plan's provisions. The Plan was formerly the Barnes Group Inc. Salaried Retirement Income Plan.

General

The Consolidated Pension Plan is a noncontributory defined benefit plan and applies to certain salaried and hourly employees, as defined by the Plan, of Barnes Group Inc. (the Company). It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

As part of the De-Sta-Co Manufacturing (De-Sta-Co) acquisition in 2004, salaried employees and the related retirement plan assets were merged into the Salaried Retirement Income Plan. Provisions of the existing plan were retained.

The Company elected to freeze the Salaried Retirement Income Plan portion of the Consolidated Pension Plan effective December 31, 2012, therefore any employee who is hired, rehired, or reclassified from an ineligible to an eligible participation category under the Plan after December 31, 2012 shall not be eligible to participate in the Plan or resume participation in the Plan after such date.

Effective December 31, 2016, all assets and liabilities of the Hourly Plan and the Troy Plan were merged into the Plan. Also, effective December 31, 2016, the Plan's name was changed to the Barnes Group Inc. Consolidated Pension Plan.

The Hourly Plan was a noncontributory defined benefit plan available for full-time, nonunion hourly employees of Barnes Distribution and certain Precision Components locations of Barnes Group Inc. Effective December 31, 2003, the Barnes Group Inc. Bowman Products Division (Bowman) was merged with the Hourly Plan, including participants acquired in the Curtis Industries Inc. UAW Retirement Income Plan (Curtis) merger. The Bowman Plan assets were transferred in 2004, retaining the existing plan features. As part of the De-Sta-Co acquisition in 2004, the nonunion hourly employees and the related retirement plan assets were merged into the Hourly Plan. Provisions of the existing plan were retained. Effective August 31, 2005, the Barnes Group Inc. Elizabethtown, KY Division (Elizabethtown) was merged with the Hourly Plan, retaining existing plan features.

Barnes Group Inc.
Consolidated Pension Plan

Notes to Financial Statements (continued)

1. Plan Description (continued)

The Troy Plan was a noncontributory defined benefit plan established effective September 17, 2004, as a result of the De-Sta-Co acquisition. The Troy Plan was established for the union employees of De-Sta-Co from their predecessor plan. Participation in the predecessor plan had been frozen effective March 31, 2001.

The Company elected to freeze the Consolidated Pension Plan effective December 31, 2023 for all participants, therefore all benefit accruals are to be frozen as of that date. In connection with the Plan freeze, the Plan was amended to permit early retirement beginning at age 54 for all participants who were employees on or after January 1, 2023.

Effective December 31, 2024, all assets and liabilities of the Barnes Group Inc. UAW Agreement and Pension Plan, totaling \$72,047,741 and the Barnes Group Inc. Pension for Hourly Employees Milwaukee Plan, totaling \$2,826,486, were merged into the Plan. Effective April 4, 2024, the liabilities associated with active participants in the Barnes Group Inc. UAW Agreement and Pension Plan and the Barnes Group Inc. Pension for Hourly Employees Milwaukee Plan had been transferred to One Equity Partners. Therefore, the assets and liabilities received by the Plan due to the mergers on December 31, 2024 were not associated with active participants.

Pension Benefits

Participants are entitled to annual benefits based on the benefit formulas in accordance with the Plan Document. Benefit formulas are defined in the Plan Document and are based on highest average earnings, benefit rates, and/or years of credited service. Retirees may have the option to receive benefits in a variety of annuity forms of payment, as defined. The Plan permits early retirement beginning at age 55 for certain participants with at least ten years of credited service with benefits reduced in accordance with Plan provisions. Effective January 1, 2023, the Plan was amended to permit early retirement beginning at age 54 for all participants who were employees on or after January 1, 2023.

Barnes Group Inc.
Consolidated Pension Plan

Notes to Financial Statements (continued)

1. Plan Description (continued)

Termination

Although it has not expressed any intention to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA. In the event the Plan terminates:

- a) the Plan provides that the net assets shall be allocated among the participants and beneficiaries of the Plan in the order provided for in ERISA, and
- b) to the extent there are unfunded vested benefits other than benefits becoming vested by virtue of the termination of the plan, ERISA provides that such benefits are payable to participants by the Pension Benefit Guaranty Corporation, up to specified limitations.

2. Summary of Significant Accounting Policies

Basis of Accounting

The financial statements of the Plan are prepared in conformity with accounting principles generally accepted in the United States of America.

Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States requires the plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

Risks and Uncertainties

The Plan invests in various investment securities through the Barnes Group Inc. Pension Trust (the Master Trust). Investment securities, in general, are exposed to various risks, such as interest rate, credit, and overall market volatility. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the values of investment securities will occur in the near term and those changes could materially affect the amounts reported in the financial statements.

Investments

The Plan maintains an undivided interest in the Master Trust. The fair value of the Plan's interest in the Master Trust is based on the net asset value of the trust.

Barnes Group Inc.
Consolidated Pension Plan

Notes to Financial Statements (continued)

2. Summary of Significant Accounting Policies (continued)

Contributions

Employer contributions are actuarially determined to provide the Plan with assets sufficient to meet the benefits to be paid to participants. The minimum funding requirements of ERISA resulted in no minimum employer contribution for the 2024 and 2023 plan years. There were no discretionary contributions made applicable to the 2024 and 2023 plan years.

Benefit Payments

Benefit payments are recorded upon distribution.

Administrative and Investment Expenses

All pension investment management, auditing and administrative fees are paid by the Plan.

Fair Value Measurements

The provisions of the accounting standard for fair value define fair value as 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. This standard classifies the inputs used to measure fair value into the following hierarchy:

Level 1 – Unadjusted quoted prices in active markets for identical assets or liabilities.

Level 2 – Unadjusted quoted prices in active markets for similar assets or liabilities, or unadjusted quoted prices for identical or similar assets or liabilities in markets that are not active, or inputs other than quoted prices that are observable for the asset or liability.

Level 3 – Unobservable inputs for the asset or liability.

3. Income Tax Status

The Plan has received a determination letter from the IRS dated January 25, 2017, stating that the Plan is qualified under Section 401(a) of the Internal Revenue Code, and, therefore, the related trust is exempt from taxation. Once qualified, the Plan is required to operate in conformity with the Code to maintain its qualification. The Plan Administrator believes that the Plan is being operated in compliance with the applicable requirements of the Code and therefore believes that the Plan is qualified and the related trust is tax exempt.

Barnes Group Inc.
Consolidated Pension Plan

Notes to Financial Statements (continued)

3. Income Tax Status (continued)

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan Administrator believes it is no longer subject to income tax examinations for years prior to 2021.

4. Actuarial Present Value of Accumulated Plan Benefits

The actuarial present value of accumulated plan benefits is determined by an actuary and represents that amount resulting from the application of actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money and the probability of payment between the valuation date and the expected date of payment. These values are shown below for the Plan based on the actuarial assumptions for mortality, turnover, investment return and retirement age.

Actuarial present value of accumulated plan benefits as of January 1, 2024, and 2023 are as follows:

	January 1,	
	2024	2023
Vested benefits:		
Participants currently receiving payments	\$ 129,859,908	\$ 127,027,396
Other participants	45,283,928	47,633,204
	175,143,836	174,660,600
 Nonvested benefits	 665,641	 2,230,055
 Total actuarial present value of accumulated plan benefits	 \$ 175,809,477	 \$ 176,890,655

Effective December 31, 2024, all assets and liabilities of the Barnes Group Inc. UAW Agreement and Pension Plan and the Barnes Group Inc. Pension for Hourly Employees Milwaukee Plan were merged into the Plan (see Note 1). The total actuarial present value of accumulated plan benefits at January 1, 2024 was \$58,828,874 for the Barnes Group Inc. UAW Agreement and Pension Plan and \$3,640,118 for the Barnes Group Inc. Pension for Hourly Employees Milwaukee Plan.

Barnes Group Inc.
Consolidated Pension Plan

Notes to Financial Statements (continued)

4. Actuarial Present Value of Accumulated Plan Benefits (continued)

The change in accumulated plan benefits is summarized as follows:

Actuarial present value of accumulated plan benefits, as of January 1, 2023	\$ 176,890,655
Increase during year attributable to:	
Benefits accumulated, including actuarial gains and losses	2,467,770
Interest	13,047,730
Benefits paid	(15,752,948)
Changes in plan provisions	(843,730)
Net decrease	<u>(1,081,178)</u>
Actuarial present value of accumulated plan benefits, as of January 1, 2024	<u>\$ 175,809,477</u>

Actuarial calculations for determining the 2024 and 2023 contributions were based upon employee data and asset values as of January 1, 2024 and 2023. The Plan's consulting actuary has reviewed and concurred with the following significant actuarial assumptions:

- Interest rate of 7.75% as of January 1, 2024 and 2023.
- Mortality will be in accordance with the PRI2012 employee sex distinct base table with no contingent survivor adjustments and no collar adjustments applied and Mercer modified MP-2019 projection table (MMP 2019) for pre-retirement mortality, and the Mercer Industry Longevity Experience Studies base table for the "Automotive, Industrial Goods and Transportation" industry and the Mercer modified MP-2019 projection table (MMP 2019) for post-retirement mortality.
- Disability mortality is based on the 1985 Pension Disability Mortality Tables for males and females.
- Turnover is estimated in accordance with the following table which indicates a sample of the probable annual rates of withdrawal:

Age	Rate
20-29	20.0%
30	15.0%
35	12.5%
40	10.0%
45	7.5%
50	5.0%
55 & over	10.0%

Barnes Group Inc.
Consolidated Pension Plan

Notes to Financial Statements (continued)

4. Actuarial Present Value of Accumulated Plan Benefits (continued)

- Assumed retirement rates are as follows:

<u>Age</u>	<u>All Employees</u>
55-58	5%
59-60	10%
61-64	20%
65-66	30%
67-69	25%
70 and above	100%

- The assumed salary increases are as follows:

<u>Sample Age</u>	<u>Rate</u>
20-25	7.0%
30	6.0%
35	4.8%
40	3.8%
45	3.4%
50	3.2%
55	2.9%
60	2.7%
65	2.5%

- Expenses will be estimated based on \$815,000 as of January 1, 2024 and \$1,260,000 as of January 1, 2023 (average of two prior years' administrative expenses plus estimated PBGC premiums) added to the current year normal cost used to reduce expected return on assets component of pension expense.
- Spouses' benefits were estimated assuming that husbands are three years older than wives and that 80% of the male participants and 60% of the female participants who are or will become eligible for coverage under the Spouse's Benefit will be survived by an eligible spouse.

Changes in plan provisions of \$843,730 primarily relate to updates to maximum benefit amounts under IRS rules.

Barnes Group Inc.
Consolidated Pension Plan

Notes to Financial Statements (continued)

4. Actuarial Present Value of Accumulated Plan Benefits (continued)

Actuarial Cost Method

The actuarial present value of accumulated plan benefits is computed in accordance with the traditional unit credit method of funding.

These actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

5. Interest in Barnes Group Inc. Pension Trust

The Barnes Group Inc. Pension Trust, a Master Trust, was established for the investment of assets of the Plan and several other Barnes Group Inc. sponsored retirement plans. Each participating retirement plan has an undivided interest in the Master Trust. U.S. Bank National Association (U.S. Bank) served as the Trustee of the Plan throughout 2024 and 2023. At December 31, 2024 and 2023, the Plan's interest in the net assets of the Master Trust was approximately 98% and 70%, respectively. Investment income and administrative expenses relating to the Master Trust are allocated to the individual plans based upon average monthly balances invested by each plan.

All investment information disclosed in the accompanying financial statements, including investments held, net appreciation (depreciation) in fair value of investments, interest, dividends and investment expenses, was obtained or derived from information supplied to the Plan Administrator and certified as complete and accurate by U.S. Bank for the year ended December 31, 2024 and 2023.

Barnes Group Inc.
Consolidated Pension Plan

Notes to Financial Statements (continued)

5. Interest in Barnes Group Inc. Pension Trust (continued)

The following tables present the total assets for the Master Trust and the Plan's interest in the Master Trust:

	December 31, 2024	
	Master Trust Balances	Plan's Interest in Master Trust Balances
Cash and short-term investments	\$ 3,491,899	\$ 3,431,555
Equity securities:		
U.S. large-cap	34,002,096	33,414,498
U.S. mid-cap	13,718,031	13,480,966
U.S. small-cap	13,693,823	13,457,177
International equities	99,179,075	97,465,139
Global equity	41,068,231	40,358,521
Fixed income securities:		
U.S. bond funds	95,126,055	93,482,162
Total investments	<u>300,279,210</u>	<u>295,090,018</u>
Interest receivable	6,380	6,270
Total Master Trust assets	<u>\$ 300,285,590</u>	<u>\$ 295,096,288</u>
	December 31, 2023	
	Master Trust Balances	Plan's Interest in Master Trust Balances
Cash and short-term investments	\$ 3,678,867	\$ 2,623,240
Equity securities:		
U.S. large-cap	34,929,792	24,906,913
U.S. mid-cap	14,344,199	10,228,224
U.S. small-cap	14,661,137	10,454,218
International equities	102,210,520	72,881,869
Global equity	41,810,129	29,812,982
Fixed income securities:		
U.S. bond funds	104,791,423	74,722,198
Total investments	<u>316,426,067</u>	<u>225,629,644</u>
Interest receivable	10,120	7,216
Total Master Trust assets	<u>\$ 316,436,187</u>	<u>\$ 225,636,860</u>

Barnes Group Inc.
Consolidated Pension Plan

Notes to Financial Statements (continued)

5. Interest in Barnes Group Inc. Pension Trust (continued)

The following table is a summary of the changes in the Master Trust's assets for the years ended December 31, 2024 and 2023:

	<u>2024</u>	<u>2023</u>
Additions:		
Net appreciation in fair value of investments	\$ 16,626,028	\$ 36,872,028
Interest and dividend income	101,466	1,046,528
Employer contributions	316,108	95,000
Total additions	<u>17,043,602</u>	<u>38,013,556</u>
Deductions:		
Benefit payments	23,005,591	22,532,633
Transfer of liability to One Equity Partners	7,646,017	-
Administrative expenses	2,542,591	3,926,770
Total deductions	<u>33,194,199</u>	<u>26,459,403</u>
(Decrease) increase in Master Trust assets	<u>(16,150,597)</u>	11,554,153
Master Trust assets – beginning of year	<u>316,436,187</u>	304,882,034
Master Trust assets – end of year	<u>\$ 300,285,590</u>	<u>316,436,187</u>
Plan's interest in master trust investment income	<u>\$ 17,665,029</u>	<u>\$ 27,027,338</u>

Barnes Group Inc.
Consolidated Pension Plan

Notes to Financial Statements (continued)

6. Fair Value Measurements

The following table summarizes the fair values and levels within the fair value hierarchy in which the fair value measurements fall for assets measured on a recurring basis for the Master Trust as of December 31, 2024 and 2023:

2024

	Level 1	Level 2	Level 3	Total
Master Trust Investments:				
Cash and short-term investments	\$ 3,491,899	\$ -	\$ -	\$ 3,491,899
Equity securities:				
U.S. large-cap	-	34,002,096	-	34,002,096
U.S. mid-cap	13,718,031	-	-	13,718,031
U.S. small-cap	13,693,823	-	-	13,693,823
International equities	-	99,179,075	-	99,179,075
Global equity	41,068,231	-	-	41,068,231
Fixed income securities:				
U.S. bond funds	-	95,126,055	-	95,126,055
Total Master Trust Investments	\$ 71,971,984	\$ 228,307,226	\$ -	\$ 300,279,210

2023

	Level 1	Level 2	Level 3	Total
Master Trust Investments:				
Cash and short-term investments	\$ 3,678,867	\$ -	\$ -	\$ 3,678,867
Equity securities:				
U.S. large-cap	-	34,929,792	-	34,929,792
U.S. mid-cap	14,344,199	-	-	14,344,199
U.S. small-cap	14,661,137	-	-	14,661,137
International equities	-	102,210,520	-	102,210,520
Global equity	41,810,129	-	-	41,810,129
Fixed income securities:				
U.S. bond funds	-	104,791,423	-	104,791,423
Total Master Trust Investments	\$ 74,494,332	\$ 241,931,735	\$ -	\$ 316,426,067

The fair values of the Level 1 assets are based on quoted market prices from various financial exchanges. The fair values of the Level 2 assets are based primarily on quoted prices in active markets for similar assets or liabilities. The Level 2 assets are comprised primarily of commingled funds and fixed income securities. Commingled equity funds are valued at their net asset values based on quoted market prices of the underlying assets. Fixed income securities are valued using a market approach which considers observable market data for the underlying asset or securities.

Barnes Group Inc.
Consolidated Pension Plan

Notes to Financial Statements (continued)

7. Party-in-Interest and Related Parties

During the years ended December 31, 2024 and 2023, there were transactions involving the investment of Plan assets in investment funds maintained by the Plan's Trustee, a party-in-interest as defined in Section 3(14) of ERISA. These party-in-interest transactions are deemed not to be prohibited because they are covered by statutory and administrative exemptions pursuant to the Internal Revenue Code and the rules under ERISA regarding prohibited transactions.

8. Subsequent Events

The Plan has evaluated events occurring between December 31, 2024 and October 8, 2025, the date the financial statements were available to be issued.

On October 6, 2024, the Company entered into a definitive agreement to be acquired by funds managed by affiliates of Apollo Global Management, Inc. in an all-cash transaction. The transaction was approved by shareholders effective January 9, 2025. Upon completion of the transaction, the Company was delisted from the New York Stock Exchange and become a privately held company.

Schedule SB, line 26 — Schedule of Active Participant Data

Attained age	Years of credited service										Total
	Under 1	1–4	5–9	10–14	15–19	20–24	25–29	30–34	35–39	40 & up	
Under 25		1									1
25–29				1							1
30–34											
35–39		1		2							3
40–44				6	4		1				11
45–49		1		3	4	7	2	1			18
50–54				3	5	5	5	1		1	20
55–59				3		7	4	3	2	1	20
60–64	1	1	1	1	1	9	7	2			23
65–69					2		2	1			5
70 & up				1		1					2
Total	1	4	1	20	16	29	21	8	2	2	104

In each cell, the number is the count of active participants for each age/service combination.

Schedule SB, Part V — Statement of Actuarial Assumptions/Methods**Actuarial assumptions for January 1, 2024 funding valuation**

Discount rate sponsor elections			
• Segment rates or full yield curve	Segment		
• Look-back months	0		
	Stabilized	Nonstabilized	PBGC
• First 5 years	4.75%	4.37%	5.01%
• Next 15 years	4.96%	4.96%	5.13%
• Over 20 years	5.59%	4.95%	5.15%
Mortality sponsor elections			
• Healthy participants	Section 430(h)(3) prescribed generational annuitant and nonannuitant mortality tables for 2024 plan year funding valuations, in accordance with IRS regulations 1.430(h)(3)-1.		
• Pre-1995 disabilities	Same as healthy		
• Post-1994 disabilities	Former members of the Salaried Retirement Income Plan (De-Sta-Co employees only) – Revenue Ruling 96-7 table for participants who became disabled after 1994. All other participants – Same as healthy.		
417(e) lump sums	Former members of the Salaried Retirement Income Plan (De-Sta-Co employees only) – Liabilities are determined based on the underlying annuity used by the plan to determine the lump sum amount, rather than valuing the lump sum payment. This annuity is valued based on funding interest rates rather than 417(e) rates and current year 417(e) unisex mortality. All other participants – N/A.		
Other economic assumptions			
• Salary increases	N/A		
• Flat-dollar benefit increases	N/A		
• Social Security wage base	N/A		
• Inflation	2.50% per year		
• Expected investment return	6.60% for 2022, 7.75% for 2023 and 2024		
• Annual increase in Medicare supplement (legacy Troy Plan)	1.25% per year		
• Expenses	\$815,000 added to current year normal cost		
• Incidental death benefit (legacy Hourly Plan)	The lump sum benefit payable upon the death of a retired participant is assumed to be completely offset by the group insurance program.		

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

Demographic assumptions

• Withdrawal	See table of sample rates.																	
• Disability incidence	<p>Former members of the Salaried Retirement Income Plan De-Sta-Co employees – The 1985 Pension Disability Table for males and females – Class 1. See table of sample rates. 100% of participants becoming disabled are assumed to be eligible for Social Security disability benefits.</p> <p>Former members of the Hourly Employees Pension Plan – The 1985 Pension Disability Table for males and females – Class 3. See table of sample rates. 100% of participants becoming disabled are assumed to be eligible for Social Security disability benefits.</p> <p>Former members of the Salaried Retirement Income Plan De-Sta-Co employees – None.</p>																	
• Retirement age	<table border="1"> <thead> <tr> <th colspan="2">Retirement Rates</th> </tr> <tr> <th>Attained age</th> <th>Retirement</th> </tr> </thead> <tbody> <tr> <td>55 - 58</td> <td>5.00%</td> </tr> <tr> <td>59 - 60</td> <td>10.00%</td> </tr> <tr> <td>61 - 64</td> <td>20.00%</td> </tr> <tr> <td>65-66</td> <td>30.00%</td> </tr> <tr> <td>67-69</td> <td>25.00%</td> </tr> <tr> <td>70 and above</td> <td>100.00%</td> </tr> </tbody> </table>		Retirement Rates		Attained age	Retirement	55 - 58	5.00%	59 - 60	10.00%	61 - 64	20.00%	65-66	30.00%	67-69	25.00%	70 and above	100.00%
Retirement Rates																		
Attained age	Retirement																	
55 - 58	5.00%																	
59 - 60	10.00%																	
61 - 64	20.00%																	
65-66	30.00%																	
67-69	25.00%																	
70 and above	100.00%																	
• Pre-retirement spouse benefit (legacy Hourly Plan)	All Non-De-Sta-Co terminated vested participants waive coverage																	
• Benefit commencement age for																		
– Future vested deferred																		
<i>Former Members of Salaried Retirement Income Plan And Hourly Employees Pension Plan</i>	63																	
<i>Former Members of Pension Plan For Hourly Employees- Troy Division</i>	62																	
– Current vested deferred																		
<i>Former Members of Salaried Retirement Income Plan And Hourly Employees Pension Plan</i>	63																	
<i>Former Members of Pension Plan For Hourly Employees- Troy Division</i>	62																	
• Spouse assumptions	<u>Male participants</u>	<u>Female participants</u>																
– Percentage married	80%	60%																
– Spouse age difference	3 years younger	3 years older																

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

Form of payment — Males	<u>Lump sum</u>	<u>Single life</u>	<u>50%/55%/J&S</u>
<i>Former Members of Salaried Retirement Income Plan, Hourly Employees Pension Plan and Pension Plan For Hourly Employees- Troy Division</i>			
• Active retirements	0%	30%	70%
• Future vested deferred	0%	30%	70%
• Future disabilities	0%	30%	70%
• Future deaths	0%	0%	100%
• Current vested deferred	0%	30%	70%
<i>De-Sta-Co Participants</i>			
• Active participants	100%	0%	0%
Form of payment — Females	<u>Lump sum</u>	<u>Single life</u>	<u>50%/55% J&S</u>
<i>Former Members of Salaried Retirement Income Plan, Hourly Employees Pension Plan and Pension Plan For Hourly Employees- Troy Division</i>			
• Active retirements	0%	65%	35%
• Future vested deferred	0%	65%	35%
• Future disabilities	0%	65%	35%
• Future deaths	0%	0%	100%
• Current vested deferred	0%	65%	35%
<i>De-Sta-Co Participants</i>			
• Active retirements	100%	0%	0%

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

Table of sample rates

Former Salaried Income Retirement Plan (De-Sta-Co employees)		
Attained age	Rate	
	Disability Incidence	
	Male	Female
20	0.029%	0.030%
25	0.038%	0.047%
30	0.048%	0.080%
35	0.069%	0.136%
40	0.117%	0.211%
45	0.202%	0.323%
50	0.358%	0.533%
55	0.722%	0.952%
60	1.256%	1.159%
65	1.753%	1.358%
69	2.180%	1.664%

Former Hourly Employees Pension Plan		
Attained age	Rate	
	Disability Incidence	
	Male	Female
20	0.151%	0.089%
25	0.219%	0.150%
30	0.309%	0.252%
35	0.431%	0.388%
40	0.597%	0.547%
45	0.829%	0.777%
50	1.224%	1.200%
55	2.118%	1.962%
60	3.240%	2.326%
65	4.369%	2.718%

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

Withdrawal			
Ultimate		Select	
Age	Rate	Service	Rate
20	20.00%	0	35.00%
25	20.00%	1	35.00%
30	15.00%	2	20.00%
35	12.50%	3	20.00%
40	10.00%	4	15.00%
45	7.50%		
50	5.00%		
55+	10.00%		

Rationale for non-prescribed economic assumptions

- The **inflation assumption** is based on the inflation assumption published by Mercer Investment Consulting in their Capital Markets Outlook.
- The **expected return assumption** for funding purposes was developed based on a combination of historical and forward looking assumptions reflecting the plan's current target investment portfolio and Mercer Investment Consulting's Capital Market Outlook assumptions as of October 1, 2023, and reflecting +0.43% incremental return for active portfolio management.
- The **expense assumption** is based on recent historical experience, adjusted to reflect the current year's expected PBGC premiums.

Rationale for non-prescribed demographic actuarial assumptions having a significant effect on the measurement

- The **retirement** and **withdrawal** rates are based on an experience study completed in 2021 using data from 2016 through 2020 and the expectation that the future patterns and circumstances of the employer will not differ significantly from the period studied.
- Since Barnes' active population was not large enough for a credible experience study of disability incidence, the **disability incidence** table is based on the Conference of Consulting Actuaries' 1985 Pension Disability Study Class 1 and Class 3 rates (where applicable), consistent with the nature of the plan's workforce.
- The **benefit commencement age** for terminated vested participants is based on an experience study completed in 2021 using data from 2016 through 2020 and the expectation that the future patterns will not differ significantly from the period studied.

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

- Because the employer does not have enough credible experience to analyze spousal demographics, the assumptions regarding percent **married/spouse age difference** are based on the actuary's experience with many plans and discussions with the plan sponsor.
- The **form of payment** assumptions are based on an experience study completed in 2021 using data from 2016 through 2020 and the expectation that the future patterns will not differ significantly from the period studied.

Actuarial methods for funding**Asset methods— Effective January 1, 2009**

The asset valuation method is an average of the adjusted market value over the last 24 months preceding the valuation date using annual determination dates. The adjusted market value is the market value at each determination date adjusted to the valuation date based on actual cash flows and expected interest at the lesser of the expected rate of return and the third segment rate. This amount is adjusted to be no greater than 110 percent and no less than 90 percent of the fair market value, as defined in IRC Section 430.

A characteristic of this asset method is that, over time, it is slightly more likely to produce an actuarial value of assets that is less than the market value of assets than an actuarial value that is greater than the market value.

Participant methods – Effective January 1, 2008

Participants or former participants are included or excluded from the valuation as described below:

- **Participants included:** The plan sponsor provides us with data on all employees as of the valuation date, but only those employees who have completed the plan's eligibility requirements are included in the valuation of liabilities.
- **Participants excluded:** No actuarial liability is included for nonvested participants who terminated prior to the valuation date. For this purpose, participants with a break-in-service on the valuation date are treated as terminated participants.
- **Insurance contracts:** The plan does not have any insurance contracts.

Minimum funding methods – Effective January 1, 2010

The funding target for minimum funding calculations is computed using the traditional unit credit method of funding. The objective under this method is to fund each participant's benefits under the plan as they accrue. Thus, the total pension to which each participant is expected to become entitled at retirement is broken down into units, each associated with a year of past or future credited service.

A detailed description of the calculation follows:

- The plan's valuation date is the beginning of the plan year.
- An individual's **funding target** is the present value of future benefits based on credited service and average pay as of the beginning of the plan year, and an individual's **target normal cost** is the

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

present value of the benefit expected to accrue in the plan year. If multiple decrements are used, the funding target and the target normal cost for an individual are the sum of the component funding targets and target normal costs associated with the various anticipated separation dates.

- This plan provides disability benefits that are only partially based on a participant's accrued benefit or years of service. This benefit is allocated to funding target based on the accrued benefit on the valuation date plus a portion of the excess of the benefit over the accrued benefit multiplied by the ratio of the participant's service at the beginning of the plan year to their service at each decrement age. This benefit is allocated to target normal cost based on the proportionate benefit attributable to the increase in the participant's service and compensation during the plan year.
- The plan's **target normal cost** is the sum of the individual target normal costs, and the plan's **funding target** is the sum of the individual funding targets for all participants under the plan.

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

▶ **Round off amounts to nearest dollar.**
 ▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan BARNES GROUP INC. CONSOLIDATED PENSION PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF BARNES GROUP INC.	D Employer Identification Number (EIN) 06-0247840	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

Part I Basic Information

1	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>		
2	Assets:		
	a Market value	2a	225,636,860
	b Actuarial value	2b	244,569,166
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	1,506	157,420,157
	b For terminated vested participants	620	34,625,558
	c For active participants	104	28,743,484
	d Total	2,230	220,789,199
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)	<input type="checkbox"/>	
	a Funding target disregarding prescribed at-risk assumptions	4a	
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b	
5	Effective interest rate	5	5.16%
6	Target normal cost		
	a Present value of current plan year accruals	6a	0
	b Expected plan-related expenses	6b	815,000
	c Target normal cost	6c	815,000

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.

SIGN HERE	Timothy J. DiIulio, FSA TJD Signature of actuary	10/1/2025 Date
	TIMOTHY J. DIIULIO, F.S.A. Type or print name of actuary	2307805 Most recent enrollment number
	MERCER Firm name	212-345-8680 Telephone number (including area code)
	99 HIGH STREET BOSTON MA 02110-2320 Address of the firm	

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

Part II	Beginning of Year Carryover and Prefunding Balances	
	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	1,342,936	7,246,847
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)	1,342,936	7,246,847
10 Interest on line 9 using prior year's actual return of <u>12.33%</u>	165,584	893,536
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		0
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.23%</u>		0
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c Total available at beginning of current plan year to add to prefunding balance		0
d Portion of (c) to be added to prefunding balance		
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	1,508,520	8,140,383

Part III	Funding Percentages	
14 Funding target attainment percentage	14	105.99%
15 Adjusted funding target attainment percentage	15	110.34%
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	102.66%
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	
Totals ▶			18(b)	0	18(c)	0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

a Contributions allocated toward unpaid minimum required contributions from prior years.	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	0

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? Yes No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? Yes No

c If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

Part V Assumptions Used to Determine Funding Target and Target Normal Cost				
21 Discount rate:				
a Segment rates:	1st segment: 4.75 %	2nd segment: 4.96 %	3rd segment: 5.59%	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code).....				21b 0
22 Weighted average retirement age				22 62
23 Mortality table(s) (see instructions)	<input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute			

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

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

Part VIII Minimum Required Contribution For Current Year				
31 Target normal cost and excess assets (see instructions):				
a Target normal cost (line 6c).....				31a 815,000
b Excess assets, if applicable, but not greater than line 31a				31b 815,000
32 Amortization installments:	Outstanding Balance		Installment	
a Net shortfall amortization installment	0		0	
b Waiver amortization installment	0		0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount				33
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....				34 0
	Carryover balance	Prefunding balance	Total balance	
35 Balances elected for use to offset funding requirement			0	
36 Additional cash requirement (line 34 minus line 35).....				36 0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....				37 0
38 Present value of excess contributions for current year (see instructions)				
a Total (excess, if any, of line 37 over line 36)				38a 0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances				38b
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)				39 0
40 Unpaid minimum required contributions for all years				40 0

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

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

Each employee is assumed to retire in accordance with the table of retirement rates. The proportion of employees expected to retire at each potential retirement age is shown below. The average retirement age is 62.

(A) Retirement age	(B) Retirement percent	(C) Lx	(D) Number of employees expected to retire (B) x (C)	(E) (A) x (D)
55	5.0%	10,000	500.00	27,500
56	5.0%	9,500	475.00	26,600
57	5.0%	9,025	451.25	25,721
58	5.0%	8,574	428.69	24,864
59	10.0%	8,145	814.51	48,056
60	10.0%	7,331	733.06	43,984
61	20.0%	6,597	1,319.50	84,490
62	20.0%	5,278	1,055.60	65,447
63	20.0%	4,222	844.48	53,202
64	20.0%	3,378	675.58	43,237
65	30.0%	2,702	810.70	52,696
66	30.0%	1,892	567.49	37,454
67	25.0%	1,324	331.04	22,180
68	25.0%	993	248.28	16,883
69	25.0%	745	186.21	12,848
70	100.0%	559	558.61	39,103
Total			10,000.00	620,265
Average				62.03

Schedule SB, Part V — Summary of Plan Provisions**Summary of major plan provisions for former members of the Salaried Retirement Income plan**

Plan name	Barnes Group Inc. Barnes Group Inc. Consolidated Pension Plan
EIN/Plan number	06-0247840 / 002
Effective date and plan year	Original plan: January 1, 1976 Restated plan: January 1, 2016 Plan year: calendar year
Status of the plan	Effective December 31, 2023, the plan is frozen to all future accruals and all active participants fully vest in their Accrued Benefit as of such date. Effective January 1, 2013 the plan has been closed to new and rehired participants.
Significant events	None.

Definitions

• Covered employees	Any person engaged in rendering personal services to the Employer for earnings considered wages, but not compensated on an hourly rate or commission basis or a member of a collective bargaining unit, unless the members of such unit are eligible to become Participants pursuant to a collective bargaining agreement.
• Participation	Immediately.
• Credited service	All years of service with the Employer from date of employment to early retirement, termination of employment, or normal retirement, calculated using full years and months of service. Credited service is frozen effective December 31, 2023.
• Pensionable earnings	Basic earnings with a maximum of the IRC §401(a)(17) compensation limit for the applicable calendar year (as indexed), excluding bonus, overtime, etc. Earnings after December 31, 2023 will not be considered in the benefit determination.
• Final average earnings	Highest average compensation during any 60 consecutive months within the last 10 years prior to normal retirement date, termination or death.
• Covered Compensation	Average of the 35 years of Social Security Taxable Wage Base ending with the year the participant attains Social Security Retirement Age. The Covered Compensation amount will be frozen effective December 31, 2023.

Normal retirement

• Eligibility	The first day of the month coinciding with or next following the Participant's 65th birthday.
• Benefit	the sum of (a), (b) and (c) below where: (a) is equal to: (i) 1.85% of the Participant's Highest Average Earnings up to Covered Compensation, multiplied by Credited Service completed prior to January 1, 2007, not in excess of 25; plus (ii) 2.45% of the Participant's Highest Average Earnings in excess of Covered Compensation, multiplied by Credited Service completed prior to January 1, 2007, not in excess of 25. (b) is equal to: (i) 1.50% of the Participant's Highest Average Earnings up to Covered Compensation, multiplied by Credited Service completed after

Schedule SB, Part V — Summary of Plan Provisions

December 31, 2006, not in excess of 25 reduced by the amount of Credited Service completed prior to January 1, 2007, plus
 (ii) 2.00% of the Participant’s Highest Average Earnings in excess of Covered Compensation, multiplied by Credited Service completed after December 31, 2006, not in excess of 25 reduced by the amount of Credited Service completed prior to January 1, 2007;
 (c) is equal to .5% of the Participant’s Highest Average Earnings multiplied by Credit Service completed in excess of 25.

Early retirement

- Eligibility Effective October 1, 2000, age 55 with 10 years of service.

Effective January 1, 2023, for all persons who were Employees on or after January 1, 2023, age 54 with 10 years of service.
- Benefit Normal retirement benefit accrued to early retirement, reduced based on the number of months retirement date precedes age 62. The reduction factors at integer ages are:

Age	Factor
55	62.50%
56	66.60%
57	70.80%
58	75.00%
59	79.10%
60	83.30%
61	91.60%
62	100.00%

Deferred vested

- Eligibility Termination of employment with at least five years of service.
- Benefit The amount of benefit should be calculated as for Normal Retirement. An employee’s deferred vested benefit shall commence in full on his or her normal retirement date, or at the Participant’s option, in an actuarially reduced benefit prior to normal retirement any time after attaining age 55. Factors for reducing benefit from 65 are:

Age	Factor
55	42.30%
56	45.70%
57	49.40%
58	53.60%
59	58.20%
60	63.30%
61	69.00%
62	75.40%
63	82.60%
64	90.70%

Pre-retirement death

- Eligibility Vested under the plan and dies prior to commencement of benefit payments.
- Benefit The amount of the pre-retirement survivor annuity benefits payable shall equal the amount of payments that would have been made to a spouse under the Joint & 50% Survivor option if:

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	<ul style="list-style-type: none"> (i) in the case of an eligible Participant who dies on or before the earliest retirement age under the Plan, the Participant had (a) separated from service on the date of death, (b) survived to the earliest retirement age, (c) retired with an immediate Joint & 50% Survivor option at the earliest retirement age, and (d) died on the day after the day on which he/she would have attained the earliest retirement age. (ii) in the case of an eligible Participant who dies after attaining retirement age under the Plan, the Participant had retired with an immediate Joint & 50% Survivor option on the day before his/her death.
<ul style="list-style-type: none"> • Cost 	<p>For each month and part thereof that the pre-retirement survivor annuity coverage is in effect after the Participant has terminated employment, a reduction will be made in the Participant’s basic retirement income as follows:</p> <ul style="list-style-type: none"> (i) 1/60 of 1% for each full or partial month of coverage for the months ending prior to the Participant’s 45th birthday; and (ii) 1/24 of 1% for each full or partial month of coverage for the months ending after the Participant’s 45th birthday.
Form of benefits	
<ul style="list-style-type: none"> • Automatic form for unmarried participants 	<p>If Participant either has no spouse as of his/her retirement date or elects to receive his/her income under the normal form, retirement income will be the amount determined as the normal retirement benefit and paid as a single life annuity.</p>
<ul style="list-style-type: none"> • Automatic form for married participants 	<p>If Participant has a spouse as of his/her retirement date and does not elect otherwise, retirement income shall be paid on the basis of Joint and Survivor form, as stipulated by ERISA, and will be the amount determined as the normal retirement benefit multiplied by the appropriate factor.</p>
<ul style="list-style-type: none"> • Optional forms 	<p>The forms of benefit payment available to each Participant shall be the actuarial equivalent of his/her basic Normal Retirement benefit on a straight life annuity basis. The forms of benefit are as follows:</p> <ul style="list-style-type: none"> (a) Straight Life Annuity (b) Contingent Pensioner Option (25%, 33 1/3%, 50%, 66 2/3%, 75%, or 100%) (c) 120 Months Certain and Life Income Option (d) Level Income Option (e) Level Income and the Contingent Pensioner Option (25%, 50%, 75%, or 100%)
<ul style="list-style-type: none"> • Optional form conversion factors 	<p>Amount of an alternative form of benefit (other than a lump sum) which has a value equivalent to the benefit or benefits otherwise payable under the plan, computed as follows:</p> <ul style="list-style-type: none"> (a) A 6% interest assumption and a mortality assumption according to the RP2000 Mortality Tables for Males and Females with a weighting of 50% males and 50% females projected to 2010 (b) Level Income Option / Level Income and the Contingent Pensioner Option: IRC §417(e) assumptions

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Plan Provisions – Former De-Sta-Co Participants

Effective date and plan year	Original plan: January 1, 1976 Restated plan: January 1, 2011 Plan year: calendar year
Status of the plan	Effective December 31, 2023, the plan is frozen to all future accruals and all active participants fully vest in their Accrued Benefit as of such date. Effective January 1, 2013 the plan has been closed to new and rehired participants.
Significant events that occurred during the year	None.
Definitions	
• Covered employees	All salaried employees of De-Sta-Co Manufacturing.
• Participation	Participants as of December 31, 1992 shall continue to participate. All other employees participate first of the month coincident or next following age 21 and 1 year of service.
• Vesting service	One year for each 1,000-hour calendar year of employment excluding plan years prior to attaining age 18.
• Credited service	Prior to January 1, 1976 – Years and complete months of service excluding service prior to attaining age 21. The maximum service credited to a participant is 35 years. After December 31, 1975 – One year for each calendar year of employment that hours worked are greater than 50 times the number of hours constituting a full work week. (If hours are less than this amount then one tenth year of benefit service for each 5 full time weeks). Benefit service excludes service prior to age 21 and for employees hired after age 60, service prior to 1988. The maximum service credited to a participant is 35 years. Credited service is frozen effective December 31, 2023.
• Pensionable earnings	Prior to January 1, 2003- Base compensation plus 50% of bonus, overtime, commissions, etc. For employees active on July 1, 2003- Base compensation plus 100% of bonus, overtime, commissions, etc. Earnings after December 31, 2023 will not be considered in the benefit determination.
• Final average earnings	Highest average compensation during any 60 consecutive months within the last 10 years prior to normal retirement date, termination or death.
• Social security integration level	158% of the average of the 35 most recent Social Security Taxable Wage Bases. The integration level will be frozen effective December 31, 2023.
Normal retirement	
• Eligibility	The first day of the month coinciding with or next following the Participant's 65th birthday.

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• Benefit	One twelfth of 1.5% of Highest Average Earnings multiplied by years of Credited Service up to 35 years reduced by 0.5% of Highest Average Earnings up to the Social Security Integration Level in effect at determination multiplied by years of Credited Service up to 35 years. In no event shall the monthly pension benefit be less than the December 31, 1992 (December 31, 1988 if a Super Highly Compensated Employee in 1988) grandfather accrued benefit.
Early retirement	
• Eligibility	Prior to January 1, 2023, retirement before normal retirement date and on or after both attaining age 55 and completing 15 years of Vesting Service Effective January 1, 2023, for all persons who were Employees on or after January 1, 2023, retirement before normal retirement date and on or after both attaining age 54 and completing 15 years of Vesting Service
• Benefit	Monthly pension benefit determined as of early retirement date, reduced by 1/180th for each of the first 60 months and by 1/360th for each of the next 60 months of payment prior to normal retirement date. The Tranter grandfathered benefit is unreduced at 62 and 10 years of service.
Late retirement	
• Eligibility	Retirement after normal retirement date.
• Benefit	Monthly pension benefit determined as of actual retirement date.
Deferred vested	
• Eligibility	Termination of employment with at least five years of Vesting Service.
• Benefit	Monthly pension benefit determined as of termination date, with early retirement reductions for payments prior to age 65 (as described under early retirement above). Payments prior to age 55 are reduced on an actuarial basis.
Disability	
• Eligibility	Retirement at normal retirement date after becoming permanently disabled, as determined by qualifying for the company's LTD program.
• Benefit	Monthly pension benefit payable at age 65 or the cessation of LTD assuming Credited Service and Vesting Service increases while disabled and pay remains level. Benefits, payable prior to age 65, are reduced.
Pre-retirement death	
• Eligibility	Vested under the plan and dies prior to commencement of benefit payments
• Benefit	Monthly preretirement spouse benefit is payable at the later of the participant's early retirement date or the Participant's date of death and is equal to 50% of the monthly pension benefit as of the date of death reduced for the 50% joint and survivor election and reduced for payment as early as the participant's early retirement date.
Form of benefits	
• Automatic form for unmarried participants	If Participant either has no spouse as of his/her retirement date or elects to receive his/her income under the normal form, retirement income will be the amount determined as the normal retirement benefit and paid as a single life annuity.

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<ul style="list-style-type: none"> Automatic form for married participants 	<p>If Participant has a spouse as of his/her retirement date and does not elect otherwise, retirement income shall be paid on the basis of Joint and Survivor form, as stipulated by ERISA, and will be the amount determined as the normal retirement benefit multiplied by the appropriate factor.</p>
<ul style="list-style-type: none"> Optional forms 	<p>The forms of benefit payment available to each Participant shall be the actuarial equivalent of his/her basic Normal Retirement benefit on a straight life annuity basis. The forms of benefit are as follows:</p> <ul style="list-style-type: none"> (a) Straight Life Annuity (b) 75% and 100% Contingent Pensioner Options (c) 60 Months Certain and Life Income Option (d) 120 Months Certain and Life Income Option (e) Lump sum distribution of the full amount payable
<ul style="list-style-type: none"> Optional form conversion factors 	<p>Amount of an alternative form of benefit (other than a lump sum) which has a value equivalent to the benefit or benefits otherwise payable under the plan, computed on the more generous of the following basis:</p> <ul style="list-style-type: none"> a) A 6% interest assumption and a mortality assumption according to the RP2000 Mortality Tables for Males and Females with a weighting of 50% males and 50% females projected to 2010. b) The flat rate reductions in effect prior to October 1, 2011 applied to the frozen benefit accrued to September 30, 2011.
Miscellaneous	
<ul style="list-style-type: none"> Maximum compensation 	<p>Compensation for any 12-month period used to determine accrued benefits may not exceed the limits in IRC §401(a)(17) for the calendar year in which the 12-month period begins. This limit is indexed annually. For 2024, the limit is \$345,000.</p>
<ul style="list-style-type: none"> Maximum benefits 	<p>Annual benefits may not exceed the limits in IRC §415. This limit is indexed annually. For 2024, the limit is \$275,000.</p>

Schedule SB, Part V — Summary of Plan Provisions

Summary of Major Plan Provisions for Former Members of the Hourly Employees Pension Plan

Plan name (before merger)	Barnes Group Inc. Non-Union Hourly Employees' Pension Plan
EIN/plan number (before merger)	06-0247840 / 005
Effective date and plan year	Original plan: December 1, 1975 Restated plan: January 1, 2016 Plan year: calendar year
Status of the plan	Effective December 31, 2023, the plan is frozen to all future accruals and all active participants fully vest in their Accrued Benefit as of such date. Effective December 31, 2023, the plan has been closed to new and rehired participants.
Significant events that occurred during the year	None.
Definitions	
• Covered employees	Any person engaged in rendering personal services to the employer for earnings considered wages, compensated on an hourly basis.
• Participation	First day of the month coincident with or otherwise next following one year of service.
• Vesting Service	All years of service with the employer from date of employment to the earliest of termination, retirement or death. For vesting purposes, 1,000 hours equals one year.
• Credited Service	All years of service with the employer from date of employment to early retirement, termination of employment, or normal retirement. 1,700 hours equal one year with pro rata credit for fewer than 1,700 hours. Credited Service is frozen effective December 31, 2023.
• Pensionable earnings	Basic earnings with a maximum of the IRC §401(a)(17) compensation limit for the applicable calendar year (as indexed), excluding bonus, overtime pay, severance payments made after the date of the Participant's termination of employment, director's fees, reimbursement of expenses and other additional forms of earnings including contributions made by the Employer to or under any form of employee benefit program. Earnings after December 31, 2023 will not be considered in the benefit determination.
• Highest average earnings	Final average earnings during any 60 consecutive months within the last 10 years prior to normal retirement date, termination or death.
Normal retirement	
• Eligibility	The first day of the month coinciding with or next following the later of Participant's 65th birthday or 5th anniversary of a Participant's commencement of participation in the plan.

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- **Benefit**

Monthly benefit equal to the greater of A or B:

A. The sum of (i) plus (ii) plus (iii) where:

 - i. equals 30% Highest Average Earnings, reduced pro rata for less than 25 years of Credited Service;
 - ii. equals 0.5% of the Highest Average Earnings multiplied by years of Credited Service over 25 years;
 - iii. equals 3% of the total of (i) plus (ii) above times the Participant's full years of employment after age 62.

B. The sum of (i) plus (ii) plus (iii) assuming service until age 65, multiplied by the ratio of actual service to projected service at age 65.

 - (i) equals 30% Highest Average Earnings, reduced pro rata for less than 25 years of Credited Service;
 - (ii) equals 0.5% of the Highest Average Earnings multiplied by years of Credited Service over 25 years;
 - (iii) equals 3% of the total of (i) plus (ii) above times the Participant's full years of employment after age 62.

Early retirement

- **Eligibility**

Prior to January 1, 2023, age 55 with 10 years of Vesting Service.

Effective January 1, 2023, for all persons who were Employees on or after January 1, 2023, age 54 with 10 years of Vesting Service.

- **Benefit**

Normal retirement benefit accrued to early retirement, reduced by 0.4% for each full month that early retirement date precedes age 65. There is no reduction if the Participant has attained age 62 on his/her termination date. The reduction factors at integer ages are:

Age	Factor
55	52.00%
56	56.80%
57	61.60%
58	66.40%
59	71.20%
60	76.00%
61	80.80%
62	85.60%
63	90.40%
64	95.20%

Deferred vested

- **Eligibility**

Termination of employment with at least five years of Vesting Service.
- **Benefit**

The amount of benefit should be calculated as for Normal Retirement under section B only. An employee's deferred vested benefit shall commence in full on his or her normal retirement date, or at the Participant's option, in a reduced benefit prior to normal retirement any time after attaining age 55 with 5 years of Vesting Service, with the reduction as follows:

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	Age	Factor
	55	42.3%
	56	45.7%
	57	49.4%
	58	53.6%
	59	58.2%
	60	63.7%
	61	69.0%
	62	75.4%
	63	82.6%
	64	90.7%
Disability		
• Eligibility	Total and permanent disability while actively employed prior to normal retirement date.	
• Benefit	Monthly benefit of 40% of the Final Average Earnings, less 50% of Primary Social Security benefit, and 100% of Workmen’s Compensation for which the Participant is eligible and is actually receiving.	
Pre-retirement death		
• Eligibility	Vested under the plan and dies prior to commencement of benefit payments.	
• Benefit	<p>The amount of the pre-retirement survivor annuity benefits payable shall equal the amount of payments that would have been made to a spouse under the 50% Joint & Survivor option if:</p> <p>(i) in the case of an eligible Participant who dies after attaining retirement age, the Participant had retired with an immediate 50% Joint & Survivor option on the day before his/her death, or</p> <p>(ii) in the case of an eligible Participant who dies on or before the earliest retirement age, the Participant had (a) separated from service on the date of death, (b) survived to the earliest retirement age, (c) retired with an immediate 50% Joint & Survivor option at the earliest retirement age, and (d) died on the day after the day on which he/she would have attained the earliest retirement age.</p>	
• Cost	<p>For each month and part thereof that the pre-retirement survivor annuity coverage is in effect after the Participant has terminated employment, a reduction will be made to the Participant’s retirement income as follows:</p> <p>(i) 1/60 of 1% for each full or partial month of coverage for the months ending prior to the Participant’s 45th birthday; and</p> <p>(ii) 1/24 of 1% for each full or partial month of coverage for the months ending after the Participant’s 45th birthday.</p>	
Form of benefits		
• Automatic form for unmarried participants	If Participant either has no spouse as of his/her retirement date or elects to receive his/her income under the normal form, retirement income will be the amount determined as the normal retirement benefit and paid as a single life annuity.	

Schedule SB, Part V — Summary of Plan Provisions

<ul style="list-style-type: none"> Automatic form for married participants 	<p>Retirement income shall be paid on the basis of Joint and Survivor form, as stipulated by ERISA, and will be the amount determined as the normal retirement benefit multiplied by 95% plus if the age differential is greater than five years, ½% for each year in excess of five the spouse is older and minus ½% for each year in excess of five the spouse is younger.</p>
<ul style="list-style-type: none"> Optional forms 	<p>The forms of benefit payment available to each Participant shall be the actuarial equivalent of his/her basic normal retirement benefit on a straight life annuity basis. The forms of benefit are as follows:</p> <ul style="list-style-type: none"> (a) Straight Life Annuity (b) Contingent Pensioner Option (50%, 75%, or 100%) (c) 120 Months Certain and Life Income Option (d) Social Security Adjustment Option
<ul style="list-style-type: none"> Optional form conversion factors 	<p>Amount of an alternative form of benefit (other than a lump sum) which has a value equivalent to the benefit or benefits otherwise payable under the plan, computed on the following basis:</p> <ul style="list-style-type: none"> (a) 50% Joint and Survivor Option and spouse is the beneficiary: a 5% reduction plus/minus 1/2% for each year or part of a year where the spouse is more than 5 years younger/older than the participant. (b) Social Security Adjustment Option: IRC §417(e) assumptions (c) All other optional forms of payment: a 6% interest assumption and a mortality assumption according to the RP2000 Mortality Tables for Males and Females with a weighting of 50% males and 50% females projected to 2010.
Miscellaneous	
<ul style="list-style-type: none"> Maximum compensation 	<p>Compensation for any 12-month period used to determine accrued benefits may not exceed the limits in IRC §401(a)(17) for the calendar year in which the 12-month period begins. This limit is indexed annually.</p>
<ul style="list-style-type: none"> Maximum benefits 	<p>Annual benefits may not exceed the limits in IRC §415. This limit is indexed annually. For 2024, the limit is \$275,000.</p>

Schedule SB, Part V — Summary of Plan Provisions

Plan Provisions Former Bowman Plan

Effective date and plan year	Original plan: May 1, 1967 Plan year: calendar year
Status of the plan	As of July 1, 1996, pension accruals for the Bowman plan have ceased. All covered employees are assumed to be 100% vested. As of June 15, 1995, pension accruals for employees of the Curtis plan have ceased. All covered employees are assumed to be 100% vested. Effective December 31, 2023, the plan is closed to new hires and rehired participants and all benefit accruals are frozen.

Significant events that occurred during the year	None
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Definitions

• Covered employees	Any person who was covered under the prior plan on December 31, 1998.
• Participation	Each person who became an employee prior to July 1, 1996 who has an hour of service prior to July 1, 1996.
• Vesting service	Whole years and full months of continuous employment commencing on date of employment and ending on the earliest of termination, retirement or death. 1,000 hours equal one year of Service for vesting purposes, with pro rata credit for fewer than 1,000 hours.
• Credited service	Any calendar year in which the employee has 1,700 hours, or more hours of service shall be counted a full year of Credited Service. Where hours of service are fewer than 1,700 hours, credit shall be given to the nearest 1/10 of a year.

Normal retirement

• Eligibility	On and after January 1, 1990, a participant who has attained the later of his/her 65th birthday and the 5th anniversary of his/her employment date.
• Benefit	Monthly benefit for each year of Credited Service is calculated based on the following schedule:

Effective Dates	Monthly Benefit Multiplier
Retirement on or after May 1, 1994 and prior to May 1, 1995	\$16.00
Retirement on or after May 1, 1995 and prior to May 1, 1996	\$16.50
Retirement on or after May 1, 1996	\$17.00

Curtis – \$11.00 monthly per year of service, except \$8.00 for participants hired after April 4, 1984

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Early retirement

- **Eligibility** Age 55 with 10 years of Vesting Service.
- **Benefit** Unreduced early retirement at age 62. If the employee retires before age 62, then the monthly benefit is reduced according to the following table of factors:

Age When Pension Commences	Applicable Percentage
62	100.0%
61	93.3%
60	86.7%
59	79.0%
58	72.2%
57	66.2%
56	60.7%
55	55.8%

Deferred vested

- **Eligibility** Termination of employment with at least 5 years of Vesting Service. Any Participant who was an employee on July 1, 1996, including those employees who were on a layoff status as of July 1, 1996, will be treated as being 100% vested in the pension accrued through the date of his/her termination of employment.

- **Benefit** The amount of benefit should be calculated according to the following schedule:

If such break in seniority occurs on or after May 1, 1994 but prior to May 1, 1995:	\$16.00 for each year of Credited Service to the date he/she ceases to be an employee
If such break in seniority occurs on or after May 1, 1995 but prior to May 1, 1996:	\$16.50 for each year of Credited Service to the date he/she ceases to be an employee
If such break in seniority occurs on or after May 1, 1996:	\$17.00 for each year of Credited Service to the date he/she ceases to be an employee

Disability

- **Eligibility** 10 years of Vesting Service if the employee is deemed totally and permanently disabled. The Plan Administrator shall have the discretion to determine disability under the plan.
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Form of benefits	
<ul style="list-style-type: none"> Automatic form for unmarried participants 	<p>If Participant either has no spouse as of his/her retirement date or elects to receive his/her income under the normal form, retirement income will be the amount determined as the normal retirement benefit and paid as a single life annuity.</p>
<ul style="list-style-type: none"> Automatic form for married participants 	<p>Retirement income shall be paid on the basis of Joint and Survivor form, as stipulated by ERISA, and will be the amount determined under the benefit formula multiplied by 95% plus if the age differential is greater than five years, ½% for each year in excess of five the spouse is older and minus ½% for each year in excess of five the spouse is younger.</p>
<ul style="list-style-type: none"> Optional forms 	<p>The forms of benefit payment available to each Participant shall be the actuarial equivalent of his/her basic Normal Retirement benefit on a straight life annuity basis. The forms of benefit are as follows:</p> <ul style="list-style-type: none"> (a) Straight Life Annuity (b) Contingent Survivor Option (50% or 75%) (c) 120 Months Certain and Life Income Option (d) Social Security Option
<ul style="list-style-type: none"> Optional form conversion forms 	<p>Bowman Employees:</p> <p>Amount of an alternative form of benefit (other than a lump sum) which has a value equivalent to the benefit or benefits otherwise payable under the plan, computed on the more generous of the following basis:</p> <ol style="list-style-type: none"> 1) A 6% interest assumption and a mortality assumption according to the RP2000 Mortality Tables for Males and Females with a weighting of 50% males and 50% females projected to 2010. 2) The flat rate reductions in effect prior to October 1, 2011 applied to the frozen benefit accrued to September 30, 2011. <p>Curtis Employees:</p> <p>Amount of an alternative form of benefit (other than a lump sum) which has a value equivalent to the benefit or benefits otherwise payable under the plan, computed with a 6% interest assumption and a mortality assumption according to the RP2000 Mortality Tables for Males and Females with a weighting of 50% males and 50% females projected to 2010.</p>

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Plan Provisions De-Sta-Co Employees

Effective date and plan year	Original plan: January 1, 1975 Plan year: calendar year
Status of the plan	Effective December 31, 2023, the plan is frozen to all future accruals and all active participants fully vest in their Accrued Benefit as of such date. Effective December 31, 2023, the plan has been closed to new and rehired participants.
Significant events	None.

Definitions

• Covered employees	Any non-collectively bargained person employed on an hourly rate basis at the Central Lake Plant or Avery Creek Plant. Avery Creek plant shut down during 2001 and no active employees are covered.
• Participation	Date of becoming a covered employee, Avery Creek Plan employees participate on or after January 1, 1989
• Vesting service	One year for each 1,000-hour calendar year of employment.
• Credited service	One year for each 1,700-hour calendar year of employment, where proportional credit is given in tenths of a year for fewer than 1,700 hours. Credited Service is frozen effective December 31, 2023.

Normal retirement

• Eligibility	First of month coinciding with or next following the later of attainment of age 65 and fifth anniversary of plan membership.
• Benefit	Monthly benefit for each year of Benefit Service, limited to a maximum of 35 years, multiplied by benefit rate in effect at time of his/her retirement.

Monthly Benefit per

Year of Service	Retirement Date
\$ 7.50	01/01/1989 – 12/31/1994
\$ 8.50	01/01/1995 – 12/31/1995
\$ 9.50	01/01/1996 – 12/31/1996
\$10.00	01/01/1997 – 12/31/1998
\$10.25	On or after 01/01/1999

Early retirement

• Eligibility	Age 55 with 10 years of Vesting Service.
• Benefit	Monthly pension benefit determined as of early retirement date, reduced 0.5% for each month of payment prior to normal retirement date.

Deferred vested

• Eligibility	Termination of employment with at least five years of Vesting Service.
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• Benefit	The amount of benefit should be calculated as for Normal Retirement. An employee's deferred vested benefit shall commence in full on his or her normal retirement date, or at the Participant's option, in a reduced benefit prior to normal retirement any time after attaining age 55 with 5 years of Vesting Service, with the reduction as applicable for early retirement.
Disability	
• Eligibility	15 years of Vesting Service.
• Benefit	Accrued benefit payable immediately without any early retirement reduction.
Pre-retirement death	
• Eligibility	Vested under the plan, married one full year prior to death and dies prior to commencement of benefit payments.
• Benefit	<p>The amount of benefit shall equal the amount that would have been made to a spouse under the Joint & 55% Survivor option if:</p> <ul style="list-style-type: none"> (i) in the case of an eligible Participant who dies after attaining retirement age, the Participant had retired with an immediate 55% Joint & Survivor option on the day before his/her death, or (ii) in the case of an eligible Participant who dies on or before the earliest retirement age, the Participant had (a) separated from service on the date of death, (b) survived to the earliest retirement age, (c) retired with an immediate 55% Joint & Survivor option at the earliest retirement age, and (d) died on the day after the day on which he/she would have attained the earliest retirement age.
Incidental death benefit	
An incidental death benefit of \$2,000 shall be payable upon the death of a retired Participant who was receiving (or who was eligible to receive) monthly retirement benefits under early or normal retirement or was receiving a total and permanent disability benefit to the Participant's designated beneficiary. The amount of such death benefit shall be reduced by the amount of any death benefit payable under any employer-sponsored group insurance program or by the insurance carrier pursuant to a waiver of premium provision in the group insurance contract.	
Form of benefits	
• Automatic form for unmarried participants	If Participant either has no spouse as of his/her retirement date or elects to receive his/her income under the normal form, retirement income will be the amount determined as the normal retirement benefit and paid as a single life annuity.
• Automatic form for married participants	Retirement income shall be paid on the basis of Joint and Survivor form, as stipulated by ERISA, and will be the amount determined under the benefit formula multiplied by 95% plus if the age differential is greater than five years, ½% for each year in excess of five the spouse is older and minus ½% for each year in excess of five the spouse is younger.
• Optional forms	Life Annuity, Joint and 75% Survivor Annuity

Schedule SB, Part V — Summary of Plan Provisions

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- **Optional form conversion factors** Amount of an alternative form of benefit (other than a lump sum) which has a value equivalent to the benefit or benefits otherwise payable under the plan, computed on the more generous of the following basis:
 - a) A 6% interest assumption and a mortality assumption according to the RP2000 Mortality Tables for Males and Females with a weighting of 50% males and 50% females projected to 2010.
 - b) The flat rate reductions in effect prior to October 1, 2011 applied to the frozen benefit accrued to September 30, 2011.
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Schedule SB, Part V — Summary of Plan Provisions**Plan Provisions – Former Elizabethtown, Kentucky Pension Plan**

Effective date and plan year	Original plan: June 10, 1977 Plan year: calendar year
Status of the plan	Effective December 31, 2023, the plan is frozen to all future accruals and all active participants fully vest in their Accrued Benefit as of such date. Effective December 31, 2023, the plan has been closed to new and rehired participants.
Significant events	None.
Definitions	
• Covered employees	Employee means any person who is a member of the collective bargaining unit represented by the International Union, United Automobile, Aerospace and Agricultural Implement Workers of America, UAW, and its Local Number 2012, and who is customarily employed by a participating division (the Elizabethtown, Kentucky division of Barnes Group, Inc.) on an hourly-rate basis (including hourly-rate persons on incentive pay plans).
• Participation	Completion of one year of service (1,000 hours in the 12 month period beginning with the date of hire and ending on the first anniversary date of the date of hire and then changing to a plan year basis).
• Vesting service	1,000 hours equals one year of service. For hours less than 1,000, pro-rated credit is given based on actual hours divided by 1,700 hours and rounded down to the nearest 1/10th of a year. If an employee has fewer than 170 hours of Service in any plan year, no service will be credited for such plan year.
• Credited service	1,700 hours equals one year of service. For hours less than 1,700, pro-rated credit is given based on actual hours divided by 1,700 hours and rounded down to the nearest 1/10th of a year. If an employee has fewer than 170 hours of Service in any plan year, no service will be credited for such plan year. Credited Service is frozen effective December 31, 2023.
Normal retirement	
• Eligibility	The first day of the month coinciding with or next following the later of Participant's 65th birthday or 5th anniversary of date of employment.

Schedule SB, Part V — Summary of Plan Provisions

- Benefit Monthly benefit for each year of Credited Service is calculated based on the following schedule:

Effective Dates	Monthly Benefit Multiplier
Retirement on or after June 10, 1995 and prior to June 10, 1996	\$15.00
Retirement on or after June 10, 1996 and prior to June 10, 1997	\$15.50
Retirement on or after June 10, 1997 and prior to June 10, 1998	\$16.00
Retirement on or after June 10, 1998 and prior to June 10, 1999	\$16.50
Retirement on or after June 10, 1999 and prior to May 29, 2000	\$17.00
Retirement on or after May 29, 2000 and prior to May 29, 2001	\$18.00
Retirement on or after May 29, 2001 and prior to May 29, 2002	\$18.75
Retirement on or after May 29, 2002 and prior to May 29, 2003	\$19.50
Retirement on or after May 29, 2003 and prior to May 29, 2004	\$20.25
Retirement on or after May 29, 2004 and prior to May 29, 2005	\$21.00
Retirement on or after May 29, 2005 and prior to May 29, 2006	\$22.00
Retirement on or after May 29, 2006 and prior to May 29, 2007	\$23.00
Retirement on or after May 29, 2007 and prior to April 1, 2008	\$24.00
Retirement on or after April 1, 2008 and prior to April 1, 2009	\$24.50
Retirement on or after April 1, 2009 and prior to April 1, 2010	\$25.50
Retirement on or after April 1, 2010 and prior to April 1, 2011	\$26.50
Retirement on or after April 1, 2011 and prior to April 1, 2012	\$27.50
Retirement on or after April 1, 2012 and prior to April 1, 2013	\$28.50
Retirement on or after April 1, 2013	\$29.50

Early retirement

- Eligibility Age 55 with 10 years of Vesting Service.
- Benefit Normal Retirement benefit accrued to early retirement, reduced by 0.6% for each month (7.2% per year) from age 60 to 65 and 0.3% for each month (3.6% per year) from age 55 to 60 by which benefit commencement precedes normal retirement date.

Deferred vested

- Eligibility Termination of employment with at least 5 years of Vesting Service.
- Benefit The amount of benefit should be calculated as for Normal Retirement. An employee’s deferred vested benefit shall commence in full on his/her normal retirement date, or at the Participant’s option, reduced by 0.6% for each month (7.2% per year) from age 60 to 65 and 0.3% for each month (3.6% per year) from age 55 to 60 by which benefit commencement precedes normal retirement date, at any time after attaining age 55, provided the employee has 5 or more years of Vesting Service.

Schedule SB, Part V — Summary of Plan Provisions

Disability

- **Eligibility** 10 Years of Credited Service if the employee is deemed totally and permanently disabled prior to attaining his/her 65th birthday. The plan administrator shall have the discretion to determine disability under the plan.
- **Benefit** Twice the Normal Retirement benefit, if not eligible for Social Security. Once eligible for a Social Security benefit, the disability benefit equals the Normal Retirement benefit.

Pre-retirement death

- **Eligibility** Five years of Vesting Service and married one full year prior to death.
 - **Benefit** The amount of benefit shall equal the amount that would have been made to a spouse under the Joint & 55% Survivor option:
 - (a) in the case of a Participant who dies after age 55 and 10 years of Service, if the Participant had retired with an immediate surviving spouse option on the day before his/her death, or
 - (b) in the case of a Participant who dies after age 55 with fewer than 10 years of Service, if the Participant had:
 - (i) separated from service on date of death
 - (ii) elected to start receiving immediate pension payments with the Joint & 55% Survivor option in effect, and
 - (iii) died on the day after such immediate pension payments had begun
 - (c) in the case of a Participant who dies prior to age 55 (including Participants who die while receiving a Disability benefit), if the Participant had:
 - (i) separated from service on the date of death
 - (ii) survived to age 55
 - (iii) elected to start receiving immediate pension payments with the Joint & 55% Survivor option in effect
 - (iv) died on the day after such immediate pension payments had begun, and
 - (d) in the case of a Participant who dies after termination of employment after age 55 (including Participants who die while receiving a Disability benefit), if the Participant had:
 - (i) elected to start receiving immediate pension payments with the Joint & 55% Survivor option in effect
 - (ii) died on the day after such immediate pension payments had begun
 - **Cost** For each month and part thereof that the pre-retirement survivor annuity coverage is in effect after the Participant terminates employment or after commencement of disability benefits, a reduction will be made to the Participant's retirement income as follows:
 - (i) 1/60 of 1% for each full or partial month of coverage for the months ending prior to the Participant's 45th birthday; and
 - (ii) 1/24 of 1% for each full or partial month of coverage for the months ending after the Participant's 45th birthday
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Schedule SB, Part V — Summary of Plan Provisions

• Benefit increases	Benefits payable to Participants who retire or terminate during the period covered by a given collective bargaining agreement will increase as benefit improvements become effective during the period covered by that agreement.
Form of benefits	
• Automatic form for unmarried participants	If Participant either has no spouse as of his/her retirement date or elects to receive his/her income under the normal form, retirement income will be the amount determined as the normal retirement benefit and paid as a single life annuity.
• Automatic form for married participants	Retirement income shall be paid on the basis of Joint and Survivor form, as stipulated by ERISA, and will be the amount determined under the benefit formula multiplied by 95% plus if the age differential is greater than five years, ½% for each year in excess of five the spouse is older and minus ½% for each year in excess of five the spouse is younger.
• Optional forms	<p>The forms of benefits payment available to each Participant shall be the actuarial equivalent of his/her basic Normal Retirement benefit on a straight life annuity basis. The forms of benefit are as follows:</p> <ol style="list-style-type: none"> 2) Straight Life Annuity 3) Surviving Spouse Option (50%, 75% or 100%) 4) 120 Months Certain and Life Option 5) Level Income Option
• Optional form conversion factors	<p>Amount of an alternative form of benefit (other than a lump sum) which has a value equivalent to the benefit or benefits otherwise payable under the plan are computed as follows:</p> <ol style="list-style-type: none"> (a) A 6% interest assumption and a mortality assumption according to the RP2000 Mortality Tables for Males and Females with a weighting of 50% males and 50% females projected to 2010 (b) Level Income Option: IRC §417(e) assumptions
Miscellaneous	
• Maximum compensation	Compensation for any 12-month period used to determine accrued benefits may not exceed the limits in IRC §401(a)(17) for the calendar year in which the 12-month period begins. This limit is indexed annually.
• Maximum benefits	Annual benefits may not exceed the limits in IRC §415. This limit is indexed annually. For 2024, the limit is \$275,000.

Schedule SB, Part V — Summary of Plan Provisions**Summary of Major Plan Provisions for Former Members of the Pension Plan for Hourly Employees - Troy Division**

Plan name (before merger)	Barnes Group Inc. Pension Plan for Hourly Rate Employees – Barnes Group Inc. – Troy Division
EIN/plan number (before merger)	06-0247840 / 024
Effective date and plan year	Original plan: September 17, 2004 Restated plan: January 1, 2016 Plan year: Calendar
Status of the plan	Effective December 31, 2023, the plan is frozen to all future accruals and all active participants fully vest in their Accrued Benefit as of such date. Effective December 31, 2023, the plan has been closed to new and rehired participants.
Significant events that occurred during the year	None.
Definitions	
• Covered employees	All hourly paid employees who are a member of the collective bargaining unit represented by the UAW Local 174 on or before March 30, 2001.
• Participation	Immediate
• Benefit accrual year of service	A year of service for each year of seniority accrued as a collectively bargained employee, computed to the nearest 1/12th of a year.
• Service	All years of Benefit Accrual Years of Service, provided, however, that an employee shall be credited with a year of Service for each calendar year during which he/she has 185 or fewer aggregate days of layoff or other disqualifying absence, or receives credit for 750 or more hours of service. Credited service is frozen effective December 31, 2023.
Normal retirement	
• Eligibility	The first day of the month coinciding with or next following the later of Participant's 65th birthday or 5th anniversary of a Participant's commencement of participation in the plan.

Schedule SB, Part V — Summary of Plan Provisions

- Benefit Monthly basic retirement benefit for each year of the Participant's Benefit Accrual Years of Service is calculated based on the following schedule:

Effective Dates	Monthly Benefit Multiplier
Retirement on or after April 1, 1989 and prior to April 1, 1990	\$12.25
Retirement on or after April 1, 1990 and prior to April 1, 1991	\$12.50
Retirement on or after April 1, 1991 and prior to April 1, 1992	\$12.75
Retirement on or after April 1, 1992 and prior to April 1, 1993	\$13.00
Retirement on or after April 1, 1993 and prior to April 1, 1995	\$13.25
Retirement on or after April 1, 1995 and prior to April 1, 1996	\$13.75
Retirement on or after April 1, 1996 and prior to April 1, 1997	\$14.25
Retirement on or after April 1, 1997 and prior to April 1, 1998	\$14.75
Retirement on or after April 1, 1998 and prior to April 1, 1999	\$15.25
Retirement on or after April 1, 1999 and prior to April 1, 2000	\$15.50
Retirement on or after April 1, 2000 and prior to April 1, 2001	\$15.75
Retirement on or after April 1, 2001 and prior to April 1, 2002	\$16.00
Retirement on or after April 1, 2002 and prior to April 1, 2003	\$16.25
Retirement on or after April 1, 2003 and prior to April 1, 2004	\$16.50
Retirement on or after April 1, 2004	\$18.00

Early retirement

- Eligibility Age 55 with 10 years of Benefit Accrual Years of Service.
- Benefit Normal Retirement benefit accrued to early retirement, reduced by 0.5% for each month benefit commencement precedes the first day of the month after Participant's 62nd birthday.

Deferred vested

- Eligibility Termination of employment with at least 5 years of Service.
- Benefit The amount of benefit should be calculated as for Normal Retirement. An employee's deferred vested benefit shall commence in full on his/her normal retirement date, or at the Participant's option, reduced by 0.5% for each month by which benefit commencement precedes his/her 62nd birthday, at any time after attaining age 55, provided the employee had completed 10 or more years of Benefit Accrual Years of Service.

Schedule SB, Part V — Summary of Plan Provisions

Disability	
• Eligibility	10 years of Benefit Accrual Years of Service for an employee who is deemed totally and permanently disabled, as determined by the Benefits Committee, prior to attaining his/her 65th birthday.
• Benefit	The disability benefit is equal to the Normal Retirement benefit without any early retirement reduction, plus a supplemental benefit equal to the Normal Retirement benefit offset by Worker's Compensation or other forms of disability payments, payable during the continuance of total and permanent disability until age 65.
Pre-retirement death	
• Eligibility	Five years of Service and is survived by a spouse to whom the Participant has been married continuously during the one year period ending on his/her date of death.
• Benefit	The amount of benefit shall equal the payment that would have been made to a spouse under the 55% joint & survivor option if: <ul style="list-style-type: none"> (i) in the case of an employee who dies after attaining the earliest retirement age under the plan, the Participant had retired with an immediate 55% joint & survivor option on the day before his/her death, or (ii) in the case of an employee who dies before the earliest retirement age under the plan, the employee had: <ul style="list-style-type: none"> (i) separated from service on the date of death; (ii) survived to the earliest retirement age; (iii) retired with an immediate 55% joint & survivor option at the earliest retirement age; and (iv) died on the day on which he/she would have attained the earliest retirement age.
• Cost	For each month and part thereof that the pre-retirement survivor annuity coverage is in effect, a reduction will be made to the Participant's retirement benefit as follows: <ul style="list-style-type: none"> 1/20th of 1% for each complete calendar month commencing on the first day of the month following the Participant's 55th birthday and ending at the earliest of: <ul style="list-style-type: none"> 2) the Participant's actual retirement date; 3) the Participant's date of death; 4) the Participant's normal retirement date; and the spouse's date of death (if the Participant's spouse dies prior to the Participant date of retirement)
Post-retirement death	
• Eligibility	Any Participant who retired under Normal or Early Retirement, or the Disability provisions of the plan.
• Benefit	Four thousand dollars.
Supplemental Medicare benefit	
• Eligibility	Any retired Participant and/or spouse who are age 65 or older and who is receiving a Normal or Early Retirement benefit.

Schedule SB, Part V — Summary of Plan Provisions

• Benefit	A supplemental monthly medical benefit equal to the Federal Medicare Part-B premium as of April 1, 1989 plus ½ of any increases in the Federal Medicare Part-B premium which occur after April 1, 1989. This monthly supplemental Medicare Benefit is in addition to the amount of the Normal Retirement or Early Retirement benefit.
Benefit increases	Benefits payable to Participants who retire or terminate during the period covered by a given collective bargaining agreement will increase as benefit improvements become effective during the period covered by that agreement.
Form of benefits	
• Automatic form for unmarried participants	If Participant has no spouse as of the retirement date, or elects to receive payment under the normal form, retirement income shall be the amount determined as the normal retirement benefit and paid as a single life annuity.
• Automatic form for married participants	Retirement income shall be paid on the basis of 55% joint & survivor form, as stipulated by ERISA, and will be the amount determined under the benefit formula multiplied by 100% minus ½% for each year in excess of five by which the spouse's age is less than the Participant's age.
• Optional forms	Life Annuity; 55% Contingent Pensioner Option; 75% Contingent Pensioner Option; Lump Sum (small cash-outs only).
• Optional form conversion factors	Amount of an alternative form of benefit (other than a lump sum) which has a value equivalent to the benefit or benefits otherwise payable under the plan, computed on the following basis: a) 55% Contingent Pensioner Option: a 0% reduction plus/minus 1/2% for each year or part of the year where the spouse is more than 5 years younger/older than the participant. b) 75% Contingent Pensioner Option, the more generous of the following: A. A 6% interest assumption and a mortality assumption according to the RP2000 Mortality Tables for Males and Females with a weighting of 50% males and 50% females projected to 2010 B. The flat rate reductions in effect prior to October 1, 2011 applied to the frozen benefit accrued to September 30, 2011.
Miscellaneous	
• Maximum benefits	Annual benefits may not exceed the limits in IRC Section 415. This limit is indexed annually. For 2024, the limit is \$275,000.

Schedule SB, Part V — Summary of Plan Provisions**Benefits included or excluded**

Unless noted below, all benefits provided by the plan are included in this valuation:

- **Plan amendments excluded:** None.
- **Late retirement increases:**
 - *Active participants:* The plan provides benefit suspension notices to participants who work beyond normal retirement; therefore, late retirement actuarial increases only apply to participants who defer retirement beyond age 70½. This valuation includes increases for current participants over age 70.
 - *Deferred vested participants:* Current deferred vested participants over normal retirement age are valued including the late retirement actuarial increase.
- **Internal Revenue Code limitations:** The limitations of Internal Revenue Code Section 415(b) and 401(a)(17) have been incorporated into our calculations.
- **IRC Section 416 rules for top-heavy plans:** We did not test whether this plan is top-heavy (when the present value of benefits for key employees equals or exceeds 60% of the present value for all participants). However, we expect that the plan is not top-heavy due to the large number of rank-and-file participants; therefore, the funding target and target normal cost do not reflect any liability for top-heavy benefit accruals.
- **Benefit restrictions:** Benefit restrictions (if applicable) are ignored in this valuation.

Additional benefits included or excluded

- **IRC Section 436 benefit restrictions:**
 - *Unpredictable contingent event benefits:* This valuation excludes restricted contingent event benefits for events that occurred before the valuation date but includes contingent event benefits for events that are expected to occur on or after the valuation date regardless of anticipated funding-based limitations.
 - *Plan amendments:* See above.
 - *Prohibited payments:* Limitations on prohibited benefits (if any) are reflected for annuity starting dates before the valuation date but are ignored for annuity starting dates on or after the valuation date.
 - *Benefit accruals:* The plan's funding target does not reflect any limitation on benefit accruals. The target normal cost does not reflect any limitation on benefit accruals.
- **Scheduled benefit increases:** Scheduled benefit increases effective after the end of the current plan year are excluded from minimum funding requirements.
- **Unpredictable contingent event benefits:** The plan does not have any unpredictable contingent event benefits.

Schedule SB, Part V — Summary of Plan Provisions

Plan provision changes since prior valuation

Maximum compensation and benefit amounts under IRS rules were updated from to 2023 to 2024.

Schedule SB, line 24 — Change in Actuarial Assumptions

- The expense component of normal cost decreased from \$1,260,000 to \$815,000 to reflect our expectations for the current year.