

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

- A This return/report is for: [] a multiemployer plan [] a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) [x] a single-employer plan [] a DFE (specify) ____
B This return/report is: [] the first return/report [x] the final return/report [] an amended return/report [] a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here. [x]
D Check box if filing under: [x] Form 5558 [] automatic extension [] the DFVC program [] special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. []

Part II Basic Plan Information—enter all requested information

1a Name of plan: UAW AGREEMENT AND PENSION PLAN
1b Three-digit plan number (PN): 001
1c Effective date of plan: 12/01/1950
2a Plan sponsor's name (employer, if for a single-employer plan): BARNES GROUP INC.
2b Employer Identification Number (EIN): 06-0247840
2c Plan Sponsor's telephone number: 860-583-7070
2d Business code (see instructions): 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	1035
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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)	109
a(2) Total number of active participants at the end of the plan year	6a(2)	0
b Retired or separated participants receiving benefits.....	6b	0
c Other retired or separated participants entitled to future benefits	6c	0
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d	0
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e	0
f Total. Add lines 6d and 6e	6f	0
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:
1B

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>UAW AGREEMENT AND PENSION PLAN</u>	B Three-digit plan number (PN) ▶	<u>001</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>80883542</u>
	b Actuarial value	2b	<u>87744849</u>
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	<u>781</u>	<u>61486328</u>
	b For terminated vested participants	<u>154</u>	<u>5441800</u>
	c For active participants	<u>109</u>	<u>6117136</u>
	d Total	<u>1044</u>	<u>73045264</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>5.14 %</u>
6	Target normal cost		
	a Present value of current plan year accruals	6a	<u>110257</u>
	b Expected plan-related expenses	6b	<u>380000</u>
	c Target normal cost	6c	<u>490257</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	Date
	<u>TIMOTHY J. DIIULIO, F.S.A.</u>	<u>23-07805</u>
	Type or print name of actuary	Most recent enrollment number
	<u>MERCER</u>	<u>212-345-8680</u>
	Firm name	Telephone number (including area code)
	<u>99 HIGH STREET</u> <u>BOSTON, MA 02110-2320</u>	
	Address of the firm	

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

Part II Beginning of Year Carryover and Prefunding Balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	4201415	1071341
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)	4201415	1071341
10	Interest on line 9 using prior year's actual return of <u>12.31</u> %	517194	131882
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>5.20</u> %		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		
	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		
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	4718609	1203223

Part III Funding Percentages			
14	Funding target attainment percentage	14	110.06 %
15	Adjusted funding target attainment percentage	15	118.02 %
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	109.65 %
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	

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 63
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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.....	<input checked="" type="checkbox"/> Yes <input 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 490257
b Excess assets, if applicable, but not greater than line 31a				31b 490257
32 Amortization installments:	Outstanding Balance		Installment	
a Net shortfall amortization installment	0		0	
b Waiver amortization installment.....	0		0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount				33
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....				34 0
	Carryover balance	Prefunding balance	Total balance	
35 Balances elected for use to offset funding requirement	0	0	0	
36 Additional cash requirement (line 34 minus line 35)				36 0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)				37
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 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 UAW AGREEMENT AND PENSION PLAN	B Three-digit plan number (PN) ▶	001
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

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	355656	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)

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	241559	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)

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	31819	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)

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	26634	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>UAW AGREEMENT AND PENSION PLAN</u>	B Three-digit plan number (PN) ▶	<u>001</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>0</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)

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.	OMB No. 1210-0110 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 UAW AGREEMENT AND PENSION PLAN	B Three-digit plan number (PN) ▶ 001
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)	80883542	0
(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	80883542	0
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h	43277	0
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	43277	0
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	80840265	0

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)	0	
(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)		
(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)		

		(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)		4158470
(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		4158470

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	6187127	
(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)		6187127
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)	154432	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	26634	
(5) Investment advisory and investment management fees	2i(5)	241559	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)	201224	
(8) Legal fees	2i(8)	31819	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses.....	2i(11)	68436	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		724104
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		6911231

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-2752761
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		78087504

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 0.

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)
BARNES GROUP INC. CONSOLIDATED PENSION PLAN	06-0247840	002

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 561622.

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>JAW AGREEMENT AND PENSION PLAN</u>	B Three-digit plan number (PN) ▶	<u>001</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
---------------	----------------------

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		<u>0</u>
----------	--	----------

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		<u>0</u>
----------	--	----------

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.)
----------------	---

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	UAW AGREEMENT AND PENSION PLAN						
Plan Year Begin Date	01/01/2024	Plan Year End Date	12/31/2024	EIN	06-0247840	PN	001

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2024	79752	83263	6084344	6247359
2025	122867	94967	5902693	6120527
2026	172008	120470	5706600	5999078
2027	217576	146108	5522734	5886418
2028	270786	172458	5334265	5777509
2029	319322	217328	5138641	5675291
2030	375599	255796	4913814	5545209
2031	416677	298121	4712852	5427650
2032	453368	310071	4508088	5271527
2033	489828	371588	4301364	5162780
2034	516802	389088	4090176	4996066
2035	546505	399888	3876442	4822835
2036	569793	431851	3660707	4662351
2037	588899	449346	3443586	4481831
2038	598345	454440	3225761	4278546
2039	611480	466827	3007992	4086299
2040	613283	455616	2791155	3860054
2041	615258	467173	2576239	3658670
2042	618796	472114	2364340	3455250
2043	620884	471401	2157036	3249321
2044	617153	461477	1954730	3033360
2045	612758	455567	1759064	2827389
2046	605133	452065	1571236	2628434
2047	595224	441646	1392384	2429254
2048	587202	435211	1223563	2245976

Name of Plan	UAW AGREEMENT AND PENSION PLAN						
Plan Year Begin Date	01/01/2024	Plan Year End Date	12/31/2024	EIN	06-0247840	PN	001

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2049	577854	429767	1065725	2073346
2050	566183	424235	919709	1910127
2051	550966	413264	786161	1750391
2052	536679	399332	665492	1601503
2053	524400	385278	557833	1467511
2054	508292	369603	463023	1340918
2055	488591	353676	380622	1222889
2056	469667	339613	309927	1119207
2057	449684	325195	250043	1024922
2058	427481	307701	199947	935129
2059	407127	290478	158544	856149
2060	383663	271280	124734	779677
2061	359512	252320	97433	709265
2062	334766	233719	75623	644108
2063	309844	215586	58369	583799
2064	285375	198018	44834	528227
2065	261673	181107	34299	477079
2066	238919	164922	26148	429989
2067	217296	149520	19866	386682
2068	196959	134954	15040	346953
2069	178009	121270	11341	310620
2070	160503	108503	8511	277517
2071	144454	96675	6351	247480
2072	129841	85792	4707	220340
2073	116613	75848	3459	195920

Financial Statements

***Barnes Group Inc.
UAW Agreement and Pension Plan***

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



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ASSURANCE · TAX · ADVISORY SERVICES

Barnes Group Inc.
UAW Agreement and Pension Plan
Years ended December 31, 2024 and 2023

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

Independent Auditors' Report

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. UAW Agreement and 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.



Independent Auditors' Report (continued)

Opinion (continued)

- 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).

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.



Independent Auditors' Report (continued)

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

The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if, there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

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

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an 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.
UAW Agreement and 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	\$ -	\$ 80,883,542
Total assets	-	80,883,542
Liabilities		
Accrued administrative expenses	-	43,277
Total liabilities	-	43,277
Net assets available for benefits	\$ -	\$ 80,840,265

See accompanying notes.

Barnes Group Inc.
UAW Agreement and 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	\$ 4,158,470	\$ 9,697,036
Total additions	4,158,470	9,697,036
Deductions		
Benefit payments	6,187,127	5,940,102
Administrative expenses	724,104	854,579
Transfer of liability to One Equity Partners	6,039,763	-
Total deductions	12,950,994	6,794,681
Net (decrease) increase before transfers	(8,792,524)	2,902,355
Transfer to Barnes Group Inc. Consolidated Pension Plan	(72,047,741)	-
Net (decrease) increase	(80,840,265)	2,902,355
Net assets available for benefits, beginning of year	80,840,265	77,937,910
Net assets available for benefits, end of year	\$ -	\$ 80,840,265

See accompanying notes.

Barnes Group Inc.
UAW Agreement and Pension Plan

Notes to Financial Statements

Years ended December 31, 2024 and 2023

1. Plan Description

The following description of the Barnes Group Inc. UAW Agreement and Pension Plan (the Plan) provides only general information. Participants should refer to the Plan Agreement for a more complete description of the Plan's provisions.

General

The UAW Agreement and Pension Plan is a noncontributory defined benefit plan covering certain hourly employees of Barnes Group Inc. (the Company). The full name of the Plan is "Pension Plan established by Agreement between Barnes Group Inc. and The International Union, United Automobile, Aerospace and Agricultural Implement Workers of America, UAW and its Locals 38, 629, and 712". The Plan covers hourly employees and retirees at the following current and former plants who are represented by the UAW: Bristol, Corry, Dayton, W. Barnes Steel and Saline.

The Company elected to amend the Plan effective November 30, 2017. The amendment provided that eligible employees hired after December 31, 2017 are not eligible to participate in the Plan and that effective January 1, 2018, certain basic monthly benefits will be increased.

On April 4, 2024 (the Closing Date), the Company completed the sale of its Associated Spring™ business to One Equity Partners (OEP). As part of this transaction, OEP assumed responsibility for the pension plan assets and liabilities associated with active participants who were employed by Associated Spring™ as of the Closing Date. These assets and liabilities were transferred into a newly established mirror plan that is administered by OEP. The final asset and liability amount transferred was \$6,039,763.

Effective December 31, 2024, all assets and liabilities of the Plan were merged into the Barnes Group Inc. Consolidated Pension Plan. This merger resulted in a transfer of assets and liabilities of \$72,047,741 from the Plan.

Barnes Group Inc.
UAW Agreement and Pension Plan

Notes to Financial Statements (continued)

1. Plan Description (continued)

Pension Benefits

Participants are entitled to annual benefits based on the benefit formulas in accordance with the Plan Agreement. Benefit formulas are defined in the Plan Agreement and are based on the participant's hire date, retirement date, and 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. Certain participants who have met age and years of service restrictions may also be eligible for an additional monthly supplement.

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.

Barnes Group Inc.
UAW Agreement and Pension Plan

Notes to Financial Statements (continued)

2. Summary of Significant Accounting Policies (continued)

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 Plan's interest in the Master Trust is based on the net asset value of the trust.

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 for 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.

Barnes Group Inc.
UAW Agreement and Pension Plan

Notes to Financial Statements (continued)

2. Summary of Significant Accounting Policies (continued)

Income Tax Status (continued)

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 5, 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.

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 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.

Barnes Group Inc.
UAW Agreement and Pension Plan

Notes to Financial Statements (continued)

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

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	\$ 50,233,685	\$ 46,600,872
Other participants	7,790,118	12,949,751
	58,023,803	59,550,623
Nonvested benefits	805,071	1,015,279
Total actuarial present value of accumulated plan benefits	\$ 58,828,874	\$ 60,565,902

The change in accumulated plan benefits is summarized as follows:

Actuarial present value of accumulated plan benefits, as of January 1, 2023	\$ 60,565,902
Decrease during year attributable to:	
Benefits accumulated, including actuarial gains and losses	(308,228)
Interest	4,444,200
Benefits paid	(5,947,163)
Change in plan provisions	74,163
Net decrease	(1,737,028)
Actuarial present value of accumulated plan benefits, as of January 1, 2024	\$ 58,828,874

Actuarial calculations for determining the 2024 and 2023 contributions were based upon employee data and asset values as of January 1, 2024 and January 1, 2023, respectively. 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.

Barnes Group Inc.
UAW Agreement and Pension Plan

Notes to Financial Statements (continued)

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

- 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 Tables for males and females.
- Assumed retirement age is the earlier of age 63 with 10 years of vesting service and age 65 for terminated vested participants. For Saline, Michigan and Bristol participants eligible for plant closing benefits, current terminated vested participants are assumed to commence at the later of age 55 or current age.
- The assumed retirement age is as following:

<u>Age</u>	<30 years of service Rate	>30 years of service Rate
<55	0%	0%
55-61	5%	10%
62	10%	10%
63-64	20%	20%
65	40%	50%
66-68	40%	30%
69	40%	75%
70 and above	100%	100%

Barnes Group Inc.
UAW Agreement and Pension Plan

Notes to Financial Statements (continued)

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

- Turnover is estimated in accordance with the following table which indicates a sample of the probable annual rates of withdrawal:

<u>Age</u>	<u>Withdrawal</u>
20	8.9%
25	6.6%
30	4.6%
35	3.9%
40	3.6%
45	3.3%
50	2.9%
55	2.6%
60 & over	2.3%

- 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.
- Expenses will be estimated based on \$400,000 as of January 1, 2024 and January 1, 2023 (average of two prior years' administrative expenses plus estimated PBGC premiums) added to the current year normal cost.

Changes in plan provisions of \$74,163 primarily relate to updates to maximum benefit amounts under IRS rules.

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.

Barnes Group Inc.
UAW Agreement and Pension Plan

Notes to Financial Statements (continued)

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 0% and approximately 25%, 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.

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	Plan's Interest in
	Balances	Master Trust
	Balances	Balances
Cash and short-term investments	\$ 3,491,899	\$ -
Equity securities:		
U.S. large-cap	34,002,096	-
U.S. mid-cap	13,718,031	-
U.S. small-cap	13,693,823	-
International equities	99,179,075	-
Global equity	41,068,231	-
Fixed income securities:		
U.S. bond funds	95,126,055	-
Total investments	300,279,210	-
Interest receivable	6,380	-
Total Master Trust assets	\$ 300,285,590	\$ -

Barnes Group Inc.
UAW Agreement and Pension Plan

Notes to Financial Statements (continued)

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

	December 31, 2023	
	Master Trust Balances	Plan's Interest in Master Trust Balances
Cash and short-term investments	\$ 3,678,867	\$ 940,347
Equity securities:		
U.S. large-cap	34,929,792	8,928,326
U.S. mid-cap	14,344,199	3,666,489
U.S. small-cap	14,661,137	3,747,500
International equities	102,210,520	26,125,801
Global equity	41,810,129	10,686,993
Fixed income securities:		
U.S. bond funds	104,791,423	26,785,500
Total investments	316,426,067	80,880,956
Interest receivable	10,120	2,586
Total Master Trust assets	\$ 316,436,187	\$ 80,883,542

Barnes Group Inc.
UAW Agreement and 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:

	2024	2023
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	17,043,602	38,013,556
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	33,194,199	26,459,403
(Decrease) increase in Master Trust assets	(16,150,597)	11,554,153
Master Trust assets – beginning of year	316,436,187	304,882,034
Master Trust assets – end of year	\$ 300,285,590	\$ 316,436,187
Plan's interest in master trust investment income	\$ 4,158,470	\$ 9,697,036

Barnes Group Inc.
UAW Agreement and 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

Barnes Group Inc.
UAW Agreement and Pension Plan

Notes to Financial Statements (continued)

6. Fair Value Measurements (continued)

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.

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										
	Under 1	1–4	5–9	10–14	15–19	20–24	25–29	30–34	35–39	40 & up	Total
Under 25											
25–29			7								7
30–34			16	1							17
35–39			4	7							11
40–44			2	1			2				5
45–49			6	3		6	1				16
50–54			6	1		7	9				23
55–59			4	1	3	5	8	1			22
60–64			2				1				3
65–69						1	2			1	4
70 & up									1		1
Total			47	14	3	19	23	1	1	1	109

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 regulation 1.430(h)(3)-1.		
• Pre-1995 disabilities	Same as healthy		
• Post-1994 disabilities	Same as healthy		
Other economic assumptions			
• Salary increases	N/A		
• Flat-dollar benefit increases	N/A		
• Social Security wage base	N/A		
• Inflation	N/A		
• Expected investment return	6.60% for 2022, 7.75% for 2023 and 2024.		
• Expenses	\$400,000 added to current year normal cost		
Demographic assumptions			
• Withdrawal	See table of sample rates.		
• Disability incidence	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.		
• Social Security Benefits	All disabled employees are assumed to be eligible for Social Security benefits.		
• Supplementary Medical Insurance Benefits (Part B Medicare)	All employees are enrolled and covered for Supplementary Medical Insurance Benefits (Part B Medicare)		

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

• Retirement age	Rates		
	Attained Age	<30 years of service	30+ years of service
	Under 55	0.0%	0.0%
	55-61	5.0%	10.0%
	62	10.0%	10.0%
	63-64	20.0%	20.0%
	65	40.0%	50.0%
	66-68	40.0%	30.0%
	69	40.0%	75.0%
	70 and above	100.0%	100.0%
• Benefit commencement age for			
– Future vested deferred	Future terminated vested participants are assumed to commence at the earlier of age 63 with 10 years of vesting service and age 65.		
– Current vested deferred	Except for Saline, Michigan and Bristol participants eligible for plant closing benefits, current terminated vested participants are assumed to commence at the earlier of age 63 with 10 years of vesting service and age 65. For Saline, Michigan or Bristol participants eligible for plant closing benefits, current terminated vested participants are assumed to commence at the later of age 55 or current age.		
• Spouse assumptions		<u>Male participants</u>	<u>Female participants</u>
– Percentage married	80%		60%
– Spouse age difference	3 years younger		3 years older
Form of payment — Males	<u>Lump sum</u>	<u>Single life</u>	<u>55% J&S</u>
• Active retirements	0%	35%	65%
• Future vested deferred	0%	35%	65%
• Future disabilities	0%	35%	65%
• Future deaths	0%	0%	100%
• Current vested deferred	0%	35%	65%
Form of payment — Females	<u>Lump sum</u>	<u>Single life</u>	<u>55% J&S</u>
• Active retirements	0%	50%	50%
• Future vested deferred	0%	50%	50%
• Future disabilities	0%	50%	50%
• Future deaths	0%	0%	100%
• Current vested deferred	0%	50%	50%
Unpredictable contingent event assumptions	Not applicable		

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

Table of Sample Rates

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%	1.201%
55	2.118%	1.962%
60	3.240%	2.326%
65	4.369%	2.718%
69	5.452%	3.331%
70	0.000%	0.000%

Withdrawal			
Ultimate		Select	
Age	Rate	Service	Rate
20	8.9%	0	30.0%
25	6.6%	1	15.0%
30	4.6%	2	15.0%
35	3.9%	3	15.0%
40	3.6%	4	10.0%
45	3.3%		
50	2.9%		
55	2.6%		
60+	2.3%		

Schedule SB, Part V — Statement of Actuarial Assumptions/Methods**Rationale for non-prescribed economic actuarial assumptions**

- 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 LLC'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 Group Inc.'s 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 3 rates, 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.
- 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.

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

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 **accrued benefit** for valuation purposes related to a particular separation date is the accrued benefit described under the plan.

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

- The **benefit** deemed to accrue for an individual during a plan year is the excess of the accrued benefit for valuation purposes at the end of the plan year over the accrued benefit for the valuation purposes at the beginning of the plan year. Both accrued benefits are calculated from the same projections to the various anticipated separation dates as described above.
- An individual's **accrued liability** is the present value of the accrued benefit for valuation purposes at the beginning of the plan year, and an individual's **normal cost** is the present value of the benefit deemed to accrue in the plan year. If multiple decrements are used, the accrued liability and the normal cost for an individual are the sum of the component accrued liabilities and normal costs associated with the various anticipated separation dates. Such accrued liabilities and normal costs reflect the accrued benefits as modified to obtain the benefits payable on those dates and the probability of the individual separating on those dates.
- This plan provides benefits that are not a function of a participant's accrued benefit or years of service. This benefit is allocated to funding target based on the ratio of the participant's service at the beginning of the plan year to their service at each decrement age and is allocated to target normal cost based on the proportionate benefit attributable to the increase in the participant's service 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.

Midyear Spinoff Funding Method Description

Pursuant to the Associated Spring sale and the applicable terms of the Sale and Purchase Agreement entered into by Barnes Group Inc. and One Equity Partners ("Buyer"), all active participants accruing benefits in the UAW Agreement and Pension Plan as of end of day April 3, 2024 ("Spinoff Date") were transferred to the Buyer.

In the Schedule SB for the 2024 plan year, the participant count, funding target, actuarial value of assets, market value of assets, carryover balance, and prefunding balance information is shown as of January 1, 2024 (i.e. ignoring the impact of the spinoff). The target normal cost and shortfall amortization installment information shown reflects only the amounts allocated to Barnes Group Inc. for the 2024 plan year as outlined below.

Below is a summary of the calculations used to develop the allocation of the 2024 minimum required contribution between Barnes Group Inc. and the Buyer.

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

1/1/2024 Funding Valuation Components	Total	Buyer	Barnes
Liability and Normal Cost			
1. Stabilized funding target ¹⁸	\$ 73,343,696	\$ 6,502,806	\$ 67,840,890
2. Benefit accruals ¹⁹	311,843	201,586	110,257
3. Expected expenses ²⁰	400,000	20,000	380,000
4. Target normal cost (2. + 3.)	711,843	221,586	490,257
Assets			
5. Asset transfer amounts as of Spinoff Date ²¹	\$ 79,609,800	\$ 6,057,224	\$ 73,552,576
6. Actuarial value of assets (excluding receivable contributions after Spinoff Date) ²²	87,744,849	6,676,191	81,068,658
7. Receivable contributions after Spinoff Date ²³	0	0	0
8. Actuarial value of assets (“AVA”) (6. + 7.)	87,744,849	6,676,191	81,068,658
9. Market value of assets (“MVA”) ²⁴	80,883,542	6,154,138	74,729,404
Credit Balances ²⁵			
10. Carryover balance (“COB”)	\$ 4,718,609	\$ 412,735	\$ 4,305,874
11. Prefunding balance (“PFB”)	1,203,223	105,245	1,097,978
12. Total credit balances (10. + 11.)	5,921,832	517,980	5,403,852

¹⁸ Allocation reflects participants’ status as of January 1, 2024, and actual participants transferred to the Buyer.

¹⁹ Benefit accrual is allocated assuming 0.3 years of credited service was earned prior to the Spinoff Date using expected hours based on 2,080 hours in a year. Participants assumed to work 3.1/12*2,080 = 537.33 hours prior to Spinoff Date. For purposes of credited service, 1,700 hours equals one year with pro-rata credit to nearest 1/10th of a year, so 537.33 hours would translate into 0.3 years of credited service. Participants moving to the Buyer are allocated 70% of the annual benefit accrual value. Barnes is allocated 100% of the benefit accrual for those remaining with Barnes and 30% for participants moving to the Buyer.

²⁰ Barnes is allocated expected PBGC expenses plus full 3.1/12 share of non-PBGC expenses. Remaining 8.9/12 share of non-PBGC expected expenses split between Buyer and Barnes based on headcount.

²¹ Based on 414(l) allocation agreed to by Barnes and Buyer.

²² Buyer figure is Total figure excluding receivable contributions after the Spinoff Date, multiplied by ratio of Buyer asset transfer over Total asset transfer (line 5.) as of Spinoff Date. See following page for development of Total actuarial value of assets figure.

²³ Receivable contributions after the Spinoff Date are fully allocated to Barnes.

²⁴ Buyer MVA is Total MVA excluding receivable contributions after the Spinoff Date, multiplied by ratio of Buyer asset transfer over Total asset transfer as of sale date. For display purposes only.

²⁵ Allocation of both COB and PFB is based on % share of stabilized funding target.

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

1/1/2024 Funding Valuation Components	Total	Buyer	Barnes
Funding Shortfall and Excess Assets			
13. AVA – COB – PFB (8. – 12.)	\$ 81,823,017	\$ 6,158,211	\$ 75,664,806
14. Funding shortfall/(surplus) (1. – 13.)	(7,479,321)	344,595	(7,823,916)
15. Funding shortfall/(surplus) adjusted ²⁶	(7,479,321)	0	(7,479,321)
16. Excess assets, not less than \$0 (13. – 1)	7,479,321	0	7,479,321
Shortfall Amortization Charge			
17. Prior year shortfall amortization installment	\$ 0	\$ 0	\$ 0
18. Current year shortfall amortization installment	0	0	0
19. Shortfall amortization charge (17. + 18.)	0	0	0
Minimum Required Contribution			
20. Target normal cost minus excess asset, not less than \$0 (4. – 16.) ²⁷	\$ 0	\$ 0	\$ 0
21. Shortfall amortization charge (19.)	0	0	0
22. Minimum required contribution (before available credit balance) (20. + 21.)	0	0	0
23. Credit balance available to offset minimum (12.)	5,921,832	517,980	5,403,852
24. Minimum required contribution (after available credit balance), not less than \$0 (22. – 23)	0	0	0

²⁶ As Buyer plan has a funding shortfall, but Barnes plan does not, 100% of the Total funding surplus is allocated to Barnes.

²⁷ Since Total plan excess assets exceed Target Normal Cost, both Buyer and Barnes are allocated \$0.

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 UAW AGREEMENT AND PENSION PLAN	B Three-digit plan number (PN) ▶	001
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		80,883,542
b Actuarial value	2b		87,744,849
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	781	61,486,328	61,486,328
b For terminated vested participants	154	5,441,800	5,441,800
c For active participants	109	6,117,136	7,415,568
d Total	1,044	73,045,264	74,343,696
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		5.14%
6 Target normal cost			
a Present value of current plan year accruals	6a		110,257
b Expected plan-related expenses	6b		380,000
c Target normal cost	6c		490,257

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 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** 63

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	490,257
b Excess assets, if applicable, but not greater than line 31a	31b	490,257

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
35 Balances elected for use to offset funding requirement	0	0

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

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

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 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 63.

(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	5.0%	8,145	407.25	24,028
60	5.0%	7,738	386.89	23,213
61	5.0%	7,351	367.55	22,420
62	10.0%	6,983	698.34	43,297
63	20.0%	6,285	1,257.01	79,191
64	20.0%	5,028	1,005.61	64,359
65	40.0%	4,022	1,608.97	104,583
66	40.0%	2,413	965.38	63,715
67	40.0%	1,448	579.23	38,808
68	40.0%	869	347.54	23,633
69	40.0%	521	208.52	14,388
70	100.0%	313	312.78	21,895
Total			10,000.00	628,216
Average				62.82

Schedule SB, Part V — Summary of Plan Provisions

Summary of major plan provisions

Plan name	UAW Agreement Pension Plan
EIN/Plan number	06-0247840 / 001
Effective date and plan year	Original plan: December 1, 1950 Restated plan: September 1, 2021, reflecting amendments through December 31, 2021 Plan year: calendar year
Status of the plan	The plan has ongoing benefit accruals, however, effective January 1, 2018, the plan has been closed to new participants. On April 4, 2024, all active and accruing participants were transferred to the Buyer pursuant to the sale of Associated Spring and the applicable terms in the corresponding Sale and Purchase Agreement.
Significant events that occurred during the year	None.

Definitions

<ul style="list-style-type: none"> 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 who is customarily employed by a participating division (Bristol Spring, Corry, Saline, and on and after October 1, 1986, the former Wallace Barnes Steel division of Barnes Group Inc. shall no longer be a participating division, except for the purposes of the special provisions of vesting rights) on an hourly-rate basis (including hourly-rate persons on incentive pay plans).																		
<ul style="list-style-type: none"> Participation 	Immediately. No new participants will enter the plan after December 31, 2017.																		
<ul style="list-style-type: none"> Vesting service 	<p>All years of service with the employer from date of employment to termination, retirement or death.</p> <table border="1"> <thead> <tr> <th>Hours of Service in Plan Year</th> <th>Years of Vesting Service Earned</th> </tr> </thead> <tbody> <tr> <td>less than 86 hours</td> <td>0 Years</td> </tr> <tr> <td>86-255 hours</td> <td>1/10 Year</td> </tr> <tr> <td>256-425 hours</td> <td>1/5 Year</td> </tr> <tr> <td>426-595 hours</td> <td>3/10 Year</td> </tr> <tr> <td>596-765 hours</td> <td>2/5 Year</td> </tr> <tr> <td>766-935 hours</td> <td>1/2 Year</td> </tr> <tr> <td>936-999 hours</td> <td>3/5 Year</td> </tr> <tr> <td>1,000 or more hours</td> <td>1 Year</td> </tr> </tbody> </table>	Hours of Service in Plan Year	Years of Vesting Service Earned	less than 86 hours	0 Years	86-255 hours	1/10 Year	256-425 hours	1/5 Year	426-595 hours	3/10 Year	596-765 hours	2/5 Year	766-935 hours	1/2 Year	936-999 hours	3/5 Year	1,000 or more hours	1 Year
Hours of Service in Plan Year	Years of Vesting Service Earned																		
less than 86 hours	0 Years																		
86-255 hours	1/10 Year																		
256-425 hours	1/5 Year																		
426-595 hours	3/10 Year																		
596-765 hours	2/5 Year																		
766-935 hours	1/2 Year																		
936-999 hours	3/5 Year																		
1,000 or more hours	1 Year																		
<ul style="list-style-type: none"> Credited service 	All years of service with the employer from date of employment to termination, retirement or death. For purposes of Credited Service, 1,700 hours equals one year with pro-rated credit 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.																		

Normal retirement

<ul style="list-style-type: none"> 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 for participants hired prior to September 1, 2010:

Effective Dates	Monthly Benefit Multiplier
Retirement on or after March 1, 1999 and prior to March 1, 2000	\$26.00
Retirement on or after March 1, 2000 and prior to March 1, 2001	\$27.25
Retirement on or after March 1, 2001 and prior to March 1, 2002	\$28.25
Retirement on or after March 1, 2002 and prior to March 1, 2003	\$29.75
Retirement on or after March 1, 2003 and prior to March 1, 2004	\$31.25
Retirement on or after March 1, 2004 and prior to March 1, 2005	\$32.75
Retirement on or after March 1, 2005 and prior to March 1, 2009	\$34.50
Retirement on or after March 1, 2009 and prior to September 1, 2011	\$36.00
Retirement on or after September 1, 2011 and prior to September 1, 2013	\$37.50
Retirement on or after September 1, 2013 and prior to September 1, 2017	\$38.50
Retirement on or after September 1, 2017 and prior to January 1, 2018	\$41.00
Retirement on or after January 1, 2018 and prior to July 1, 2018	\$42.25
Retirement on or after July 1, 2018 and prior to January 1, 2022	\$43.50
Retirement on or after January 1, 2022	\$45.50, subject to increases outlined on next page

Schedule SB, Part V — Summary of Plan Provisions

Monthly benefit for each year of Credited Service is calculated based on the following schedule for participants hired on or after September 1, 2010:

Effective Dates	Monthly Benefit Multiplier
Retirement on or after September 1, 2010 and prior to September 1, 2013	\$18.00
Retirement on or after September 1, 2013 and prior to September 1, 2017	\$19.00
Retirement on or after September 1, 2017 and prior to January 1, 2018	\$21.50
Retirement on or after January 1, 2018 and prior to July 1, 2018	\$23.00
Retirement on or after July 1, 2018 and prior to January 1, 2022	\$24.50
Retirement on or after January 1, 2022	\$27.50, subject to increases outlined below

For retirement on or after January 1, 2022, the basic monthly benefit is as shown above, subject to the following schedule of increases:

- | | |
|---|---|
| Retirement on or after April 1, 2023 and prior to April 1, 2024 | <ul style="list-style-type: none"> - Increase of \$0.50 if GP% for 2022 is equal to or greater than 18% - Increase of \$0.75 if GP% for 2022 is equal or greater than 22% |
| Retirement on or after April 1, 2024 and prior to April 1, 2025 | <ul style="list-style-type: none"> - Increase of \$0.50 if GP% for 2023 is equal to or greater than 18% - Increase of \$0.75 if GP% for 2023 is equal or greater than 22% |
| Retirement on or after April 1, 2025 | <ul style="list-style-type: none"> - Increase of \$0.50 if GP% for 2024 is equal to or greater than 18% - Increase of \$0.75 if GP% for 2024 is equal or greater than 22% |

It is our understanding that the GP% for 2023 was greater than 22% so a \$0.75 increase applies for participants terminating on or after April 1, 2024. Participants who terminate between September 1, 2014 and August 31, 2017 are entitled to increased monthly multipliers of \$41.00 or \$21.50 beginning September 1, 2017.

Schedule SB, Part V — Summary of Plan Provisions

Early retirement

- Eligibility Age 55 with 10 years of Vesting Service.
- Benefit Normal Retirement benefit accrued to early retirement, reduced based on the schedule below:

<u>Retirement Age</u>	<u>Credited Service</u>	<u>Reduction</u>
Less than age 62	Less than 30 years	0.5% per month prior to age 62
Less than age 58	30 years or more	0.5% per month prior to age 58
Age 58 or over	30 years or more	0.0%
Age 62 or over	Any years	0.0%

- Supplement Any employee who retires on or after March 1, 1999 with 30 or more years of Credited Service and prior to their 62nd birthday will receive, in addition to the early retirement benefit otherwise payable, a monthly early retirement supplement until age 62. This supplement is calculated as follows:

<u>Effective Dates</u>	<u>Monthly Supplement</u>
Retirement on or after March 1, 1999 and prior to March 1, 2000	\$650.00
Retirement on or after March 1, 2000 and prior to March 1, 2001	\$675.00
Retirement on or after March 1, 2001 and prior to March 1, 2002	\$700.00
Retirement on or after March 1, 2002 and prior to March 1, 2003	\$750.00
Retirement on or after March 1, 2003 and prior to September 1, 2014	\$800.00
Retirement on or after September 1, 2014 and prior to September 1, 2021	\$900.00
Retirement on or after September 1, 2021	\$1000.00

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 for the first 5 years and reduced by 0.3% for each month for the second five years by which benefit commencement precedes his/her normal retirement date, at any time after attaining age 55, provided the employee has 10 or more years of Service.

Schedule SB, Part V — Summary of Plan Provisions

Plant closing benefit	
<ul style="list-style-type: none"> • Eligibility 	<p>The closing of any of the plants of a participating division of Barnes Group Inc. on or after March 1, 1989, and the employee satisfies either of the following conditions:</p> <ul style="list-style-type: none"> (a) Attained age 50, but not age 55, with at least 15 years of seniority, or (b) Attained age 45, but not age 55, with at least 20 years of seniority
<ul style="list-style-type: none"> • Benefit 	<ul style="list-style-type: none"> (a) Normal Retirement benefit unreduced at age 62, or (b) Normal Retirement benefit at age 55 reduced by 0.5% for each month by which benefit commencement precedes age 62. (c) If the employee has completed at least 30 years of Credited Service at the date of closing, his/her benefit is the Normal Retirement benefit unreduced at age 58 or reduced by 0.5% for each month by which benefit commencement precedes age 58. Additionally, he/she shall receive the early retirement supplement described above.
<ul style="list-style-type: none"> • Plant closing supplement 	<p>With respect to plant closing which occurs on or after March 1, 1992:</p> <ul style="list-style-type: none"> (a) Any employee who is then employed at such division and has completed fewer than 30 years of Credited Service and elects option (b) above will receive, in addition to the plant closing benefit otherwise payable, a monthly special plant closing supplement. (b) Employees who have completed at least 10 years of Credited Service, but less than 30 years of Credited Service and attained age 55 and elects option (b) above will receive, in addition to the plant closing benefit otherwise payable, a monthly special plant closing supplement. <p>The amount of the special plant closing supplement shall be \$18.33 per month per year of Credited Service. This benefit is payable until the earliest of death, attainment of age 62 and eligibility for Social Security.</p>
Disability (including additional disability benefit)	
<ul style="list-style-type: none"> • Eligibility 	<p>10 years of Credited Service for an employee who 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.</p>

Schedule SB, Part V — Summary of Plan Provisions

- Benefit Normal Retirement benefit plus an additional disability benefit, if not eligible for Social Security. This additional disability benefit for each year of Credited Service is calculated based on the following schedule:

Effective Dates	Monthly Benefit
Retirement on or after March 1, 2002 and prior to March 1, 2002	\$24.00
Retirement on or after March 1, 2002 and prior to March 1, 2003	\$25.50
Retirement on or after March 1, 2003 and prior to March 1, 2004	\$27.00
Retirement on or after March 1, 2004 and prior to September 1, 2011	\$28.50
Retirement on or after September 1, 2011	\$37.50

Once eligible for a Social Security benefit, the disability benefit equals the Normal Retirement benefit.

Special disability benefit

- Eligibility Any employee who receives disability pension payments under the plan, who has received disability benefits under the Social Security Act for at least 24 consecutive months and who has provided satisfactory evidence that he/she is enrolled and covered for Supplementary Medical Insurance Benefits (Part B Medicare) under the federal Social Security Act.

- Benefit The amount of the flat monthly benefit is calculated based on the following schedule:

Effective Dates	Monthly Benefit
Retirement on or after March 1, 1999 and prior to March 1, 2000	\$26.00
Retirement on or after March 1, 2000 and prior to March 1, 2001	\$27.00
Retirement on or after March 1, 2001 and prior to March 1, 2002	\$28.00
Retirement on or after March 1, 2002 and prior to March 1, 2003	\$30.00
Retirement on or after March 1, 2003 and prior to March 1, 2004	\$31.00
Retirement on or after March 1, 2004	\$32.00

Schedule SB, Part V — Summary of Plan Provisions

Effective March 1, 2006, the flat monthly benefit for non-grand parented retirees in certain divisions who retired prior to March 1, 2006 and not covered under the company-provided Medicare (Part D) prescription drug program is increased as follows if the participant is covered under and required to pay premiums pursuant to the Health Care Agreement:

Division	Increase to the benefit as of March 1, 2006
Corry Division (package code 170)	\$10
Corry Division (package code 190)	\$40
Bristol Division (package code 150 and 160)	\$20
Dayton Division (package code 251)	\$25
Dayton Division (package code 252)	\$10
All Others	\$50

Pre-retirement death

- Eligibility Five years of Vesting Service and married one full year prior to death.

Schedule SB, Part V — Summary of Plan Provisions

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- **Benefit**

The amount of benefit shall equal the payments 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 with at least 10 years of Service, if the Participant had retired with an immediate Joint & 55% Survivor 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
 - (c) died on the day after such immediate pension payments had begun in the case of a Participant who dies prior to age 55, if the Participant had:
 - (i) survived to age 55
 - (ii) separated from service on the date of death
 - (iii) elected to start receiving immediate pension payments with the Joint & 55% Survivor option in effect, and
 - (iv) died on the day after such immediate pension payments had begun
 - (d) in the case of a Participant who dies after termination of employment after age 55, if the Participant had:
 - (i) elected to start receiving immediate pension payments with the Joint & 55% Survivor option in effect, and
 - (ii) died on the day after such immediate pension payments had begun
 - (e) died on the day after such immediate pension payments had begun in the case of a Participant who dies prior to age 55 while receiving a Disability benefit, if the Participant had:
 - (i) separated from service on the date of death
 - (ii) elected to start receiving immediate pension payments (subject to a 54% reduction for early retirement)
 - (iii) died on the day after such immediate pension payments had begun.
 - (f) in the case of a Participant who dies after age 55 but prior to age 62 with fewer than 30 years of Credited Service and while receiving a Disability benefit, if the Participant had retired with an immediate Joint & 55% Survivor option on the day before his/her death as adjusted for early retirement. If such a Participant dies after his/her 62nd birthday, no reduction for early retirement will apply.
 - (g) in the case of a Participant who dies after age 55 but prior to age 58 with 30 years or more of Credited Service and while receiving a Disability benefit, if the Participant had retired with an immediate Joint & 55% Survivor option on the day before his/her death as adjusted for early retirement. If such a Participant dies after his/her 58th birthday, no reduction for early retirement will apply.
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Schedule SB, Part V — Summary of Plan Provisions

- **Cost** With respect to Participants who are employees on or after March 1, 1992, the cost of the Pre-retirement Spouse benefit shall be borne by the plan.
With respect to Participants whose employment terminated prior to March 1, 1992, the provisions of the prior plan shall govern concerning the costs of this coverage.

Surviving spouse income

- **Eligibility** Upon the death of a Participant who has 10 or more years of Vesting Service, the surviving qualified spouse of the Participant will become eligible for a surviving spouse income benefit, provided that the Participant's death occurs before his/her seniority is broken. For purposes of this paragraph, a disabled pensioner's seniority is not deemed to be broken.

- **Benefit** The amount of the flat monthly benefit is calculated based on the following schedule:

Effective Dates	Monthly Benefit if Not Eligible for Social Security	Monthly Benefit if Eligible for Social Security
Retirement on or after March 1, 2001 and prior to March 1, 2002	\$600	\$400
Retirement on or after March 1, 2002 and prior to March 1, 2003	\$650	\$450
Retirement on or after March 1, 2003 and prior to March 1, 2004	\$675	\$475
Retirement on or after March 1, 2004	\$700	\$500

The surviving spouse income benefit will be payable monthly to the spouse beginning on the first day of the month following the Participant's death and will continue until the earlier of the death of such spouse or the 24th monthly payment.

Special age 65 benefit

- **Eligibility** Any retiree, or surviving spouse of a retiree, or a surviving spouse of an employee who died before retirement who has provided satisfactory evidence that the Participant is enrolled and covered for Supplementary Medical Insurance Benefits (Part B Medicare). This benefit, in addition to his/her basic Normal Retirement benefit, will be payable on the first day of each month after his/her 65th birthday on which a pension is payable under the plan.

Schedule SB, Part V — Summary of Plan Provisions

- Benefit The amount of the flat monthly benefit is calculated based on the following schedule:

Effective Dates	Monthly Benefit
Retirement on or after March 1, 2002 and prior to March 1, 2003	\$30.00
Retirement on or after March 1, 2003 and prior to March 1, 2004	\$31.00
Retirement on or after March 1, 2004	\$32.00

Effective March 1, 2006, the flat monthly benefit for non-grand-parented retirees in certain divisions who retired prior to March 1, 2006 and are not covered under the company-provided Medicare (Part D) prescription drug program is increased as follows if the participant is covered under and required to pay premiums pursuant to the Health Care Agreement:

Division	Increase to the benefit as of March 1, 2006
Corry Division (package code 170)	\$10
Corry Division (package code 190)	\$40
Bristol Division (package code 150 and 160)	\$20
Dayton Division (package code 251)	\$25
Dayton Division (package code 252)	\$10
All Others	\$50

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 of annuity, retirement income will be the amount determined under the benefit formula and paid as a single life annuity.
- Automatic form for married participants If participant either has no spouse as of his/her retirement date and does not elect otherwise, retirement income shall be paid on the basis of Joint and 55% Survivor form, as stipulated by ERISA, and will be the amount determined under the benefit formula multiplied by a factor generated using a 6% mortality assumption according to the RP2000 Mortality Tables for Males and Females with a weighting of 50% males and 50% females projected to 2010, so long as the resulting amount is not less than the frozen benefit calculated at October 1, 2011 with the factors in effect at that date.
- Optional forms 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:
 - a. Straight Life Annuity
 - b. Surviving Spouse Option (55%, 75% or 100%)
 - i. Level Income Option

Schedule SB, Part V — Summary of Plan Provisions

<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> <p>(a) For 55% contingent pensioner option: a 5% 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.</p> <p>(b) For other contingent pensioner options, the more generous of the following:</p> <ol style="list-style-type: none"> 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 The flat rate reductions in effect prior to October 1, 2011 applied to the frozen benefit accrued to September 30, 2011. <p>(c) Level Income Option: IRC §417(e) assumptions</p>
Miscellaneous	
<ul style="list-style-type: none"> Maximum benefits 	<p>Annual benefits may not exceed the limits in IRC Section 415. This limit is indexed annually. For 2024, the limit is \$275,000.</p>

Benefits Included or Excluded

Unless noted below, all benefits provided by the plan, as restated and amended through December 31, 2023, 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.
- **Shutdown benefits:** The valuation reflects shutdown benefits to eligible Bristol participants resulting from the 2022 announcement to close the Bristol facility.

Schedule SB, Part V — Summary of Plan Provisions

We are not aware of any corporate actions that would create future shutdown benefits in the Corry location; therefore, they are excluded. Previous shutdown benefits payable under the plan are included in this valuation.

- **Benefit restrictions:** Benefit restrictions (if applicable) are ignored in this valuation.

Plan provisions specific to funding

Additional Benefits Included or Excluded

- **IRC Section 436 benefit restrictions:**
 - *Unpredictable contingent event benefits:* This valuation excludes restricted contingent event benefits that occurred before the valuation date but includes contingent event benefits which 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, if any, are excluded from minimum funding requirements
- **Unpredictable contingent event benefits:** The plan's future unpredictable contingent event benefits are not included since there is a de minimis likelihood that they will be paid.

Plan provision changes since prior valuation

- Maximum benefit limits under IRS rules were updated from 2023 to 2024.

Schedule SB, line 25 — Change in Method

Method changes since prior valuation

- Pursuant to the Associated Spring sale and the applicable terms of the Sale and Purchase Agreement entered into by Barnes Group Inc. and One Equity Partners (“Buyer”), all active participants accruing benefits in the UAW Agreement and Pension Plan as of end of day April 3, 2024 (“Spinoff Date”) were transferred to the Buyer. A summary of the calculations used to develop the allocation of the 2024 minimum required contribution between Barnes Group Inc. and the Buyer is detailed in the attachment titled “Schedule SB, Part V — Statement of Actuarial Assumptions/Methods”.