

Form 5500-SF

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

- A This return/report is for: [X] a single-employer plan [] a multiple-employer plan (not multiemployer) (Pension Plan filers checking this box must attach Schedule MEP. Other plans must attach a list of participating employer information in accordance with the form instructions.)
B This return/report is [] the first return/report [] the final return/report [] an amended return/report [] a short plan year return/report (less than 12 months)
C Check box if filing under: [X] Form 5558 [] automatic extension [] DFVC program [] special extension (enter description)
D If the plan is a collectively-bargained plan, check here []
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here []

Part II Basic Plan Information—enter all requested information

1a Name of plan: POLLARD (U.S.) LTD. RETIREMENT INCOME PLAN
1b Three-digit plan number (PN): 006
1c Effective date of plan: 12/23/1996
2a Plan sponsor's name (employer, if for a single-employer plan): POLLARD (U.S.) LTD.
2b Employer Identification Number (EIN): 22-2333711
2c Sponsor's telephone number: 204-474-2323
2d Business code (see instructions): 323100
3a Plan administrator's name and address: [X] Same as Plan Sponsor.
3b Administrator's EIN
3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report.
4b EIN
4d PN
5a Total number of participants at the beginning of the plan year: 82
5b Total number of participants at the end of the plan year: 89
5c(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)
5c(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)
5d(1) Total number of active participants at the beginning of the plan year: 66
5d(2) Total number of active participants at the end of the plan year: 74
5e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested: 1

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Row 1: Filed with authorized/valid electronic signature, 10/14/2025, AVA GRUENER. Row 2: Signature of employer/plan sponsor, Date, Enter name of individual signing as employer or plan sponsor.

- 6a** Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) Yes No
- b** Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) Yes No
- If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.**
- c** If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No Not determined
- If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year: 550990. (See instructions.)

Part III Financial Information			
7 Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
a Total plan assets	7a	2863646	3434166
b Total plan liabilities	7b		
c Net plan assets (subtract line 7b from line 7a)	7c	2863646	3434166
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
a Contributions received or receivable from:			
(1) Employers	8a(1)	430656	
(2) Participants	8a(2)		
(3) Others (including rollovers)	8a(3)		
b Other income (loss)	8b	232306	
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		662962
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	84991	
e Certain deemed and/or corrective distributions (see instructions) .	8e		
f Administrative service providers (salaries, fees, commissions)	8f	7451	
g Other expenses	8g		
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		92442
i Net income (loss) (subtract line 8h from line 8c)	8i		570520
j Transfers to (from) the plan (see instructions)	8j		

Part IV Plan Characteristics	
9a	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: <u>1A</u>
b	If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Part V Compliance Questions				
10 During the plan year:		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X	
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X	
c Was the plan covered by a fidelity bond?	10c	X		1000000
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		X	
e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e		X	
f Has the plan failed to provide any benefit when due under the plan?	10f		X	
g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	10g		X	
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		X	
i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i			

Part VI Pension Funding Compliance

11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and lines 11a and b below.) If this is a defined contribution pension plan, leave line 11 blank and complete line 12 below. Yes No

a Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 **11a** 0

b PBGC missed contribution reporting requirements. If the plan is covered by PBGC and the amount reported on line 11a is greater than \$0, has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

Yes.

No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

No. Other. Provide explanation _____

12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) If this is a defined benefit pension plan, leave line 12 blank and complete line 11 above. Yes No

a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver. Month _____ Day _____ Year _____

If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.

b Enter the minimum required contribution for this plan year **12b** _____

c Enter the amount contributed by the employer to the plan for this plan year **12c** _____

d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount) **12d** _____

e Will the minimum funding amount reported on line 12d be met by the funding deadline? Yes No N/A

Part VII Plan Terminations and Transfers of Assets

13a Has a resolution to terminate the plan been adopted in any plan year? Yes No

a If "Yes," enter the amount of any plan assets that reverted to the employer this year. **13a** _____

b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? Yes No

c If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

13c(1) Name of plan(s):	13c(2) EIN(s)	13c(3) PN(s)

Part VIII IRS Compliance Questions

14a Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? Yes No

14b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).

- Design-based safe harbor method
- "Prior year" ADP test
- "Current year" ADP test
- N/A

15 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter ___/___/___ (MM/DD/YYYY) and the Opinion Letter serial number _____.

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

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

A Name of plan <u>POLLARD (U.S.) LTD. RETIREMENT INCOME PLAN</u>	B Three-digit plan number (PN) ▶	<u>006</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>POLLARD (U.S.) LTD.</u>	D Employer Identification Number (EIN) <u>22-2333711</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 checked="" type="checkbox"/> 101-500 <input type="checkbox"/> More than 500	

Part I Basic Information

1	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>		
2	Assets:		
	a Market value	2a	<u>2849807</u>
	b Actuarial value	2b	<u>2857340</u>
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	<u>4</u>	<u>458480</u>
	b For terminated vested participants	<u>13</u>	<u>358802</u>
	c For active participants	<u>66</u>	<u>1624293</u>
	d Total	<u>83</u>	<u>2441575</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>5.20 %</u>
6	Target normal cost		
	a Present value of current plan year accruals	6a	<u>279381</u>
	b Expected plan-related expenses	6b	<u>5099</u>
	c Target normal cost	6c	<u>284480</u>

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

SIGN HERE			
	Signature of actuary	<u>10/01/2025</u>	Date
	<u>HANNAH THALHEIMER</u>	<u>23-08524</u>	Most recent enrollment number
	<u>WILLIS TOWERS WATSON US LLC</u>	<u>312-525-2500</u>	Telephone number (including area code)
	<u>WILLIS TOWER 233 SOUTH WACKER DRIVE SUITE 1800 CHICAGO, IL 60606</u>		
	Address of the firm		

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

Part II Beginning of Year Carryover and Prefunding Balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of <u>14.85</u> %	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		344639
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>5.37</u> %		18507
b(2)	Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c	Total available at beginning of current plan year to add to prefunding balance		363146
d	Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages			
14	Funding target attainment percentage	14	110.05 %
15	Adjusted funding target attainment percentage	15	110.05 %
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	110.02 %
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		
09/12/2025	430656	0					
			Totals ▶	18(b)	430656	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	395153

20 Quarterly contributions and liquidity shortfalls:

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

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

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

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

Part V Assumptions Used to Determine Funding Target and Target Normal Cost				
21 Discount rate:				
a Segment rates:	1st segment: 4.75 %	2nd segment: 4.87 %	3rd segment: 5.59 %	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code)				21b 4
22 Weighted average retirement age				22 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
26 Demographic and benefit information				
a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.....				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ...				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....				27

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

Part VIII Minimum Required Contribution For Current Year				
31 Target normal cost and excess assets (see instructions):				
a Target normal cost (line 6c)			31a	284480
b Excess assets, if applicable, but not greater than line 31a			31b	260949
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	23531
	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	23531
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)			37	395153
38 Present value of excess contributions for current year (see instructions)				
a Total (excess, if any, of line 37 over line 36)			38a	371622
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances.....			38b	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)			39	0
40 Unpaid minimum required contributions for all years			40	0

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

SCHEDULE SB ATTACHMENTS

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

Attained Age	Attained Years of Credited Service ¹										Total	
	Under 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40 & Over		
Under 25	0	0	0	0	0	0	0	0	0	0	0	0
25-29	0	5	0	0	0	0	0	0	0	0	0	5
30-34	0	4	2	0	0	0	0	0	0	0	0	6
35-39	0	3	3	0	0	0	0	0	0	0	0	6
40-44	0	8	2	0	0	2	0	0	0	0	0	12
45-49	0	4	3	1	0	3	1	0	0	0	0	12
50-54	0	1	2	0	0	3	0	0	0	0	0	6
55-59	0	6	2	2	0	0	0	2	0	0	0	12
60-64	0	2	1	1	0	0	1	0	0	0	0	5
65-69	0	1	1	0	0	0	0	0	0	0	0	2
70 & over	0	0	0	0	0	0	0	0	0	0	0	0
Total	0	34	16	4	0	8	2	2	0	0	0	66

¹ Age and service for purposes of determining category are based on exact (not rounded) values.
 Plan Name: Pollard (U.S.) LTD. Retirement Income Plan
 EIN / PN: 22-2333711/006
 Plan Sponsor: Pollard (U.S.) LTD.
 Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Statement of Actuarial Assumptions/Methods

Economic Assumptions

Interest rate basis

- Applicable month September
- Interest rate basis 3-Segment Rates

Interest rates

Reflecting Corridors

Not Reflecting Corridors

- First segment rate 4.75% 3.62%
- Second segment rate 4.87% 4.46%
- Third segment rate 5.59% 4.52%
- Effective interest rate 5.20% 4.44%

Annual rates of increase

- Compensation 3.00%
- Future Social Security wage bases 3.00%

Plan-related expenses

The amount included this year for plan-related expenses is \$5,099, which represents actual plan-related expenses paid prior year.

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SCHEDULE SB ATTACHMENTS

Demographic Assumptions

Inclusion date The valuation date coincident with or next following the date on which the employee becomes a participant.

New or rehired employees It was assumed there will be no new or rehired employees.

Mortality for funding Separate rates for non-annuitants and annuitants based on Pri-2012 "Employees" and "Healthy Annuitants" (participants and beneficiaries combined) tables, respectively, without collar or amount adjustments and then projected forward with a generational projection as specified in the regulations under §1.430(h)(3)-1 using the IRS adjusted Scale MP-2021 (i.e., MP-2021 with no mortality improvement for 2020-2023 and future mortality improvement capped at 0.78% for years after 2024).

Termination Rates varying by age and gender.

Percentage leaving during the year		
Attained Age	Males	Females
20	7.5	12.5
25	5.0	7.5
30	3.5	5.0
35	2.5	3.5
40	1.5	2.5
45	1.0	1.5
50	0.5	1.0
55	0.0	0.5
60 and over	0.0	0.0

Disability None

Retirement Rates vary by age, average age 63.

Percentage retiring during the year	
Age	Rate
55 - 61	3%
62	15%
63-64	10%
65	100%

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SCHEDULE SB ATTACHMENTS

Benefit commencement date:

- Death benefit Upon death of participant.
- Deferred vested benefit Upon termination of employment.
- Retirement benefit Upon termination of employment.

Form of payment

Participants are assumed to elect the lump sum option.

Percent married

85% of active participants and 100% of vested terminated participants are assumed to be married.

Spouse age

Spouses are assumed to be the same age as participants.

Plan compensation

Prior year's compensation as reported by Pollard (U.S.) Ltd.

Timing of benefit payments

Annuity payments are payable monthly at the beginning of the month and lump sum payments are payable on date of decrement.

Maximum benefits and plan compensation limitations

Accrued benefits projected to be paid in future years are limited to the maximum presently allowed under IRC §415. Plan compensation is limited to the maximum presently allowed under IRC §401(a)(17). No provision is made for future increases in the maximum annual benefit or compensation limit.

Methods

Valuation date

First day of plan year.

Funding target

Present value of accrued benefits as required by regulations under IRC §430.

Target normal cost

Present value of benefits expected to accrue during the plan year plus plan-related expenses expected to be paid from plan assets during the plan year as required by regulations under IRC §430.

Plan Name: Pollard (U.S.) LTD. Retirement Income Plan
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SCHEDULE SB ATTACHMENTS

Decrement timing

The approach used is called rounded middle of year (rounded MOY) decrement timing. Most events are assumed to occur at the middle of year during which the eligibility condition will be met or the start/end date will occur. For death and disability decrements, the rate applied is based on the participant's rounded age (nearest integer age) at the beginning of the year, to align with the methodology generally used to create those rate tables. For retirement and withdrawal decrements: the age is generally the participant's rounded age at the middle of the year.

Actuarial value of assets

Average of the fair market value of assets on the valuation date and the two immediately preceding valuation dates, adjusted for contributions, benefits, administrative expenses and expected earnings of 6.00% (with such expected earnings limited as described in IRS Notice 2009-22). The average asset value must be within 10% of market value, including discounted contributions receivable (discounted using the effective interest rate for the prior plan year.)

The method of computing the actuarial value of assets complies with rules governing the calculation of such values under the Pension Protection Act of 2006 (PPA). These rules produce smoothed values that reflect the underlying market value of plan assets but fluctuate less than the market value. As a result, the actuarial value of assets will be lower than the market value in some years and greater in other years. However, over the long term under PPA's smoothing rules, the method has a significant bias to produce an actuarial value of assets that is below the market value of assets.

Benefits not valued

All benefits described in the Plan Provisions section of this report were valued. WTW has reviewed the plan provisions with Pollard (U.S.) Ltd. and, based on that review, is not aware of any significant benefits required to be valued that were not.

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SCHEDULE SB ATTACHMENTS

Sources of Data and Other Information

The plan sponsor furnished participant data as of 1/1/2024. Information on assets, contributions and plan provisions were supplied by the plan sponsor. Data and other information were reviewed for reasonableness and consistency, but no audit was performed. Based on discussions with the plan sponsor, assumptions or estimates were made when data were not available, and the data was adjusted to reflect any significant events that occurred between the data the data was collected and the measurement data.

We are not aware of any errors or omissions in the data that would have a significant effect on the results of our calculations.

Assumptions Rationale - Significant Economic Assumptions

Discount rate	The basis chosen was selected by the plan sponsor from among choices prescribed by law, all of which are based on observed market data over certain periods of time.
Lump sum conversion rate	As required by IRC 430, lump sum benefits are valued using “annuity substitution”, so that the interest rates assumed are effectively the same as described above for the discount rate.
Annuity conversion rate for hybrid plans	As required by IRC 430, annuity benefits are valued by converting accounts to annuities using the current IRC 430 interest rates, so that the interest rates assumed are effectively the same as described above for the discount rate.
Plan-related expenses	As required by regulations, plan-related expenses are calculated by estimating the expenses to be paid from the trust during the coming year (including, for example, expected PBGC premiums and actuarial, accounting, legal, administration and trustee fees to be paid from the trust).
Rates of increase in:	
• Compensation	Assumed compensation increases are based on actual salary increases received by the population during recent years.

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SCHEDULE SB ATTACHMENTS

Assumptions Rationale - Significant Demographic Assumptions

Healthy Mortality	Assumptions used for funding purposes are as prescribed by IRC §430(h).
Termination	Termination rates were based on historical plan experience. Assumed termination rates differ by age and gender.
Retirement	Retirement rates were based on historical plan experience.
Form of payment	The percentage of retiring participants assumed to take lump sums is based on observed experience over the period 2010-2014.

Source of Prescribed Methods

Funding methods	The methods used for funding purposes as described in the Statement of Actuarial Assumptions/Methods, including the method of determining plan assets, are “prescribed methods set by law”, as defined in the actuarial standards of practice (ASOPs). These methods are required by IRC §430, or were selected by the plan sponsor from a range of methods permitted by IRC §430.
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Changes in Assumptions and Methods

Change in assumptions and methods since prior valuation	<p>The segment interest rates used to calculate the funding target and target normal cost were updated to the current valuation date as required by IRC §430.</p> <p>The mortality table used to calculate the funding target and target normal cost was updated, reflects the latest mortality improvement scale and was changed from using a static projection of mortality improvement to a generational projection as required by guidance issued by IRS under IRC §430.</p>
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Plan Name: Pollard (U.S.) LTD. Retirement Income Plan
EIN / PN: 22-2333711/006
Plan Sponsor: Pollard (U.S.) LTD.
Valuation Date: January 1, 2024

**SCHEDULE SB
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

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

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

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

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

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

▶ **Round off amounts to nearest dollar.**

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

A Name of plan POLLARD (U.S.) LTD. RETIREMENT INCOME PLAN		B Three-digit plan number (PN) ▶	006
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF POLLARD (U.S.) LTD.		D Employer Identification Number (EIN) 22-2333711	
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 checked="" type="checkbox"/> 101-500 <input type="checkbox"/> More than 500	

Part I Basic Information

1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>			
2 Assets:			
a Market value	2a	2,849,807	
b Actuarial value	2b	2,857,340	
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	4	458,480	458,480
b For terminated vested participants	13	358,802	358,802
c For active participants	66	1,624,293	1,779,109
d Total	83	2,441,575	2,596,391
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	5.20%	
6 Target normal cost			
a Present value of current plan year accruals	6a	279,381	
b Expected plan-related expenses	6b	5,099	
c Target normal cost	6c	284,480	

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	Hannah Thalheimer <i>HT</i>	10/1/2025
	Signature of actuary	Date
Hannah Thalheimer		2308524
	Type or print name of actuary	Most recent enrollment number
Willis Towers Watson US LLC		312-525-2500
	Firm name	Telephone number (including area code)
Willis Tower 233 South Wacker Drive Suite 1800 Chicago IL 60606		
	Address of the firm	

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

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

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

Part V Assumptions Used to Determine Funding Target and Target Normal Cost			
21 Discount rate:			
a Segment rates:	1st segment: 4.75 %	2nd segment: 4.87 %	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code).....		21b	4
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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
26 Demographic and benefit information			
a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ...			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....		27	

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

Part VIII Minimum Required Contribution For Current Year			
31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6c).....		31a	284,480
b Excess assets, if applicable, but not greater than line 31a		31b	260,949
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	23,531
	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	23,531
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....		37	395,153
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)		38a	371,622
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances		38b	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37).....		39	0
40 Unpaid minimum required contributions for all years		40	0

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

SCHEDULE SB ATTACHMENTS

Schedule SB – Statement by Enrolled Actuary

Plan Sponsor	Pollard (U.S.) LTD.
EIN/PN	22-2333711/006
Plan Name	Pollard (U.S.) LTD. Retirement Income Plan
Valuation Date	January 1, 2024
Enrolled Actuary	Hannah Thalheimer
Enrollment Number	23-08524

The actuarial assumptions that are not mandated by IRC § 430 and regulations, represent the enrolled actuary's best estimate of anticipated experience under the plan, subject to the following conditions:

The actuarial valuation, on which the information in this Schedule SB is based, has been prepared in reliance upon the employee and financial data furnished by the plan administrator and the trustee. The enrolled actuary has not made a rigorous check of the accuracy of this information but has accepted it after reviewing it and concluding it is reasonable in relation to similar information furnished in previous years. The amounts of contributions and dates paid shown in Item 18 of Schedule SB were listed in reliance on information provided by the plan administrator and/or trustee.

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 22 Description of Weighted Average Retirement Age as of January 1, 2024

See Schedule SB, Part V - Statement of Actuarial Assumptions/Methods for retirement rates.

The average retirement age for Line 22 was calculated by creating a hypothetical life table with retirement as the only decrement, and then computing the average retirement age for the table.

x	q_x^r	l_x	${}_{x-55}p_{55} = l_x / l_{55}$	$q_x^r * l_x / l_{55}$	$x * q_x^r * l_x / l_{55}$
55	0.03	1,000,000	1.000000	0.030000	1.650000
56	0.03	970,000	0.970000	0.029100	1.629600
57	0.03	940,900	0.940900	0.028227	1.608939
58	0.03	912,673	0.912673	0.027380	1.588051
59	0.03	885,293	0.885293	0.026559	1.566968
60	0.03	858,734	0.858734	0.025762	1.545721
61	0.03	832,972	0.832972	0.024989	1.524339
62	0.15	807,983	0.807983	0.121197	7.514240
63	0.10	686,785	0.686785	0.068679	4.326748
64	0.10	618,107	0.618107	0.061811	3.955884
65	1.00	556,296	0.556296	0.556296	36.159252
Average age at retirement					63.069743
Rounded for Schedule SB item 22					63

Plan Name: Pollard (U.S.) LTD. Retirement Income Plan
 EIN / PN: 22-2333711/006
 Plan Sponsor: Pollard (U.S.) LTD.
 Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Demographic Assumptions

Inclusion date The valuation date coincident with or next following the date on which the employee becomes a participant.

New or rehired employees It was assumed there will be no new or rehired employees.

Mortality for funding Separate rates for non-annuitants and annuitants based on Pri-2012 “Employees” and “Healthy Annuitants” (participants and beneficiaries combined) tables, respectively, without collar or amount adjustments and then projected forward with a generational projection as specified in the regulations under §1.430(h)(3)-1 using the IRS adjusted Scale MP-2021 (i.e., MP-2021 with no mortality improvement for 2020-2023 and future mortality improvement capped at 0.78% for years after 2024).

Termination Rates varying by age and gender.

Percentage leaving during the year		
Attained Age	Males	Females
20	7.5	12.5
25	5.0	7.5
30	3.5	5.0
35	2.5	3.5
40	1.5	2.5
45	1.0	1.5
50	0.5	1.0
55	0.0	0.5
60 and over	0.0	0.0

Disability None

Retirement Rates vary by age, average age 63.

Percentage retiring during the year	
Age	Rate
55 - 61	3%
62	15%
63-64	10%
65	100%

Plan Name: Pollard (U.S.) LTD. Retirement Income Plan
 EIN / PN: 22-2333711/006
 Plan Sponsor: Pollard (U.S.) LTD.
 Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Decrement timing

The approach used is called rounded middle of year (rounded MOY) decrement timing. Most events are assumed to occur at the middle of year during which the eligibility condition will be met or the start/end date will occur. For death and disability decrements, the rate applied is based on the participant's rounded age (nearest integer age) at the beginning of the year, to align with the methodology generally used to create those rate tables. For retirement and withdrawal decrements: the age is generally the participant's rounded age at the middle of the year.

Actuarial value of assets

Average of the fair market value of assets on the valuation date and the two immediately preceding valuation dates, adjusted for contributions, benefits, administrative expenses and expected earnings of 6.00% (with such expected earnings limited as described in IRS Notice 2009-22). The average asset value must be within 10% of market value, including discounted contributions receivable (discounted using the effective interest rate for the prior plan year.)

The method of computing the actuarial value of assets complies with rules governing the calculation of such values under the Pension Protection Act of 2006 (PPA). These rules produce smoothed values that reflect the underlying market value of plan assets but fluctuate less than the market value. As a result, the actuarial value of assets will be lower than the market value in some years and greater in other years. However, over the long term under PPA's smoothing rules, the method has a significant bias to produce an actuarial value of assets that is below the market value of assets.

Benefits not valued

All benefits described in the Plan Provisions section of this report were valued. WTW has reviewed the plan provisions with Pollard (U.S.) Ltd. and, based on that review, is not aware of any significant benefits required to be valued that were not.

Plan Name: Pollard (U.S.) LTD. Retirement Income Plan
EIN / PN: 22-2333711/006
Plan Sponsor: Pollard (U.S.) LTD.
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Sources of Data and Other Information

The plan sponsor furnished participant data as of 1/1/2024. Information on assets, contributions and plan provisions were supplied by the plan sponsor. Data and other information were reviewed for reasonableness and consistency, but no audit was performed. Based on discussions with the plan sponsor, assumptions or estimates were made when data were not available, and the data was adjusted to reflect any significant events that occurred between the data the data was collected and the measurement data.

We are not aware of any errors or omissions in the data that would have a significant effect on the results of our calculations.

Assumptions Rationale - Significant Economic Assumptions

Discount rate	The basis chosen was selected by the plan sponsor from among choices prescribed by law, all of which are based on observed market data over certain periods of time.
Lump sum conversion rate	As required by IRC 430, lump sum benefits are valued using “annuity substitution”, so that the interest rates assumed are effectively the same as described above for the discount rate.
Annuity conversion rate for hybrid plans	As required by IRC 430, annuity benefits are valued by converting accounts to annuities using the current IRC 430 interest rates, so that the interest rates assumed are effectively the same as described above for the discount rate.
Plan-related expenses	As required by regulations, plan-related expenses are calculated by estimating the expenses to be paid from the trust during the coming year (including, for example, expected PBGC premiums and actuarial, accounting, legal, administration and trustee fees to be paid from the trust).
Rates of increase in:	
• Compensation	Assumed compensation increases are based on actual salary increases received by the population during recent years.

Plan Name: Pollard (U.S.) LTD. Retirement Income Plan
EIN / PN: 22-2333711/006
Plan Sponsor: Pollard (U.S.) LTD.
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Assumptions Rationale - Significant Demographic Assumptions

Healthy Mortality	Assumptions used for funding purposes are as prescribed by IRC §430(h).
Termination	Termination rates were based on historical plan experience. Assumed termination rates differ by age and gender.
Retirement	Retirement rates were based on historical plan experience.
Form of payment	The percentage of retiring participants assumed to take lump sums is based on observed experience over the period 2010-2014.

Source of Prescribed Methods

Funding methods	The methods used for funding purposes as described in the Statement of Actuarial Assumptions/Methods, including the method of determining plan assets, are “prescribed methods set by law”, as defined in the actuarial standards of practice (ASOPs). These methods are required by IRC §430, or were selected by the plan sponsor from a range of methods permitted by IRC §430.
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Changes in Assumptions and Methods

Change in assumptions and methods since prior valuation	<p>The segment interest rates used to calculate the funding target and target normal cost were updated to the current valuation date as required by IRC §430.</p> <p>The mortality table used to calculate the funding target and target normal cost was updated, reflects the latest mortality improvement scale and was changed from using a static projection of mortality improvement to a generational projection as required by guidance issued by IRS under IRC §430.</p>
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Plan Name: Pollard (U.S.) LTD. Retirement Income Plan
EIN / PN: 22-2333711/006
Plan Sponsor: Pollard (U.S.) LTD.
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Summary of Plan Provisions

Plan Provisions

The original plan was effective January 1, 1997. The plan was most recently amended and restated effective January 1, 2017. Most recent amendment is effective September 28, 2018.

Plan year The twelve-month period ending December 31.

Eligibility Any active employee of the employer is eligible to participate in the plan if he is 1) in an executive or management position; 2) in an office, technical, professional, administrative or clerical position; 3) in a sales position; or 4) an employee not covered under a union negotiated plan. Eligible employees on the Effective Date who were participants on December 23, 1996 in the Webcraft Retirement Income Plan shall become participants in this plan on the Effective Date. Each other employee who is eligible to participate shall become a participant on the first day of the month on which he has one year of Eligibility Service or if later on the Effective Date. A year of Eligibility Service is defined as a 12-month period beginning with hire or any calendar year after such date in which the employee had at least 1,000 hours of service.

Definitions

Normal Retirement Date (NRD) First day of the month coincident with or next following the attainment of age 65 and five years of participation service.

Final average compensation The participant's Final Average Monthly Compensation shall be the greater of (1) and (2) below:

- (1) The average of the participant's annual earnings for the highest five calendar years during the fifteen calendar years next preceding retirement, termination or death.
- (2) The highest 60 consecutive months of earnings within the last 120 months of employment, divided by 5 (or, if less, the number of months in which earnings were received).

Plan Name: Pollard (U.S.) LTD. Retirement Income Plan
EIN / PN: 22-2333711/006
Plan Sponsor: Pollard (U.S.) LTD.
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Percentage credits

Percentage Credits are based on attained age as follows:

Age	Basic Credit	Excess Credit
20	1.0%	0.0%
30	2.0	0.0
40	3.0	1.0
50	5.0	2.0
60	9.0	3.0
64 and over	10.6	3.4

Percentages at intermediate ages are determined by interpolation.

Percentage credits under this plan include any Percentage Credits earned by a vested participant in the Webcraft Retirement Income Plan as of December 31, 1996.

Accrued benefit

A Life Only Annuity commencing at a Participant's NRD which is the Actuarial Equivalent of a lump sum determined and payable on the first day of the month coincident with or next following the Participant's Severance from Service Date. Such lump sum is an amount equal to (1) plus (2), less (3), where:

- (1) The sum of a Participant's Basic Percentage Credits multiplied by his Final Average Compensation,
- (2) The sum of his Excess Percentage Credits multiplied by his Final Average Compensation in excess of his Covered Compensation.
- (3) The lump sum which is actuarially equivalent to the life annuity he had accrued under the Webcraft Retirement Income Plan as of the end of the 1996 Plan Year.

Eligibility for Benefits

Normal retirement

Retirement on NRD.

Vesting termination

Termination for reason other than death or retirement after completing 3 years of vesting service.

Death benefit

If a married participant should die at any time prior to his NRD but after becoming 100% vested in his accrued retirement benefit, he shall automatically be covered by a joint and contingent benefit providing for a lifetime retirement benefit to his surviving spouse.

Plan Name: Pollard (U.S.) LTD. Retirement Income Plan
 EIN / PN: 22-2333711/006
 Plan Sponsor: Pollard (U.S.) LTD.
 Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Benefits Paid Upon the Following Events

Normal retirement	The monthly pension commencing at the NRD equals the participant's Accrued Benefit.
Vested termination	A monthly benefit equal to his Accrued Benefit.
Death benefit	The amount of benefit is equal to one-half of the pension the participant would have received had his benefit amount been determined on the day preceding his death, payable immediately, and had he elected the 50% Joint and Survivor optional form.

Other Plan Provisions

Forms of payment	<p>The normal form of benefit payable on Normal, Early/Late or Deferred Vested Retirement to an unmarried participant is a monthly benefit payable for the lifetime of the participant. The normal form of benefit for a married participant is the actuarially reduced joint and 50% contingent option with the spouse as contingent beneficiary. A married participant may elect, with written consent of the spouse, to receive his retirement benefit under the life-only form of payment or an optional form of payment of equivalent actuarial value. Available options include (i) payments for the lifetime of the participant with continuation of the same amount or a lesser amount to his surviving beneficiary, and (ii) payment to the participant for his lifetime with a guarantee of payments for a period of ten or fifteen years. A participant may elect to receive his benefit in a single lump sum distribution. Actuarial equivalence is based on the mortality prescribed in Code Section 417(e)(3)(B) and the applicable interest rate shall be the segment rate prescribed in Code Section 417(e)(3)(C).</p>
Maximum on benefits and pay	All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes become effective. Increases in the dollar limits are not assumed for determining contributions.

Plan Name: Pollard (U.S.) LTD. Retirement Income Plan
EIN / PN: 22-2333711/006
Plan Sponsor: Pollard (U.S.) LTD.
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Future Plan Changes

No future plan changes were recognized in determining minimum and maximum contributions.

Changes in Benefits Valued Since Prior Year

None.

Plan Name: Pollard (U.S.) LTD. Retirement Income Plan
EIN / PN: 22-2333711/006
Plan Sponsor: Pollard (U.S.) LTD.
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

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

Attained Age	Attained Years of Credited Service ¹										Total	
	Under 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40 & Over		
Under 25	0	0	0	0	0	0	0	0	0	0	0	0
25-29	0	5	0	0	0	0	0	0	0	0	0	5
30-34	0	4	2	0	0	0	0	0	0	0	0	6
35-39	0	3	3	0	0	0	0	0	0	0	0	6
40-44	0	8	2	0	0	2	0	0	0	0	0	12
45-49	0	4	3	1	0	3	1	0	0	0	0	12
50-54	0	1	2	0	0	3	0	0	0	0	0	6
55-59	0	6	2	2	0	0	0	2	0	0	0	12
60-64	0	2	1	1	0	0	1	0	0	0	0	5
65-69	0	1	1	0	0	0	0	0	0	0	0	2
70 & over	0	0	0	0	0	0	0	0	0	0	0	0
Total	0	34	16	4	0	8	2	2	0	0	0	66

¹ Age and service for purposes of determining category are based on exact (not rounded) values.
 Plan Name: Pollard (U.S.) LTD. Retirement Income Plan
 EIN / PN: 22-2333711/006
 Plan Sponsor: Pollard (U.S.) LTD.
 Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Schedule SB – Statement by Enrolled Actuary

Plan Sponsor	Pollard (U.S.) LTD.
EIN/PN	22-2333711/006
Plan Name	Pollard (U.S.) LTD. Retirement Income Plan
Valuation Date	January 1, 2024
Enrolled Actuary	Hannah Thalheimer
Enrollment Number	23-08524

The actuarial assumptions that are not mandated by IRC § 430 and regulations, represent the enrolled actuary's best estimate of anticipated experience under the plan, subject to the following conditions:

The actuarial valuation, on which the information in this Schedule SB is based, has been prepared in reliance upon the employee and financial data furnished by the plan administrator and the trustee. The enrolled actuary has not made a rigorous check of the accuracy of this information but has accepted it after reviewing it and concluding it is reasonable in relation to similar information furnished in previous years. The amounts of contributions and dates paid shown in Item 18 of Schedule SB were listed in reliance on information provided by the plan administrator and/or trustee.

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 22 Description of Weighted Average Retirement Age as of January 1, 2024

See Schedule SB, Part V - Statement of Actuarial Assumptions/Methods for retirement rates.

The average retirement age for Line 22 was calculated by creating a hypothetical life table with retirement as the only decrement, and then computing the average retirement age for the table.

x	q_x^r	l_x	${}_{x-55}p_{55} = l_x / l_{55}$	$q_x^r * l_x / l_{55}$	$x * q_x^r * l_x / l_{55}$
55	0.03	1,000,000	1.000000	0.030000	1.650000
56	0.03	970,000	0.970000	0.029100	1.629600
57	0.03	940,900	0.940900	0.028227	1.608939
58	0.03	912,673	0.912673	0.027380	1.588051
59	0.03	885,293	0.885293	0.026559	1.566968
60	0.03	858,734	0.858734	0.025762	1.545721
61	0.03	832,972	0.832972	0.024989	1.524339
62	0.15	807,983	0.807983	0.121197	7.514240
63	0.10	686,785	0.686785	0.068679	4.326748
64	0.10	618,107	0.618107	0.061811	3.955884
65	1.00	556,296	0.556296	0.556296	36.159252
Average age at retirement					63.069743
Rounded for Schedule SB item 22					63

Plan Name: Pollard (U.S.) LTD. Retirement Income Plan
 EIN / PN: 22-2333711/006
 Plan Sponsor: Pollard (U.S.) LTD.
 Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Summary of Plan Provisions

Plan Provisions

The original plan was effective January 1, 1997. The plan was most recently amended and restated effective January 1, 2017. Most recent amendment is effective September 28, 2018.

Plan year The twelve-month period ending December 31.

Eligibility Any active employee of the employer is eligible to participate in the plan if he is 1) in an executive or management position; 2) in an office, technical, professional, administrative or clerical position; 3) in a sales position; or 4) an employee not covered under a union negotiated plan. Eligible employees on the Effective Date who were participants on December 23, 1996 in the Webcraft Retirement Income Plan shall become participants in this plan on the Effective Date. Each other employee who is eligible to participate shall become a participant on the first day of the month on which he has one year of Eligibility Service or if later on the Effective Date. A year of Eligibility Service is defined as a 12-month period beginning with hire or any calendar year after such date in which the employee had at least 1,000 hours of service.

Definitions

Normal Retirement Date (NRD) First day of the month coincident with or next following the attainment of age 65 and five years of participation service.

Final average compensation The participant's Final Average Monthly Compensation shall be the greater of (1) and (2) below:

- (1) The average of the participant's annual earnings for the highest five calendar years during the fifteen calendar years next preceding retirement, termination or death.
- (2) The highest 60 consecutive months of earnings within the last 120 months of employment, divided by 5 (or, if less, the number of months in which earnings were received).

Plan Name: Pollard (U.S.) LTD. Retirement Income Plan
EIN / PN: 22-2333711/006
Plan Sponsor: Pollard (U.S.) LTD.
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Percentage credits

Percentage Credits are based on attained age as follows:

Age	Basic Credit	Excess Credit
20	1.0%	0.0%
30	2.0	0.0
40	3.0	1.0
50	5.0	2.0
60	9.0	3.0
64 and over	10.6	3.4

Percentages at intermediate ages are determined by interpolation.

Percentage credits under this plan include any Percentage Credits earned by a vested participant in the Webcraft Retirement Income Plan as of December 31, 1996.

Accrued benefit

A Life Only Annuity commencing at a Participant's NRD which is the Actuarial Equivalent of a lump sum determined and payable on the first day of the month coincident with or next following the Participant's Severance from Service Date. Such lump sum is an amount equal to (1) plus (2), less (3), where:

- (1) The sum of a Participant's Basic Percentage Credits multiplied by his Final Average Compensation,
- (2) The sum of his Excess Percentage Credits multiplied by his Final Average Compensation in excess of his Covered Compensation.
- (3) The lump sum which is actuarially equivalent to the life annuity he had accrued under the Webcraft Retirement Income Plan as of the end of the 1996 Plan Year.

Eligibility for Benefits

Normal retirement

Retirement on NRD.

Vesting termination

Termination for reason other than death or retirement after completing 3 years of vesting service.

Death benefit

If a married participant should die at any time prior to his NRD but after becoming 100% vested in his accrued retirement benefit, he shall automatically be covered by a joint and contingent benefit providing for a lifetime retirement benefit to his surviving spouse.

Plan Name: Pollard (U.S.) LTD. Retirement Income Plan
EIN / PN: 22-2333711/006
Plan Sponsor: Pollard (U.S.) LTD.
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Benefits Paid Upon the Following Events

Normal retirement	The monthly pension commencing at the NRD equals the participant's Accrued Benefit.
Vested termination	A monthly benefit equal to his Accrued Benefit.
Death benefit	The amount of benefit is equal to one-half of the pension the participant would have received had his benefit amount been determined on the day preceding his death, payable immediately, and had he elected the 50% Joint and Survivor optional form.

Other Plan Provisions

Forms of payment	The normal form of benefit payable on Normal, Early/Late or Deferred Vested Retirement to an unmarried participant is a monthly benefit payable for the lifetime of the participant. The normal form of benefit for a married participant is the actuarially reduced joint and 50% contingent option with the spouse as contingent beneficiary. A married participant may elect, with written consent of the spouse, to receive his retirement benefit under the life-only form of payment or an optional form of payment of equivalent actuarial value. Available options include (i) payments for the lifetime of the participant with continuation of the same amount or a lesser amount to his surviving beneficiary, and (ii) payment to the participant for his lifetime with a guarantee of payments for a period of ten or fifteen years. A participant may elect to receive his benefit in a single lump sum distribution. Actuarial equivalence is based on the mortality prescribed in Code Section 417(e)(3)(B) and the applicable interest rate shall be the segment rate prescribed in Code Section 417(e)(3)(C).
Maximum on benefits and pay	All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes become effective. Increases in the dollar limits are not assumed for determining contributions.

Plan Name: Pollard (U.S.) LTD. Retirement Income Plan
EIN / PN: 22-2333711/006
Plan Sponsor: Pollard (U.S.) LTD.
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Future Plan Changes

No future plan changes were recognized in determining minimum and maximum contributions.

Changes in Benefits Valued Since Prior Year

None.

Plan Name: Pollard (U.S.) LTD. Retirement Income Plan
EIN / PN: 22-2333711/006
Plan Sponsor: Pollard (U.S.) LTD.
Valuation Date: January 1, 2024