

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: PENSION PLAN FOR HOURLY RATE EMPLOYEES & SALARIED EMPLOYEES OF NORTHEAST SOLITE CORPORATION
1b Three-digit plan number (PN): 001
1c Effective date of plan: 05/01/1998
2a Plan sponsor's name (employer, if for a single-employer plan): NORTHEAST SOLITE CORPORATION
2b Employer Identification Number (EIN): 14-1806833
2c Sponsor's telephone number: 804-262-3025
2d Business code (see instructions): 212390
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: 78
5b Total number of participants at the end of the plan year: 77
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: 10
5d(2) Total number of active participants at the end of the plan year: 9
5e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested: 0

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, Date, and Name. Row 1: Filed with authorized/valid electronic signature, 10/14/2025, KENNETH SCAPLEHORN, Signature of plan administrator. Row 2: Filed with authorized/valid electronic signature, 10/14/2025, KENNETH SCAPLEHORN, Signature of employer/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 560626. (See instructions.)

Part III Financial Information			
7 Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
a Total plan assets	7a	4482536	4700068
b Total plan liabilities	7b		
c Net plan assets (subtract line 7b from line 7a)	7c	4482536	4700068
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
a Contributions received or receivable from:			
(1) Employers	8a(1)	41543	
(2) Participants	8a(2)		
(3) Others (including rollovers)	8a(3)		
b Other income (loss)	8b	438187	
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		479730
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	210236	
e Certain deemed and/or corrective distributions (see instructions) .	8e		
f Administrative service providers (salaries, fees, commissions)	8f		
g Other expenses	8g	51962	
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		262198
i Net income (loss) (subtract line 8h from line 8c)	8i		217532
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 1I</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 02 / 28 / 2023 (MM/DD/YYYY) and the Opinion Letter serial number Q705203A.

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
---	--	--

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>PENSION PLAN FOR HOURLY RATE EMPLOYEES & SALARIED EMPLOYEES OF NORTHEAST SOLITE CORPORATION</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>NORTHEAST SOLITE CORPORATION</u>	D Employer Identification Number (EIN) <u>14-1806833</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 checked="" type="checkbox"/> 100 or fewer <input 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>4481601</u>
	b Actuarial value	2b	<u>4610733</u>
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	<u>36</u>	<u>2195235</u>
	b For terminated vested participants	<u>33</u>	<u>922959</u>
	c For active participants	<u>10</u>	<u>1899503</u>
	d Total	<u>79</u>	<u>5017697</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>5.09 %</u>
6	Target normal cost		
	a Present value of current plan year accruals	6a	<u>0</u>
	b Expected plan-related expenses	6b	<u>0</u>
	c Target normal cost	6c	<u>0</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>10/13/2025</u>	Date
	<u>JEFF REARDON, EA, MAAA</u>	<u>23-07991</u>	Most recent enrollment number
	<u>MILLIMAN</u>	<u>518-514-7100</u>	Telephone number (including area code)
	<u>3 WINNERS CIRCLE SUITE 300 ALBANY, NY 12205</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>10.49</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)		47
b(1)	Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.23</u> %		2
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		49
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	91.88 %
15	Adjusted funding target attainment percentage	15	91.88 %
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	94.48 %
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		
04/23/2024	6181						
07/09/2024	6181						
01/08/2025	6181						
09/09/2025	23000						
			Totals ▶	18(b)	41543	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 38901	
20	Quarterly contributions and liquidity shortfalls:		
a	Did the plan have a "funding shortfall" for the prior year?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
b	If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
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
0	0	0	0

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** 65

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

Part VI Miscellaneous Items

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

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

26 Demographic and benefit information

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

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

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	28	
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	0
b Excess assets, if applicable, but not greater than line 31a	31b	0

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	147929	38182
b Waiver amortization installment		

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	38182
	Carryover balance	Prefunding balance
35 Balances elected for use to offset funding requirement		0
36 Additional cash requirement (line 34 minus line 35)	36	38182
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	38901

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

a Total (excess, if any, of line 37 over line 36)	38a	719
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. 2019 2020 2021

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
---	--	--

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 Pension Plan for Hourly Rate Employees & Salaried Employees of Northeast Solite Corporation	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Northeast Solite Corporation	D Employer Identification Number (EIN) 14-1806833	
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 checked="" type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input type="checkbox"/> More than 500	

Part I Basic Information

1	Enter the valuation date: Month <u>1</u> Day <u>1</u> Year <u>2024</u>		
2	Assets:		
	a Market value	2a	4,481,601
	b Actuarial value	2b	4,610,733
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	36	2,195,235
	b For terminated vested participants	33	922,959
	c For active participants	10	1,899,503
	d Total	79	5,017,697
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	5.09 %
6	Target normal cost		
	a Present value of current plan year accruals	6a	0
	b Expected plan-related expenses	6b	0
	c Target normal cost	6c	0

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 Jeff Reardon, EA, MAAA Type or print name of actuary Milliman Firm name 3 Winners Circle Suite 300 Albany NY 12205 Address of the firm	<u>10/13/2025</u> Date <u>23-07991</u> Most recent enrollment number <u>(518) 514-7100</u> Telephone number (including area code)
------------------	--	--

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: 4.87 %	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 65
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	
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	0	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	147,929	38,182	
b Waiver amortization installment			
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	38,182	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement			0
36 Additional cash requirement (line 34 minus line 35)	36	38,182	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	38,901	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	719	
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 type="checkbox"/> 2021

Pension Plan for Hourly Rate & Salaried Employees of Northeast Solite Corp.
EIN/PN: 14-1806833/001
Attachment to 2024 Form 5500
Schedule SB, Line 19 - Discounted Employer Contributions

Line 19a. - Contribution Allocated Toward Unpaid Minimum Required Contribution from Prior Plan Years

None

Line 19b. - Contributions Made To Avoid Benefit Restrictions

None

Total - -

Line 19c. - Contributions Allocated Toward Minimum Required Contribution for Current Year

Date	Plan Year to Apply Contribution	Effective Interest Rate	Late Quarterly Interest Rate	Contribution Amount	Discounted Value as of 1/1/2024
4/23/2024	2024	5.09%	10.09%	\$ 6,181	\$ 6,081
7/9/2024	2024	5.09%		6,181	6,024
1/8/2025	2024	5.09%	10.09%	6,181	5,813
9/9/2025	2024	5.09%	10.09%	23,000	20,983
Total				41,543	38,901

Pension Plan for Hourly Rate & Salaried Employees of Northeast Solite Corp.
EIN 14-1806833 / PN 001

Schedule SB, line 26a - Schedule of Active Participant Data

The number of active participants, summarized by attained age and years of credited service as of January 1, 2024, is shown below.

Age	Years of Credited Service										Total	
	0	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+		
0-24	-	-	-	-	-	-	-	-	-	-	-	-
25-29	-	-	-	-	-	-	-	-	-	-	-	-
30-34	-	-	-	-	-	-	-	-	-	-	-	-
35-39	-	-	-	-	-	-	-	-	-	-	-	-
40-44	-	-	-	-	-	-	-	-	-	-	-	-
45-49	-	-	-	-	-	-	-	-	-	-	-	-
50-54	-	-	1	-	1	-	-	-	-	-	-	2
55-59	-	-	1	1	-	-	-	-	-	-	-	2
60-64	-	-	-	-	-	2	-	-	-	-	-	2
65-69	-	1	-	-	-	-	1	-	-	-	-	2
70+	-	-	1	-	1	-	-	-	-	-	-	2
Total	-	1	3	1	2	2	1	-	-	-	-	10

Pension Plan for Hourly Rate & Salaried Employees of Northeast Solite Corp.
EIN 14-1806833 / PN 001

Schedule SB, line 32 - Schedule of Amortization Bases

The amount needed to amortize the Funding Shortfall to the Applicable Funding Target, in combination with prior Shortfall Amortizations, for the plan year beginning January 1, 2024 is determined below. The net Funding Shortfall for a plan year is amortized in fifteen level payments. The present value and amortization factors shown below are based on the interest rates for determining the Applicable Funding Target for the current plan year.

1. Present value of remaining prior Shortfall Amortizations					
	<u>Date</u>	<u>Amortization</u>	<u>Years</u>	<u>Present Value</u>	<u>Present</u>
	<u>Established</u>	<u>Amount</u>	<u>Remaining</u>	<u>Factor</u>	<u>Value</u>
a.	1/1/2023	<u>\$24,723</u>	14	10.47748	<u>\$259,035</u>
b.	Total	24,723			259,035
2. Shortfall Amortization for current plan year					
a.	Applicable Funding Target				5,017,697
b.	Actuarial Value of Assets less Prefunding Balance				4,610,733
c.	Is the plan exempt from establishing a Shortfall Amortization for the current year?				No
d.	Funding Shortfall [(a) - (b), but not < \$0]				406,964
e.	Net Funding Shortfall [If (d) > \$0, (d) - (1a), otherwise n/a]				147,929
f.	Amortization factor				10.991387
g.	Shortfall Amortization for current plan year [(e) ÷ (f)]				\$13,459
3. Total Shortfall Amortizations [(1a) + (2g), but not < \$0]					38,182

Pension Plan for Hourly Rate & Salaried Employees of Northeast Solite Corp.
EIN 14-1806833 / PN 001

**Schedule SB, Part V -
Statement of Actuarial Assumptions/Methods**

The ultimate cost of a pension plan is the excess of actual benefits and administrative expenses paid over actual net investment return on plan assets during the plan's existence until the last payment has been made to the last participant. A plan's "actuarial cost method" determines the expected incidence of actuarial costs by allocating portions of the ultimate cost to each plan year. The cost method is thus a budgeting tool to help ensure that a plan will be adequately and systematically funded. Annual contributions are also affected by a plan's "asset valuation method" (as well as plan provisions, actuarial assumptions, and actual plan demographic and investment experience each year).

Actuarial Cost Method

The actuarial cost method used for determining the Plan's ERISA funding requirements and the FASB ASC Topic 960 values is the Unit Credit method. Under this method, an accrued benefit is determined at each active participant's assumed retirement age based on compensation and service at both the beginning and the end of the current year. The Plan's normal cost is the sum of the present value of the excess of each active participant's accrued benefit at the end of the current year over that at the beginning of the current year. The Plan's accrued liability is the sum of (a) the present value of each active participant's accrued benefit at the beginning of the current year plus (b) the present value of each inactive participant's benefits.

Asset Valuation Method

The Actuarial Value of Assets used for determining the Plan's ERISA funding requirements is based on the permitted three-year asset smoothing as defined under IRS Notice 2009-22. Under this method, the Actuarial Value of Assets equals the Adjusted Market Value of Assets minus one-third and two-thirds, respectively, of the investment gain or loss for each of the two immediately preceding plan years, but it must be within 90% to 110% of the Adjusted Market Value of Assets. The expected investment return for a plan year is based on the lesser of the expected rate of return on plan assets (currently 5.50%) or the applicable statutory interest rate for the year.

Changes in Actuarial Methods Since Prior Valuation

None.

ECONOMIC ASSUMPTIONS

Interest Rates

For ERISA Minimum Funding purposes:

Assumption: 2024 Segment Rate Stabilization Rates with 4-month lookback (4.75%, 4.87%, 5.59%).

Rationale: This is a prescribed assumption set by the Internal Revenue Code (IRC) Section 430. The plan sponsor has elected to utilize a 4-month lookback with rates averaged over a 24-month period, limited to applicable minimum and maximum values in accordance with segment rate stabilization. These rates are utilized for purposes of calculating the Plan's Funding Target and Target Normal Cost for minimum funding purposes under ERISA and related tax codes.

Pension Plan for Hourly Rate & Salaried Employees of Northeast Solite Corp.
EIN 14-1806833 / PN 001

**Schedule SB, Part V -
Statement of Actuarial Assumptions/Methods**

For Maximum Deductible Contribution purposes:

Assumption: 2024 Segment Rates with 4-month lookback (3.62%, 4.46%, 4.52%).

Rationale: This is a prescribed assumption set by the IRC Section 430. The plan sponsor has elected to utilize a 4-month lookback with rates averaged over a 24-month period. These rates are utilized for purposes of calculating the Plan's Maximum Deductible Contribution.

For FASB ASC Topic 960 purposes:

Assumption: 6.00%, compounded annually. This assumption is the assumed rate of return for the Plan's target asset allocation, net of investment expenses. This assumption reflects anticipated returns of the Plan's current and future assets.

Rationale: In determining the expected rate of return on plan assets, we relied on models and capital market assumptions developed by Milliman investment consultants and the plan's investment policy. We received the Plan's historical investment performance along with forward-looking data such as projections of inflation and total return growth. Mean returns, standard deviations, and correlations between investment categories were determined and used in the ASC Topic 960 Interest Rate assumption in conjunction with the historical and projected information.

Following the process described above, we have determined the ASC Topic 960 Interest Rate assumption to be a reasonable assumption. It reflects professional judgement, relevant economic data as of the measurement date, and estimates of future experience. In our opinion, it is appropriate for the intended purposes, and contains no significant bias.

Consumer Price Index:

Assumption: 2.30%, compounded annually. This assumption represents an estimate of future experience and is based in part on observations of estimates inherent in market data.

Rationale: In developing the long-term inflation assumption, historical and projected rates were considered. The assumption reflects professional judgment, relevant economic data as of the measurement date, and represents our current best estimate of future experience.

Demographic Assumptions

We believe the demographic assumptions shown below are reasonable for the contingencies they are measuring and are not anticipated to produce significant cumulative actuarial gains or losses over the measurement period.

Mortality for Minimum Funding Purposes:

Assumption: Generational Mortality Tables per IRC 1.430 (h)(3)-(1).

Rationale: This is a prescribed assumption under IRC Section 430. The plan sponsor elected to utilize generational mortality.

Pension Plan for Hourly Rate & Salaried Employees of Northeast Solite Corp.
EIN 14-1806833 / PN 001

**Schedule SB, Part V -
Statement of Actuarial Assumptions/Methods**

Mortality for FASB ASC 960 Purposes:

Assumption: PRI-2012 Total Employee/Retiree Mortality Tables with mortality improvement scale MP-2021 on a generational basis. The PRI-2012 Contingent Mortality Tables were reflected for beneficiaries.

Rationale: The plan is not large enough to develop a credible mortality table based exclusively on plan experience. We have relied on the above mentioned published mortality tables in which credible mortality experience was analyzed.

Withdrawal:

Assumption: 100% of the Sarason T-5 table. The termination rates assumed represent an estimate of future experience in the plan. Sample rates:

Age	Rate
25	7.72%
40	5.15
55	0.94

Rationale: This assumption was developed based on industry standard termination rates (Sarason T tables) as well as the plan's historical experience.

Retirement:

Assumption: Participants are assumed to retire at age 65. This assumption represents an estimate of future experience.

Rationale: This assumption was developed based on the Plan's historical experience and anticipated future experience. In addition, sponsor input and economic conditions that might have influenced prior experience or may impact future experience were considered.

Beneficiary Percentage:

Assumption: 80% of participants assumed to have a beneficiary. Male participants are assumed to have a beneficiary who is 3 years younger and female participants are assumed to have a beneficiary who is 3 years older.

Rationale: This assumption was developed based on the Plan's experience and observations of similar populations.

Administrative Expenses:

Assumption: Equal to the average of the prior 3 years of administrative expenses.

Rationale: This assumption was developed based on the Plan's experience and anticipated future experience.

Pension Plan for Hourly Rate & Salaried Employees of Northeast Solite Corp.
EIN 14-1806833 / PN 001

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

Form of Payment:

Assumption: Participants are assumed to elect a life annuity with 10 years guaranteed.

Rationale: We have reviewed the plan's historical experience to help develop this assumption. In addition, we have considered sponsor input and economic conditions that might have influenced prior experience and may impact future experience.

Pension Plan for Hourly Rate & Salaried Employees of Northeast Solite Corp.
EIN 14-1806833 / PN 001

**Schedule SB, Part V -
Summary of Plan Provisions**

The actuarial valuation was prepared in accordance with the provisions of the plan, a summary of which is presented below. The summary describes the principal provisions only and is not intended to be authoritative. For questions about specific benefits, please refer to the plan document. This summary of plan provisions is intended to only describe the essential features of the plan.

Basic Information

Plan Name: Pension Plan for Hourly Rate Employees and Salaried Employees of Northeast Solite Corporation.

Effective Date of Plan: April 30, 1998; Merger of Hourly Plan and Salaried Plan effective December 31, 1999 (restated January 1, 2000 and January 1, 2011).

EIN/PN: 14-1806833/001.

Effective Date of Last Amendment: December 31, 2013.

Plan Year: January 1 – December 31.

Employees: Any person who is employed by the Employer or a Participating Employer as a common law employee on the Employer's U.S. payroll, other than an independent contractor, who perform at least one Hour of Service on or after the Effective Date.

Eligibility: January 1 or July 1, coinciding with one Year of Service. The plan was closed to new entrants effective December 31, 2013.

Eligibility Service: Years of Service for purposes of eligibility to participate in the Plan are referred to as Years of Eligibility Service and are determined using the Hours of Service Method.

A Year of Eligibility Service is credited for each Computation Period during which an Employee is credited with at least 1,000 Hours of Service. The initial Computation Period is the 12 consecutive month period beginning with the Employee's Employment Commencement Date. Thereafter, the Computation Period is the Plan Year beginning with the Plan Year in which the initial Computation Period ends.

All of an Employee's Years of Eligibility Service are taken into account in determining his eligibility to participate.

Benefit Service: Years of Service for purposes of computing a Participant's Normal Retirement Benefit are referred to as Years of Benefit Service and are determined using the Hours of Service Method.

A Year of Benefit Service is credited for each Plan Year in which an Employee is credited with at least 1,000 Hours of Service. Only full Years of Service will be credited.

All of a Participant's Years of Benefit Service are taken into account in determining his monthly benefit except:

- Service for which the Employee was not entitled to receive Compensation; and
- Service while the Employee was not in an Eligible Employee Classification.

No Benefit Service is earned after December 31, 2013.

Pension Plan for Hourly Rate & Salaried Employees of Northeast Solite Corp.
EIN 14-1806833 / PN 001

**Schedule SB, Part V -
Summary of Plan Provisions**

Vesting Service: Years of Service for purposes of computing a Participant's Vested Percentage are referred to as Years of Vesting Service and are determined using the Hours of Service Method.

A Year of Vesting Service is credited for each Plan Year in which an Employee is credited with at least 1,000 Hours of Service. Only full Years of Service will be credited.

All of a Participant's Years of Vesting Service are taken into account in determining his Vested Percentage.

Compensation:

Hourly Employees: A Participant's annual compensation shall be his annual wage rate in effect on the January 1 of each Plan Year, January 1, 1999 for the first Plan Year.

The Participant's Compensation shall exclude bonuses, overtime pay, contributions, and benefits under this Plan or any other plan of deferred compensation maintained by the Employer, and special allowances (such as amounts paid to a Participant during an authorized leave of absence, moving expenses, tuition reimbursement, meal allowances, the cost of excess group life insurance income includible in taxable income, and similar items).

Compensation also includes any amounts, which are treated as salary reduction contributions and used to purchase non-taxable benefits under Section 125 or 401(k) of the Internal Revenue Code.

The maximum salary used to determine Plan benefits is limited as required by IRC Section 401(a)(17). The limit for 2018 is \$275,000.

Salaried Employees: Effective January 1, 2000 for Salaried Employees, W-2 compensation shall be a Participant's annual earnings on and after January 1, 2000.

Compensation also includes any amounts, which are treated as salary reduction contributions and used to purchase non-taxable benefits under Section 125 or 401(k) of the Internal Revenue Code.

The maximum salary used to determine Plan benefits is limited as required by IRC Section 401(a)(17). The limit for 2018 is \$275,000.

Average Annual Compensation: A Participant's Average Annual Compensation, as of a given date is determined by dividing the total Compensation he received during the 10 consecutive Compensation Periods for which his Compensation was highest by the number of years during such period for which he received Compensation.

Compensation earned after December 31, 2013 is excluded.

Employee Contribution: None. Plan is funded entirely by employer contributions.

Pension Plan for Hourly Rate & Salaried Employees of Northeast Solite Corp.
EIN 14-1806833 / PN 001

**Schedule SB, Part V -
Summary of Plan Provisions**

Benefit Formulas and Eligibilities

Normal Retirement

Normal Retirement Date: First of month coincident with or next following 65th birthday.

Normal Retirement Benefit: A Participant's Normal Retirement Benefit is a monthly pension benefit commencing on his Normal Retirement Date payable in the Normal Benefit Form in an amount equal to 1/12th the following:

1.00% of his Average Annual Compensation multiplied by his Years of Benefit Service, up to a maximum of thirty years.

Benefits are frozen as of December 31, 2013. No benefit accruals are provided after December 31, 2013.

Deferred Retirement

Deferred Retirement Date: First of any month after Normal Retirement Date.

Deferred Retirement Benefit: A Participant's Late Retirement Benefit is equal to the greater of the Actuarial Equivalent of his Normal Retirement Benefit at his Normal Retirement Date, determined as of his Late Retirement Date, or an amount which is based on the Normal Retirement Benefit formula using his Years of Benefit Service and Compensation through his Late Retirement Date.

Early Retirement

Early Retirement Date: Age 55 with at least 10 Years of Vesting Service.

Early Retirement Benefit: Determined using the formula for the Normal Retirement Pension, reduced pro-rata based on total service from date of hire to Normal Retirement Date, and reduced by 5/9% for each of the first 60 months, by 5/18% for each of the next 60 months that the benefit commencement date precedes Normal Retirement Date.

Vested Termination

Vested Termination Date: Five Years of Service or age 65 if earlier.

Termination Benefit: Determined using the formula for the Normal Retirement Pension, reduced pro-rata based on total service from date of hire to Normal Retirement Date.

Preretirement Surviving Spouse Coverage

Preretirement Surviving Spouse Benefit Eligibility: Vested and has an Eligible Spouse.

Preretirement Surviving Spouse Benefit: A pension to the beneficiary equal to the amount that would have been paid had the participant separated from service on his date of death, survived to his earliest retirement date, retired with a qualified joint and survivor annuity, and died on the day after he retired.

Pension Plan for Hourly Rate & Salaried Employees of Northeast Solite Corp.
EIN 14-1806833 / PN 001

**Schedule SB, Part V -
Summary of Plan Provisions**

Forms of Payment

Normal Forms: Lifetime Pension, 10 Years Certain – Monthly pension benefit payable for the lifetime of the Participant with payments guaranteed for a minimum of 10 years.

Optional Forms: Life annuity, 50% joint and survivor annuity, 66-2/3% joint and survivor annuity, 75% joint and survivor annuity.

Voluntary Cashouts: Any benefit that would otherwise be payable to a participant who terminates or retires or to the qualified spouse of a participant who dies shall have the option to be paid a lump sum if the actuarial equivalent value is less than \$5,000.

The normal form of benefit is converted to an optional form of benefit based on the Plan's definition of Actuarial Equivalence.

Basis of Actuarial Equivalence: For purposes of Actuarial Equivalence, the Plan uses the 1971 Group Annuity Mortality Table for males, setback 6 years for spouses or beneficiaries of employees and an interest rate of 6.00% for all options except lump sums.

For lump sums, the applicable Code Section 417(e)(3) mortality table and the first, second, and third segment rates under Code Section 417(e)(3) published during September of the preceding year are used.

Changes in Principal Plan Provisions Since Prior Valuation

None.