

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: 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: 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

<p>1a Name of plan <u>BUCKEYE BUSINESS PRODUCTS, INC. BARGAINING UNIT PENSION PLAN</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>001</u></p>	
	<p>1c Effective date of plan <u>03/01/1957</u></p>	
<p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>BUCKEYE BUSINESS PRODUCTS, INC. DIVISION OF KROY LLC</u> <u>3830 KELLEY AVENUE</u> <u>CLEVELAND, OH 44114</u></p>	<p>2b Employer Identification Number (EIN) <u>88-0377766</u></p>	
	<p>2c Sponsor's telephone number <u>216-881-5300</u></p>	
	<p>2d Business code (see instructions) <u>424990</u></p>	
<p>3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor.</p>	<p>3b Administrator's EIN</p>	
	<p>3c Administrator's telephone number</p>	
<p>4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. a Sponsor's name c Plan Name</p>	<p>4b EIN</p>	
	<p>4d PN</p>	
<p>5a Total number of participants at the beginning of the plan year</p>	5a	<u>44</u>
<p>b Total number of participants at the end of the plan year</p>	5b	<u>40</u>
<p>c(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)</p>	5c(1)	
<p>c(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)</p>	5c(2)	
<p>d(1) Total number of active participants at the beginning of the plan year</p>	5d(1)	<u>0</u>
<p>d(2) Total number of active participants at the end of the plan year</p>	5d(2)	<u>0</u>
<p>e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested</p>	5e	<u>0</u>

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.

SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2025	STEPHEN R. KALETTE, VP ADMIN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2025	STEPHEN R. KALETTE, VP ADMIN
	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 562785. (See instructions.)

Part III Financial Information			
7 Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
a Total plan assets	7a	768569	844067
b Total plan liabilities	7b	0	0
c Net plan assets (subtract line 7b from line 7a)	7c	768569	844067
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
a Contributions received or receivable from:			
(1) Employers	8a(1)	29000	
(2) Participants	8a(2)	0	
(3) Others (including rollovers)	8a(3)	0	
b Other income (loss)	8b	140263	
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		169263
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	78123	
e Certain deemed and/or corrective distributions (see instructions) .	8e	0	
f Administrative service providers (salaries, fees, commissions)	8f	0	
g Other expenses	8g	15642	
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		93765
i Net income (loss) (subtract line 8h from line 8c)	8i		75498
j Transfers to (from) the plan (see instructions)	8j	0	

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: 1B 3D
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		500000
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			
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 03 / 30 / 2018 (MM/DD/YYYY) and the Opinion Letter serial number J501783A.

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>BUCKEYE BUSINESS PRODUCTS, INC. BARGAINING UNIT PENSION PLAN</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>BUCKEYE BUSINESS PRODUCTS, INC. DIVISION OF KROY LLC</u>	D Employer Identification Number (EIN) <u>88-0377766</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>767196</u>	
b Actuarial value	2b	<u>767196</u>	
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	<u>32</u>	<u>647829</u>	<u>647829</u>
b For terminated vested participants	<u>13</u>	<u>193494</u>	<u>193494</u>
c For active participants	<u>0</u>	<u>0</u>	<u>0</u>
d Total	<u>45</u>	<u>841323</u>	<u>841323</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>5.05 %</u>	
6 Target normal cost			
a Present value of current plan year accruals	6a	<u>0</u>	
b Expected plan-related expenses	6b	<u>15642</u>	
c Target normal cost	6c	<u>15642</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>10/15/2025</u>	Date
	<u>JOHN C. BENGE</u>	<u>23-04810</u>	Most recent enrollment number
	Type or print name of actuary	<u>877-632-8257</u>	Telephone number (including area code)
	<u>ACTUARIAL SERVICES & SUPPORT LLC</u>		
	Firm name		
	<u>12123 SHELBYVILLE ROAD SUITE 100-260 LOUISVILLE, KY 40243-1079</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 V Assumptions Used to Determine Funding Target and Target Normal Cost				
21 Discount rate:				
a Segment rates:	1st segment: 4.75 %	2nd segment: 4.96 %	3rd segment: 5.59 %	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code)				21b 0
22 Weighted average retirement age				22 65
23 Mortality table(s) (see instructions)	<input checked="" type="checkbox"/> Prescribed - combined <input 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 15642
b Excess assets, if applicable, but not greater than line 31a				31b 0
32 Amortization installments:	Outstanding Balance		Installment	
a Net shortfall amortization installment	74127		9392	
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 25034
	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 25034
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)				37 25549
38 Present value of excess contributions for current year (see instructions)				
a Total (excess, if any, of line 37 over line 36)				38a 515
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances				38b
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)				39 0
40 Unpaid minimum required contributions for all years				40 0

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

Buckeye Business Products, Inc. Bargaining Unit Pension Plan

EIN/PN: 88-0377766/001

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

Attained Age	Years of Credited Service as of January 1, 2024									
	<u>Under 1</u>	<u>1 to 4</u>	<u>5 to 9</u>	<u>10 to 14</u>	<u>15 to 19</u>	<u>20 to 24</u>	<u>25 to 29</u>	<u>30 to 34</u>	<u>35 to 39</u>	<u>40 & Up</u>
Under 25										
25 to 29										
30 to 34										
35 to 39										
40 to 44										
45 to 49										
50 to 54										
55 to 59										
60 to 64										
65 to 69										
70 & Up										

Buckeye Business Products, Inc. Bargaining Unit Pension Plan

EIN/PN: 88-0377766/001

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

Valuation Date January 1, 2024 (= First day of Plan Year)

Actuarial Cost Method:

IRC § 430 Minimum Contribution Traditional Unit Credit
 IRC § 404 Maximum Contribution Traditional Unit Credit

Interest Rates

	<u>Years 1-5</u>	<u>Years 6-20</u>	<u>Years 20+</u>		<u>Effective Int. Rate</u>
IRC § 430 Minimum Contribution ¹	4.75%	4.96%	5.59%	} Jan. 2024 segmented yield curve rates. Pre-MAP-21 rates for Max.	5.05%
IRC § 404 Maximum Contribution	4.37%	4.96%	4.95%		
PBGC Vested Benefit Liability	5.01%	5.13%	5.15%	} [Std. method] Dec. 2023 segmented yield curve rates	

Future Annual Pay Increases Not applicable

Mortality Rates:

	<u>Pre-Retirement</u>	<u>Post-Retirement</u>
IRC § 430 Minimum Contribution	None	2024 static combined [§ 1.430(h)(3)-1(e)]
IRC § 404 Maximum Contribution	None	2024 static combined [§ 1.430(h)(3)-1(e)]

Termination Rates None

Disability Rates:

Disability Incidence Rates None
 Disabled Life Mortality Rates None

Retirement Age Age 65, or current age on valuation date if older.

Payment Form 100% elect normal payment form (BBP: SLA; GFC: 10CC)

Marital Status Not Applicable

Plan-Related Expenses Expenses expected to be paid from the trust in current year are added to the current plan year's Target Normal Cost.

Asset Valuation Method Fair market value of plan assets, plus the discounted value of any accrued contributions for the prior plan year.

¹ Reflects MAP-21, HATFA, and ARP beginning with the 2012, 2013, and 2020 plan years, respectively.

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).

OMB Nos. 1210-0110
1210-0089

2024

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

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

A This return/report is for: a 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: 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 BUCKEYE BUSINESS PRODUCTS, INC. BARGAINING UNIT PENSION PLAN		1b Three-digit plan number (PN) ▶	001
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) BUCKEYE BUSINESS PRODUCTS, INC. DIVISION OF KROY LLC 3830 KELLEY AVENUE CLEVELAND OH 44114		1c Effective date of plan	03/01/1957
		2b Employer Identification Number (EIN)	88-0377766
		2c Sponsor's telephone number	216-881-5300
		2d Business code (see instructions)	424990
3a Plan administrator's name and address <input checked="" type="checkbox"/> 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. a Sponsor's name c Plan Name		4b EIN	
		4d PN	
5a Total number of participants at the beginning of the plan year.....		5a	44
b Total number of participants at the end of the plan year.....		5b	40
c(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item).....		5c(1)	
c(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....		5c(2)	
d(1) Total number of active participants at the beginning of the plan year.....		5d(1)	0
d(2) Total number of active participants at the end of the plan year.....		5d(2)	0
e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....		5e	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.

SIGN HERE	<i>Stephen R. Kalette VP</i>	10/14/2025	STEPHEN R. KALETTE, VP ADMIN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	<i>Stephen R. Kalette VP</i>	10/14/2025	STEPHEN R. KALETTE, VP ADMIN
	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 562785. (See instructions.)

Part III Financial Information

7 Plan Assets and Liabilities			(a) Beginning of Year	(b) End of Year
a	Total plan assets	7a	768,569	844,067
b	Total plan liabilities	7b	0	0
c	Net plan assets (subtract line 7b from line 7a)	7c	768,569	844,067
8 Income, Expenses, and Transfers for this Plan Year			(a) Amount	(b) Total
a	Contributions received or receivable from:			
	(1) Employers	8a(1)	29,000	
	(2) Participants	8a(2)	0	
	(3) Others (including rollovers)	8a(3)	0	
b	Other income (loss)	8b	140,263	
c	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		169,263
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	78,123	
e	Certain deemed and/or corrective distributions (see instructions)	8e	0	
f	Administrative service providers (salaries, fees, commissions)	8f	0	
g	Other expenses	8g	15,642	
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		93,765
i	Net income (loss) (subtract line 8h from line 8c)	8i		75,498
j	Transfers to (from) the plan (see instructions)	8j	0	

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:
1B 3D
- 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)		X	
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)		X	
c	Was the plan covered by a fidelity bond?	X		500,000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		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.)		X	
f	Has the plan failed to provide any benefit when due under the plan?		X	
g	Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)		X	
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
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			

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 03/30/2018 (MM/DD/YYYY) and the Opinion Letter serial number J501783a.

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 BUCKEYE BUSINESS PRODUCTS, INC. BARGAINING UNIT PENSION PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF BUCKEYE BUSINESS PRODUCTS, INC. DIVISION OF KROY LLC	D Employer Identification Number (EIN) 88-0377766	
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	767,196
	b Actuarial value	2b	767,196
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	32	647,829
	b For terminated vested participants	13	193,494
	c For active participants	0	0
	d Total	45	841,323
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)		
	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	5.05%
6	Target normal cost		
	a Present value of current plan year accruals	6a	0
	b Expected plan-related expenses	6b	15,642
	c Target normal cost	6c	15,642

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	John C. Bengé <small>Digitally signed by: John C. Bengé DN: CN = John C. Bengé email = jcb@actuserv.com C = US O = Actuarial Services and Support LLC Date: 2025.10.15 12:34:04 -04'00'</small>	<u>10/15/2025</u> Date
	Signature of actuary JOHN C. BENGE Type or print name of actuary	<u>2304810</u> Most recent enrollment number
	ACTUARIAL SERVICES & SUPPORT LLC Firm name	<u>877-632-8257</u> Telephone number (including area code)
	12123 Shelbyville Road Suite 100-260 Louisville KY 40243-1079 Address of the firm	

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

Part V Assumptions Used to Determine Funding Target and Target Normal Cost				
21 Discount rate:				
a Segment rates:	1st segment: 4.75 %	2nd segment: 4.96 %	3rd segment: 5.59 %	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code).....				21b 0
22 Weighted average retirement age				22 65
23 Mortality table(s) (see instructions)	<input checked="" type="checkbox"/> Prescribed - combined <input 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 15,642
b Excess assets, if applicable, but not greater than line 31a				31b 0
32 Amortization installments:	Outstanding Balance		Installment	
a Net shortfall amortization installment	74,127		9,392	
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 25,034
	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 25,034
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....				37 25,549
38 Present value of excess contributions for current year (see instructions)				
a Total (excess, if any, of line 37 over line 36)				38a 515
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances				38b
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37).....				39 0
40 Unpaid minimum required contributions for all years				40 0

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

Buckeye Business Products, Inc. Bargaining Unit Pension Plan

EIN/PN: 88-0377766/001

Schedule SB, Part V - Summary of Plan Provisions

Effective Date	March 1, 1957				
Plan Year	January 1 to December 31 (= plan sponsor's fiscal and tax year) ¹				
Participation Eligibility	Age 21 and 1 Year of Service and Bargaining Unit Member ²				
Normal Retirement					
Eligibility	Age 65 and 5 Years of Participation Service				
Benefit	Years of Credited Service (maximum 35) times the monthly benefit rate in effect at retirement as follows: \$10.00 for active retirements on or after November 1, 1988 \$11.00 for active retirements on or after November 1, 1996 \$13.00 for active retirements on or after November 1, 2007 \$14.00 for active retirements on or after November 1, 2010 \$15.00 for active retirements on or after November 1, 2013 ³				
Early Retirement					
Eligibility	Age 60 and 10 Years of Credited Service				
Benefit	Normal Retirement Benefit based on Years of Credited Service (maximum 35) at retirement reduced by 0.6% for each month benefit commencement precedes the NRD				
Disability Retirement					
Eligibility	15 Years of Credited Service and T&P Disability				
Benefit	Greater of (a) \$50.00, and (b) Normal Retirement Benefit based on Years of Credited Service (maximum 35) at Disability reduced by Worker's Compensation and Disability Benefits. Disability benefit is payable immediately.				
Vested Deferred Retirement					
Vesting Schedule	100% Cliff Vesting after 5 Years of Credited Service				
Benefit	Normal Retirement Benefit based on Years of Credited Service (maximum 35) and the benefit rate in effect at termination, but payable at Normal Retirement Date				
Death Benefit					
Eligibility	<table><tr><td><u>Pre-Retirement</u></td><td><u>Post-Retirement</u></td></tr><tr><td>5 Years of Credited Service</td><td>Normal, Early or Disability Retirement after 3/30/1982</td></tr></table>	<u>Pre-Retirement</u>	<u>Post-Retirement</u>	5 Years of Credited Service	Normal, Early or Disability Retirement after 3/30/1982
<u>Pre-Retirement</u>	<u>Post-Retirement</u>				
5 Years of Credited Service	Normal, Early or Disability Retirement after 3/30/1982				
Benefit	<table><tr><td>QPSA</td><td>\$1,500 Lump Sum</td></tr></table>	QPSA	\$1,500 Lump Sum		
QPSA	\$1,500 Lump Sum				

¹ Prior to 2008, August 1 to July 31. Creates short 2008 plan year from August 1, 2008 to December 31, 2008.

² Effective Dec. 31, 2008, the General Fabrics Corporation Pension Plan was merged into the Buckeye Plan.

³ Pursuant to the CBA that is effective from November 1, 2013 to October 31, 2017.

Buckeye Business Products, Inc. Bargaining Unit Pension Plan

EIN/PN: 88-0377766/001

Schedule SB, Part V - Summary of Plan Provisions

Normal Payment Form Single Life Annuity (10CC if GFC). If married, an actuarially reduced benefit payable as a 50% Joint and Survivor Annuity.

Optional Payment Forms The following optional payment forms are available and are **Actuarial Equivalent** to the Normal Payment Form:

- * 50%, 66 2/3%, or 100% Joint and Survivor Annuity
- * Life Annuity with Period Certain for 60 or 120 Months

Definitions

Actuarial Equivalent:	<u>Pre-Retirement</u>	<u>Post-Retirement</u>
Interest Rate	7.00%	7.00%
Mortality Rates	1984 Unisex Pension	1984 Unisex Pension

Year of Credited Service In accordance with the following table based on Hours of Service credited during any calendar year.

<u>Hours of Service</u>	<u>Credited Service</u>
0 - 89	0.0
90 - 269	0.1
270 - 449	0.2
450 - 629	0.3
630 - 809	0.4
810 - 989	0.5
990 - 1169	0.6
1170 - 1349	0.7
1350 - 1529	0.8
1530 - 1709	0.9
1710 - 1800 +	1.0

Year of Vesting Service In accordance with the following table based on Hours of Service credited during any Plan Year.

<u>Hours of Service</u>	<u>Vesting Service</u>
0 - 89	0.0
90 - 269	0.1
270 - 449	0.2
450 - 629	0.3
630 - 809	0.4
810 - 989	0.5
990 - 999	0.6
1000 +	1.0

Changes Since Last Valuation None

Buckeye Business Products, Inc. Bargaining Unit Pension Plan

EIN/PN: 88-0377766/001

Schedule SB, Line 32a - Schedule of Amortization Bases

<u>Base</u>	<u>Amortization Base Periods</u>			<u>Amortization Base Balances</u>		<u>Amortization</u>
	<u>Date</u>	<u>Initial</u>	<u>Years</u>	<u>Initial</u>	<u>Outstanding</u>	<u>Base</u>
	<u>Established</u>	<u>Years</u>	<u>Remaining</u>	<u>Balance</u>	<u>Balance</u>	<u>Installment</u>
Shortfall	1/1/2008	7	0	\$ 0	\$ 0	\$ 0
Shortfall	1/1/2009	7	0	\$ 0	\$ 0	\$ 0
Shortfall	1/1/2010	7	0	\$ 0	\$ 0	\$ 0
Shortfall	1/1/2011	7	0	\$ 0	\$ 0	\$ 0
Shortfall	1/1/2012	7	0	\$ 0	\$ 0	\$ 0
Shortfall	1/1/2013	7	0	\$ 0	\$ 0	\$ 0
Shortfall	1/1/2014	7	0	\$ 0	\$ 0	\$ 0
Shortfall	1/1/2015	7	0	\$ 0	\$ 0	\$ 0
Shortfall	1/1/2016	7	0	\$ 0	\$ 0	\$ 0
Shortfall	1/1/2017	7	0	\$ 0	\$ 0	\$ 0
Shortfall	1/1/2018	7	0	\$ 0	\$ 0	\$ 0
Shortfall	1/1/2019	7	0	\$ 0	\$ 0	\$ 0
Shortfall	1/1/2020	7	0	\$ 0	\$ 0	\$ 0
Shortfall	1/1/2021	15	12	\$ 305,964	\$ 266,497	\$ 28,529
Shortfall	1/1/2022	15	13	\$ (138,457)	\$ (126,679)	\$ (12,795)
Shortfall	1/1/2023	15	14	\$ (79,650)	\$ (76,103)	\$ (7,294)
				Subtotal	\$ 63,715	\$ 8,440
Shortfall	1/1/2024	15	15	\$ 10,412	\$ 10,412	\$ 952
				Total	\$ 74,127	\$ 9,392