

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 04/01/2024 and ending 03/31/2025

- 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 [X]
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 SEAMAN PAPER COMPANY OF MASSACHUSETTS, INC. HOURLY EMPLOYEES PENSION PLAN
1b Three-digit plan number (PN) 001
1c Effective date of plan 01/01/1962
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) SEAMAN PAPER CO. OF MASSACHUSETTS, INC. 35 WILKINS RD GARDNER, MA 01440
2b Employer Identification Number (EIN) 04-2184201
2c Sponsor's telephone number 978-939-5356
2d Business code (see instructions) 322100
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.
a Sponsor's name
c Plan Name
4b EIN
4d PN
5a Total number of participants at the beginning of the plan year 88
b Total number of participants at the end of the plan year 86
c(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)
c(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)
d(1) Total number of active participants at the beginning of the plan year 37
d(2) Total number of active participants at the end of the plan year 34
e 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 of plan administrator, Date, Enter name of individual signing as plan administrator. Row 1: Filed with authorized/valid electronic signature, 10/17/2025, LEE CHAUVETTE. Row 2: Signature of employer/plan sponsor, Date, Enter name of individual signing as employer or plan sponsor.

- 6a** Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) Yes No
- b** Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) Yes No
- If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.**
- c** If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No Not determined
- If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year: 566084. (See instructions.)

Part III Financial Information			
7 Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
a Total plan assets	7a	5621178	5393971
b Total plan liabilities	7b	0	0
c Net plan assets (subtract line 7b from line 7a)	7c	5621178	5393971
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
a Contributions received or receivable from:			
(1) Employers	8a(1)	0	
(2) Participants	8a(2)	0	
(3) Others (including rollovers)	8a(3)	0	
b Other income (loss)	8b	253949	
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		253949
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	481156	
e Certain deemed and/or corrective distributions (see instructions) .	8e	0	
f Administrative service providers (salaries, fees, commissions)	8f	0	
g Other expenses	8g	0	
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		481156
i Net income (loss) (subtract line 8h from line 8c)	8i		-227207
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		1600000
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 12 / 28 / 2023 (MM/DD/YYYY) and the Opinion Letter serial number Q705011A.

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 04/01/2024 and ending 03/31/2025

▶ **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>SEAMAN PAPER COMPANY OF MASSACHUSETTS, INC. HOURLY EMPLOYEES 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>SEAMAN PAPER CO. OF MASSACHUSETTS, INC.</u>	D Employer Identification Number (EIN) <u>04-2184201</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>04</u> Day <u>01</u> Year <u>2024</u>		
2	Assets:		
	a Market value	2a	5621178
	b Actuarial value	2b	5621178
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	14	998607
	b For terminated vested participants	37	938879
	c For active participants	37	3341859
	d Total	88	5279345
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	5.22 %
6	Target normal cost		
	a Present value of current plan year accruals	6a	79372
	b Expected plan-related expenses	6b	0
	c Target normal cost	6c	79372

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		<u>10/08/2025</u>
	Signature of actuary	Date
	<u>JASON A. DENTON</u>	<u>23-06692</u>
	Type or print name of actuary	Most recent enrollment number
	<u>HUB INTERNATIONAL</u>	<u>781-229-9500</u>
	Firm name	Telephone number (including area code)
	<u>300 BALLARDVALE STREET WILMINGTON, MA 01887</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	740976
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	150284
9	Amount remaining (line 7 minus line 8)	0	590692
10	Interest on line 9 using prior year's actual return of <u>12.00</u> %	0	70880
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.36</u> %		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		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	661572

Part III Funding Percentages			
14	Funding target attainment percentage	14	93.35 %
15	Adjusted funding target attainment percentage	15	105.80 %
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	101.76 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

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

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:	
	a Contributions allocated toward unpaid minimum required contributions from prior years	19a 0
	b Contributions made to avoid restrictions adjusted to valuation date	19b 0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c 0
20	Quarterly contributions and liquidity shortfalls:	
	a Did the plan have a "funding shortfall" for the prior year?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	<input 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		

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 62
23 Mortality table(s) (see instructions)	<input type="checkbox"/> Prescribed - combined	<input checked="" type="checkbox"/> Prescribed - separate	<input type="checkbox"/> Substitute	

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.....	<input 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	79372	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	353355	34926	
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	114298	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	114298	114298
36 Additional cash requirement (line 34 minus line 35)	36	0	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	0	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	0	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances.....	38b	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

SEAMAN PAPER COMPANY OF MASS., INC. HOURLY EMPLOYEES' PENSION PLAN
Age & Service Chart
Attachment to Form 5500 Schedule SB

	Under 1	1 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 and up
Under 25	0	0	0	0	0	0	0	0	0	0
25 to 29	0	3	4	0	0	0	0	0	0	0
30 to 34	0	2	1	0	0	0	0	0	0	0
35 to 39	0	1	1	1	0	0	0	0	0	0
40 to 44	0	2	0	1	1	2	0	0	0	0
45 to 49	0	0	0	0	1	0	0	0	0	0
50 to 54	0	0	0	0	0	0	1	0	0	0
55 to 59	0	0	1	1	1	0	1	0	3	0
60 to 64	0	0	1	0	0	2	2	0	2	1
65 to 69	0	0	0	0	0	0	0	0	0	1
70 and up	0	0	0	0	0	0	0	0	0	0

APPENDIX A: STATEMENT OF ACTUARIAL ASSUMPTIONS AND METHODS

Plan Sponsor	Seaman Paper Company of Mass., Inc.					
EIN/PN	04-2184201 / 001					
Key Interest Rates	PPA funding liability rates	HATFA	Pre HATFA	PBGC		
	1st segment rate	4.75%	4.21%	4.99%		
	2nd segment rate	4.87%	4.86%	5.19%		
	3rd segment rate	5.59%	4.87%	5.37%		
	PPA liabilities are based on the appropriate segment rates for December 2023 adjusted for ARPA.					
	FAS 35 valuation interest rate	6.00%				
Compensation Increases	Not applicable; plan has a dollars times service benefit.					
Administrative Expenses	Expenses are assumed to be paid by the employer.					
Mortality	Mortality rates for PPA funding and ASC 960 purposes are assumed in accordance with the IRS 2024 Combined Static Mortality Table.					
Retirement	All participants are assumed to retire at age 62.					
Disability	None assumed.					
Disabled Mortality	Not applicable.					
Representative Termination Rates	Termination of employment is assumed according to Scale T-3 from the Pension Actuary's Handbook. Representative termination rates are listed below and are the same for both males and females.					
	<u>Age</u>	<u>Rate</u>	<u>Age</u>	<u>Rate</u>	<u>Age</u>	<u>Rate</u>
	20	6.58%	40	3.84%	60+	0.00%
	25	5.27%	45	3.21%		
	30	4.83%	50	1.52%		
	35	4.47%	55	0.33%		
Form of Payment	Participants are assumed to elect the normal form of annuity.					
Marriage	80% of participants are assumed to be married; husbands are assumed to be three years older than wives.					
Employees	All hourly employees who are also members of a collective bargaining unit.					
Inclusion Date	The first of each month after meeting the eligibility requirements.					

APPENDIX A: STATEMENT OF ACTUARIAL ASSUMPTIONS AND METHODS

Cost Method

PPA Unit Credit Cost Method

Employee Data

Employee data was supplied by Seaman Paper Company of Mass., Inc. as of April 1, 2024.

Asset Method

Investments are measured on the basis of fair market value.

Nature of Actuarial Calculations

The results documented in this report are estimates based on data that may be imperfect as well as on assumptions with respect to future events. Certain plan provisions may be approximated or deemed immaterial and therefore are not valued. Reasonable efforts were made to ensure that items significant to the context of the actuarial liabilities and costs are treated appropriately.

Future experience may differ from the assumptions used in these calculations. As differences arise, future expenses will be adjusted to reflect actual plan experience.

Changes in Assumptions and Methods Since Most Recent Actuarial Valuation

The mortality and interest assumptions were updated to remain consistent with PPA funding assumptions as amended by ARPA regulations for 2024 valuations.

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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C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF SEAMAN PAPER CO. OF MASSACHUSETTS, INC.	D Employer Identification Number (EIN) 04-2184201	
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>04</u> Day <u>01</u> Year <u>2024</u>		
2	Assets:		
	a Market value	2a	5621178
	b Actuarial value	2b	5621178
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	a For retired participants and beneficiaries receiving payment.....	14	998607
	b For terminated vested participants.....	37	938879
	c For active participants	37	3341859
	d Total.....	88	5279345
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	5.22 %
6	Target normal cost		
	a Present value of current plan year accruals	6a	79372
	b Expected plan-related expenses	6b	0
	c Target normal cost.....	6c	79372

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 Jason A. Denton Type or print name of actuary HUB International Firm name 300 Ballardvale Street Wilminaton, MA 01887 Address of the firm	10/08/2025 Date 23-06692 Most recent enrollment number (781) 229-9500 Telephone number (including area code)
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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	740976
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	150284
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10	Interest on line 9 using prior year's actual return of <u>12.00</u> %	0	70880
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.36</u> %		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		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	661572

Part III		Funding Percentages	
14	Funding target attainment percentage	14	93.35 %
15	Adjusted funding target attainment percentage	15	105.80 %
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	101.76 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

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

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:	
	a Contributions allocated toward unpaid minimum required contributions from prior years	19a 0
	b Contributions made to avoid restrictions adjusted to valuation date	19b 0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c 0
20	Quarterly contributions and liquidity shortfalls:	
	a Did the plan have a "funding shortfall" for the prior year?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	<input 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		

Part V Assumptions Used to Determine Funding Target and Target Normal Cost			
21 Discount rate:			
a Segment rates:	1st segment: 4.75 %	2nd segment: 4.87 %	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code)	21b		4
22 Weighted average retirement age	22		62
23 Mortality table(s) (see instructions) <input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute			

Part VI Miscellaneous Items			
24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment..... <input 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	79372
b Excess assets, if applicable, but not greater than line 31a			31b	0
32 Amortization installments:		Outstanding Balance		Installment
a Net shortfall amortization installment		353355		34926
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	114298
		Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement		0	114298	114298
36 Additional cash requirement (line 34 minus line 35)			36	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)			37	0
38 Present value of excess contributions for current year (see instructions)				
a Total (excess, if any, of line 37 over line 36)			38a	0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances			38b	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			

APPENDIX B: SUMMARY OF PRINCIPAL PLAN PROVISIONS

Plan Sponsor EIN/PN	Seaman Paper Company of Mass., Inc. 04-2184201 / 001
Effective Date	January 1, 1962; re-stated April 1, 2019
Eligibility	<p><u>Employment Classification:</u> Each Employee who was a participant on March 31, 2001 shall continue to participate in this plan as amended. All other employees hired prior to 6/1/2021 became participants after meeting the requirements set forth below.</p> <p><u>Minimum Age & Service:</u> Completion of one year of service and attainment of age 21; member of a collective bargaining unit.</p>
Service	<p><u>Credited Service (for benefits):</u> 2,080 hours per calendar year; pro-rated service for hours between 1,000 - 2,080. Partial years of Credited Service are granted during years of initial participation, retirement, or changes in the plan year.</p> <p><u>Vesting Service:</u> 1,000 hours per calendar year</p>
Accrued Benefit	The monthly benefit is equal to \$43.25 (retirement on or after June 1, 2016); \$44.25 (retirement on or after June 1, 2017); \$45.25 (retirement on or after June 1, 2018); \$46.25 (retirement on or after June 1, 2019)
Normal Retirement	<p><u>Eligibility:</u> First of the month coincident with or next following attainment of age 62.</p> <p><u>Benefit Formula:</u> Benefit is the accrued benefit.</p> <p><u>Commencement Date:</u> Payments will commence on the retired participant's Normal Retirement Date.</p> <p><u>Form of Payment:</u> Payable monthly for life with 120 guaranteed payments. Optional forms are available on an actuarially equivalent basis.</p>
Early Retirement	<p><u>Eligibility:</u> First of the month coincident with or next following attainment of age 57.</p> <p><u>Benefit:</u> Accrued benefit as of the early retirement date reduced by 1/180th for the first 24 months early retirement age precedes age 62, and 1/360th for each month thereafter.</p> <p><u>Commencement Date:</u> Payments will commence on the retired participant's Early Retirement Date.</p> <p><u>Form of Payment:</u> Payable monthly for life with 120 guaranteed payments. Optional forms are available on an actuarially equivalent basis.</p>
Late Retirement	<p><u>Eligibility:</u> Retirement after age 62.</p> <p><u>Benefit:</u> The benefit calculated as of the participant's Normal Retirement Date actuarially increased according to the table set forth in Section 3.03 of the plan document plus a continued accrual benefit for years of Credit Service earned after Normal Retirement Date.</p> <p><u>Commencement Date:</u> Payments will commence on the retired participant's Deferred Retirement Date.</p> <p><u>Form of Payment:</u> Payable monthly for life with 120 guaranteed payments. Optional forms are available on an actuarially equivalent basis.</p>

APPENDIX B: SUMMARY OF PRINCIPAL PLAN PROVISIONS

<i>Vested Deferred Retirement</i>	<p><u>Eligibility:</u> Termination other than by retirement, death, or disability with at least five years of Vesting Service.</p> <p><u>Benefit:</u> Accrued benefit to date of termination.</p> <p><u>Commencement Date:</u> Deferred until normal retirement date. Participants who have completed ten years of Vesting Service may elect a benefit commencement date as early as age 57, reduced for early retirement (as applicable).</p> <p><u>Form of Payment:</u> Payable monthly for life with 120 guaranteed payments. Optional forms are available on an actuarially equivalent basis.</p>
<i>Death Before Retirement</i>	<p><u>Eligibility:</u> Payable to surviving spouse of a vested participant.</p> <p><u>Benefit:</u> Lifetime benefit equal to 100% of the participant's deferred vested benefit (including a reduction to reflect an assumed election of a 100% joint & survivor option).</p> <p><u>Commencement Date:</u> Payable at the earliest date that the participant would have become eligible for early retirement.</p> <p><u>Form of Payment:</u> Payable monthly for life.</p>
<i>Death After Retirement</i>	<p>Absent an affirmative waiver, death benefits payable after a participant has attained normal retirement date are paid as follows:</p> <ol style="list-style-type: none">1) In the case of a retired participant, death benefits are paid according to the form of annuity elected by the participant at retirement;2) In the case of a participant who has not yet retired, death benefits are paid as if the participant had retired after electing a 100% joint & survivor option.
<i>Disability Benefit</i>	<p><u>Eligibility:</u> Termination by permanent and total disability.</p> <p><u>Benefit:</u> For participants with less than 20 years of Credited Service, an amount equal to his accrued benefit. For participants with 20 or more years of Credited Service, an amount equal to the benefit that would have been payable had the participant continued employment until his Normal Retirement Date.</p> <p><u>Commencement Date:</u> Six months following permanent and total disability.</p> <p><u>Form of Payment:</u> Life annuity.</p>
<i>Forms of Payment</i>	<p>The normal form of payment for single participants is the life annuity with a 120 month guarantee. The normal form for married participants is an actuarially reduced joint & survivor annuity.</p>
<i>Benefits Not Valued</i>	<p>No explicit assumption has been included for disability due to the size of the active workforce. (lack of credible demographic data/experience).</p>
<i>Changes Since Prior Valuation</i>	<p>None.</p>

**Plan Sponsor: Seaman Paper Company of Mass., Inc.
04-2184201 / 001**

Attachment to Schedule SB, Line 32

Type of Base	Present Value of Remaining Installments	Valuation Date Established	Years Remaining	Amortization Installment
Shortfall Amortization Shortfall Amortization	\$ (269,081) 622,436	4/1/2024 4/1/2023	15 14	\$ (24,481) 59,407
TOTAL	\$ 353,355			\$ 34,926