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

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

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 ▶ [ ]

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
THE T.P.M. PENSION PLAN FOR EMPLOYEES OF L.D. MCFARLAND COMPANY LTD.

1b Three-digit plan number (PN) ▶ 004

1c Effective date of plan 01/01/1964

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)
STELLA-JONES CORPORATION

3100 DE LA COTE-VERTU BLVD SUITE 300
SAINT-LAURENT, QUEBEC H4R 2J8 CA

2b Employer Identification Number (EIN) 20-3529371

2c Sponsor's telephone number 514-934-8666

2d Business code (see instructions) 113310

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	**5a**	68
b Total number of participants at the end of the plan year	**5b**	65
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)**	16
d(2) Total number of active participants at the end of the plan year	**5d(2)**	15
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	Filed with authorized/valid electronic signature.	10/14/2026	EMILIE DUGAS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	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.) [X] 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.) [X] 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)? [X] Yes [ ] No [ ] Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 587045. (See instructions.)

Part III Financial Information

7 Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
a Total plan assets	7a	1646706	1409301
b Total plan liabilities	7b		
c Net plan assets (subtract line 7b from line 7a)	7c	1646706	1409301
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)		
(3) Others (including rollovers)	8a(3)		
b Other income (loss)	8b	59130	
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		59130
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	296535	
e Certain deemed and/or corrective distributions (see instructions)	8e		
f Administrative service providers (salaries, fees, commissions)	8f		
g Other expenses	8g		
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		296535
i Net income (loss) (subtract line 8h from line 8c)	8i		-237405
j Transfers to (from) the plan (see instructions)	8j		

Part IV Plan Characteristic Codes

9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
1B 3H 1I

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. [X] 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 [X] 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 [X] 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 [X] 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 [X] 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
- [X] N/A

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

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

▶ **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
THE T.P.M. PENSION PLAN FOR EMPLOYEES OF L.D. MCFARLAND COMPANY LTD.

B Three-digit plan number (PN) ▶ 004

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
STELLA-JONES CORPORATION

D Employer Identification Number (EIN)
20-3529371

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [X] 100 or fewer [ ] 101-500 [ ] More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2025

2 Assets:

a Market value	**2a**	1646706
b Actuarial value	**2b**	1646706

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	0	0	0
b For terminated vested participants	52	1061110	1061110
c For active participants	16	526387	526387
d Total	68	1587497	1587497

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**	5.36 %
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

10/06/2026
Date

NANCY TEAGUE LEE
Type or print name of actuary

26-07500
Most recent enrollment number

NWPS
Firm name

206-713-3801
Telephone number (including area code)

160 W SANTA CLARA STREET, STE 1550
SAN JOSE, CA 95113
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 4.00 %	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)		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 5.24 %		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	0

Part III Funding Percentages

14	Funding target attainment percentage	14	103.72 %
15	Adjusted funding target attainment percentage	15	103.47 %
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	103.41 %
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? ☐ Yes ☒ No

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

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

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:

a Segment rates:	1st segment: 5.00 %	2nd segment: 5.27 %	3rd segment: 5.50 %	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	0
22 Weighted average retirement age	**22**	62

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

Part VI Miscellaneous Items

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

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

26 Demographic and benefit information

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

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

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	**28**	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	**29**	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	**30**	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):

a Target normal cost (line 6c)	**31a**	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	0	0
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____)_and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	0

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0

36 Additional cash requirement (line 34 minus line 35)	**36**	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	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. ☐ 2019 ☐ 2020 ☐ 2021

2025 Form 5500 Schedule SB: Line 26
Plan Name: The TPM Pension Plan for Employees of L.D. McFarland Company, Ltd.
Employer ID Number: 20-3529371
Plan Number: 004

Schedule of Active Participant Data (as of January 1, 2025)

Credited Service									
Attained Age	Under 5	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 & up	Total
Under 25	0	0	0	0	0	0	0	0	0
25 to 29	0	0	0	0	0	0	0	0	0
30 to 34	0	0	0	0	0	0	0	0	0
35 to 39	0	0	0	1	0	0	0	0	1
40 to 44	0	1	1	2	1	0	0	0	5
45 to 49	0	0	0	0	0	1	0	0	1
50 to 54	0	0	0	1	1	1	0	0	3
55 to 59	0	0	0	1	1	0	0	1	3
60 to 64	0	0	0	1	0	0	1	1	3
65 & up	0	0	0	0	0	0	0	0	0
Total	0	1	1	6	3	2	1	2	16

THE TPM PENSION PLAN FOR EMPLOYEES OF
L.D. MCFARLAND COMPANY, LTD.
EIN: 20-3529371 Plan Number: 004

SCHEDULE SB – PART V – ACTUARIAL METHODS AND ASSUMPTIONS
January 1, 2025

As prescribed by federal law the funding method used for this valuation is the "Unit Credit" funding method. The requirements set forth in this report have as their basis the following valuation assumptions.

1) INTEREST RATE

The interest rate assumptions employed in this valuation are summarized below:

Liability Measured	Rates
Minimum Funding	5.00%/5.27%/5.50%
Minimum Funding Effective Rate	5.36%
Maximum Deductible Contribution	5.00%/5.27%/5.40%

The *Minimum Funding* and *Maximum Deductible Contribution* interest rates are prescribed under the Pension Protection Act of 2006 (PPA) and are adjusted under the American Rescue Plan Act of 2021 (ARPA). The rates do not use a lookback month, as defined by the Plan.

The *Minimum Funding Effective Rate* is the single effective rate that produces the same liability amount as the required three segment rates used for funding purposes.

2) MORTALITY

The IRS 2025 Small Plan Combined Static Mortality Table (base table: sex-distinct PRI-2012) was used to estimate participant mortality rates.

3) TERMINATIONS

Voluntary termination rates as taken from the prior actuary's report based on the 1.5 x H&H AR-Males Table were used:

Age	Number Terminating Per 1,000 Covered
25	15
30	11
35	8
40	5
45	2
50	0

THE TPM PENSION PLAN FOR EMPLOYEES OF
L.D. MCFARLAND COMPANY, LTD.
EIN: 20-3529371 Plan Number: 004

SCHEDULE SB – PART V – ACTUARIAL METHODS AND ASSUMPTIONS
January 1, 2025

4) ADMINISTRATIVE EXPENSES

None assumed. Administrative expenses are paid outside of Plan assets.

5) VALUATION OF ASSETS

Plan assets are valued at fair market value. The assets are held in insurance contracts and calculated as the contract value adjusted for actual contributions and distributions made, and credited with interest at a rate specified by the contract holder.

6) RETIREMENT AGE

Participants are assumed to retire at their Normal Retirement Age of 65 except for Oregon participants with 10 years of Credited Service who are assumed to retire at age 62. Retirees are assumed to elect a Single Life Annuity.

CHANGES SINCE THE PRIOR YEAR AND REASONS FOR CHANGE

All non-prescribed actuarial assumptions are the same as the prior year.

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

▶ **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
THE T.P.M. PENSION PLAN FOR EMPLOYEES OF L.D. MCFARLAND COMPANY LTD.

B Three-digit plan number (PN) ▶ 004

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
Stella-Jones Corporation

D Employer Identification Number (EIN)
20-3529371

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [X] 100 or fewer [ ] 101-500 [ ] More than 500

Part I Basic Information

1	Enter the valuation date: Month 01 Day 01 Year 2025			
2	Assets:			
	a Market value	2a		1,646,706
	b Actuarial value	2b		1,646,706
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		0	0	0
	b For terminated vested participants		52	1,061,110	1,061,110
	c For active participants		16	526,387	526,387
	d Total		68	1,587,497	1,587,497
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		5.36%
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 Nancy Teague Lee — Signature of actuary

10/6/2026 — Date

Nancy Teague Lee — Type or print name of actuary

2607500 — Most recent enrollment number

NWPS — Firm name

206-713-3801 — Telephone number (including area code)

160 W SANTA CLARA STREET, STE 1550

SAN JOSE CA 95113 — 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 [ ]

2025 Form 5500 Schedule SB: Line 22
Plan Name: The TPM Pension Plan for Employees of L.D. McFarland Company, Ltd.
Employer ID Number: 20-3529371
Plan Number: 004

Description of Weighted Average Retirement Age

Age	Group	Number Active	Retirement Rate	Number Retiring	Number Retiring x Age
62	Oregon w/10 YOS	14	100%	14	868
65	All Others	2	100%	2	130
	Total	16		16	998

Weighted Average Retirement Age: 62.38

The average age is determined as the total of "Number Retiring x Age" divided by "Number Active".

THE TPM PENSION PLAN FOR EMPLOYEES OF
L.D. MCFARLAND COMPANY, LTD.
EIN: 20-3529371 Plan Number: 004

SCHEDULE SB – PART V - SUMMARY OF PLAN PROVISIONS
January 1, 2025

1) EFFECTIVE DATE OF PLAN

The plan was originally effective on January 1, 1964 and was most recently amended on June 30, 2015 to freeze all benefits.

2) FUNDING

The plan is funded by employer contributions.

3) EMPLOYEES INCLUDED

The plan generally covers all employees who are Hourly employees anticipated to work 1,000 hours per year. Salaried employees and other employees who are covered by a collective bargaining agreement are excluded. Eligible employees enter the plan on the first of the month on or following their date of hire. The Plan no longer accepts new entrants.

4) PLAN YEAR

The plan year is the 12-month period from January 1 to December 31.

5) EMPLOYER CONTRIBUTIONS

Amounts sufficient to meet government minimums and maintain the funded status at an adequate level are contributed by the employer.

6) EMPLOYEE CONTRIBUTIONS

Participants in the plan are not required nor allowed to make any contributions.

7) YEAR OF SERVICE

Benefit Service means each plan year in which an employee completes 1,000 hours of service, while an active participant in the plan. For plan years of less than 1,000 hours of service, partial credit is given in years of first hire and termination. A year of Vesting Service is earned for each plan year in which an employee completes 1,000 hours of service. Effective 6/30/2015, no additional Credited Service is accrued.

THE TPM PENSION PLAN FOR EMPLOYEES OF
L.D. MCFARLAND COMPANY, LTD.
EIN: 20-3529371 Plan Number: 004

SCHEDULE SB – PART V - SUMMARY OF PLAN PROVISIONS
January 1, 2025

8) RETIREMENT DATE

The Normal Retirement Date for any participant shall be the first day of the month coincident with or next following their attainment of age 65. An Early Retirement Date is permitted provided the participant has attained age 55 and the sum of their age and completed years of Credited Service equals 70 or more.

9) RETIREMENT BENEFIT

Normal - The monthly Normal Retirement Benefit is payable as a Single Life Annuity and is equal to a participant's accrued benefit which is the accumulation of annual accruals as follows:

Idaho
$8 for each year of Credited Service prior to January 1, 1974, plus
$12 for each year of Credited Service subsequent to January 1, 1974 and prior to July 1, 1977, plus
$14 for each year of Credited Service subsequent to July 1, 1977 and prior to July 1, 1979, plus
$17 for each year of Credited Service subsequent to July 1, 1979 and prior to January 1, 1985, plus
$25 for each year of Credited Service on or after January 1, 1985 (for employees active on January 1, 1995)

Oregon
$15 for each year of Credited Service subsequent to January 1, 1949 and prior to July 1, 1977, plus
$17 for each year of Credited Service subsequent to July 1, 1977 and prior to January 1, 1985, plus
$25 for each year of Credited Service on or after January 1, 1985 (for employees active on January 1, 1995)

Effective 6/30/2015, the Plan was frozen so no additional benefits accrue after that date.

Early - The monthly Early Retirement Benefit is payable as a Single Life Annuity and is equal to a participant's accrued Normal Retirement Benefit reduced 5/9 of 1% for each of the first 60 months and 5/18 of 1% for each of the next 60 months by which the actual retirement date precedes the Normal Retirement Date. There is no reduction for Oregon participants who have attained age 62.

Deferred - The monthly Deferred Retirement Benefit is payable as a Single Life Annuity and is equal to the greater of 1) the participant's accrued Normal Retirement Benefit increased actuarially from the Normal Retirement Date to the actual retirement date, or 2) the accrued benefit based upon continuous accruals under the Plan to the actual retirement date.

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10) RETIREMENT BENEFIT OPTIONS

The following forms of payment are available to retirees:

a) Single Life Annuity
b) 10 Year Certain and Life Annuity
c) 100% Joint and Survivor Annuity
d) 66-2/3% Joint and Survivor Annuity
e) 50% Joint and Survivor Annuity

11) DEATH BENEFIT

If death occurs prior to the commencement of benefit payments and after a participant becomes vested, a participant's spouse is entitled to receive a life annuity under the survivor portion of a 50% Joint and Survivor Annuity assuming the participant terminated the day prior to death, retired on the first eligible retirement date, and elected to receive a 50% Joint and Survivor Annuity.

12) DISABILITY BENEFIT

No disability benefit is available from the Plan.

13) VESTED BENEFIT

Terminating participants vest in their benefits according to the following:

Years of Vesting Service	Percentage Level
Less than 3	0%
3	20%
4	40%
5	60%
6	80%
7 or more	100%

Upon the attainment of Normal Retirement Age or death a participant will become fully vested in his or her accrued benefit.