Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans 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.**

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:
- [ ] a multiemployer plan
- [ ] a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
- [X] a single-employer plan
- [ ] a DFE (specify) _____

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 If the plan is a collectively-bargained plan, check here. . . . . ▶ [X]

D Check box if filing under:
- [X] Form 5558
- [ ] automatic extension
- [ ] the DFVC program
- [ ] special extension (enter description)

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
ESSENTRA HOLDINGS CORPORATION CONSOLIDATED PENSION PLAN

1b Three-digit plan number (PN) ▶ 005

1c Effective date of plan 01/01/1969

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)
ESSENTRA HOLDINGS CORPORATION

TWO WESTBROOK CORPORATE CENTER
SUITE 200
WESTCHESTER, IL 60154

2b Employer Identification Number (EIN) 54-1863320

2c Plan Sponsor's telephone number 773-527-0943

2d Business code (see instructions) 326100

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 accompanying schedules, statements and attachments, 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.	10/15/2026	PATRICIA PARRA
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2026	PATRICIA PARRA
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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 ESSENTRA HOLDINGS CORPORATION

c Plan Name ESSENTRA HOLDINGS CORP PENSION PLAN FOR HOURLY EMPLOYEES

4b EIN 54-1863320

4d PN 005

5	Total number of participants at the beginning of the plan year	**5**	1196
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1)	Total number of active participants at the beginning of the plan year	**6a(1)**	11
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	8
b	Retired or separated participants receiving benefits	**6b**	642
c	Other retired or separated participants entitled to future benefits	**6c**	422
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	1072
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	98
f	Total. Add lines **6d** and **6e**.	**6f**	1170
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

1B 3H

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

9a Plan funding arrangement (check all that apply)

- (1) [ ] Insurance
- (2) [ ] Code section 412(e)(3) insurance contracts
- (3) [X] Trust
- (4) [ ] General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- (1) [ ] Insurance
- (2) [ ] Code section 412(e)(3) insurance contracts
- (3) [X] Trust
- (4) [ ] General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

- (1) [X] **R** (Retirement Plan Information)
- (2) [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3) [X] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- (4) [ ] **DCG** (Individual Plan Information) – Number Attached _____
- (5) [ ] **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

- (1) [X] **H** (Financial Information)
- (2) [ ] **I** (Financial Information – Small Plan)
- (3) [ ] **A** (Insurance Information) – Number Attached 0
- (4) [X] **C** (Service Provider Information)
- (5) [ ] **D** (DFE/Participating Plan Information)
- (6) [ ] **G** (Financial Transaction Schedules)

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) ..... ☐ Yes ☐ No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ..... ☐ Yes ☐ No

11c Enter the Receipt Confirmation Code for the 2025 Form M-1 annual report. If the plan was not required to file the 2025 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

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
ESSENTRA HOLDINGS CORPORATION CONSOLIDATED PENSION PLAN

B Three-digit plan number (PN) ▶ 005

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

D Employer Identification Number (EIN)
54-1863320

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

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

Part I Basic Information

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

2 Assets:

a Market value	**2a**	62186601
b Actuarial value	**2b**	60183385

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	734	55077429	55077429
b For terminated vested participants	451	18020111	18020111
c For active participants	11	483105	484610
d Total	1196	73580645	73582150

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**	5.35 %
6 Target normal cost		
a Present value of current plan year accruals	**6a**	0
b Expected plan-related expenses	**6b**	1540000
c Target normal cost	**6c**	1540000

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

09/30/2026
Date

AL-KARIM ALIDINA
Type or print name of actuary

26-06110
Most recent enrollment number

AON CONSULTING, INC.
Firm name

202-429-8550
Telephone number (including area code)

MSC #17850, PO BOX 549294
WALTHAM, MA 02454-9294
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	24294
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	24294
10	Interest on line 9 using prior year's actual return of 7.72 %	0	1875
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		503
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 5.11 %		26
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		529
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	26169

Part III Funding Percentages

14	Funding target attainment percentage	14	81.75 %
15	Adjusted funding target attainment percentage	15	81.75 %
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	89.13 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/15/2025	683000	0			
07/15/2025	683000	0			
10/15/2025	683000	0			
01/15/2026	683000	0			
09/15/2026	542000	0			
			Totals ► 18(b)	3274000	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	3135711

20 Quarterly contributions and liquidity shortfalls:

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

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? [X] 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
0	0	0	0

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

21 Discount rate:

a Segment rates:	1st segment: 5.07 %	2nd segment: 5.31 %	3rd segment: 5.50 %	☐ 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) ☒ 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**	1540000
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	13424934	1595169
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**	3135169

	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**	3135169
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	3135711
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	**38a**	542
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)

41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. ☒ 2019 ☐ 2020 ☐ 2021

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**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

A Name of plan	**B** Three-digit plan number (PN) ▶	
ESSENTRA HOLDINGS CORPORATION CONSOLIDATED PENSION PLAN		005
C Plan sponsor's name as shown on line 2a of Form 5500	**D** Employer Identification Number (EIN)	
ESSENTRA HOLDINGS CORPORATION	54-1863320	

Part I Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. . . . . ☐ Yes ☒ No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

AON CONSULTING

1 CHASE MANHATTAN PLAZA
NEW YORK, NY 10005

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 50	ACTUARY SERVICES	358170	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

(a) Enter name and EIN or address (see instructions)

MORGAN STANLEY SMITH BARNEY HLD LLC

26-4310632

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
26 50	INVESTMENT ADVISOR	335507	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

(a) Enter name and EIN or address (see instructions)

KEITER STEPHENS HURST GARY SHREAVES

4401 DOMINION BLVD
GLEN ALLEN, VA 23060

54-1631262

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	AUDITOR	18050	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

WILLIAMS MULLEN CENTER

200 SOUTH 10TH STREET
SUITE 1600
RICHMOND, VA 23219

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	LEGAL	15803	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

(a) Enter name and EIN or address (see instructions)

FIRST STATE TRUST COMPANY

13-3124172

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21 50	TRUSTEE	6375	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

(a) Enter name and EIN or address (see instructions)

NFP

13-4029115

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
99 50	OTHER	5500	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received $1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

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(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

a Name: KEVIN KADLUBEK
b EIN: 22-2232264
c Position: ENROLLED ACTUARY
d Address: MSC #17850, P.O. BOX 7505
FORT WASHINGTON, PA 19034
e Telephone: 202-429-8594

Explanation: AS A RESULT OF AN INTERNAL CHANGE IN ASSIGNMENTS AT AON, THE ENROLLED ACTUARY HAS CHANGED.

a Name:
b EIN:
c Position:
d Address:
e Telephone:

Explanation:

a Name:
b EIN:
c Position:
d Address:
e Telephone:

Explanation:

a Name:
b EIN:
c Position:
d Address:
e Telephone:

Explanation:

a Name:
b EIN:
c Position:
d Address:
e Telephone:

Explanation:

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

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

A Name of plan
ESSENTRA HOLDINGS CORPORATION CONSOLIDATED PENSION PLAN

B Three-digit plan number (PN) ▶ 005

C Plan sponsor's name as shown on line 2a of Form 5500
ESSENTRA HOLDINGS CORPORATION

D Employer Identification Number (EIN)
54-1863320

Part I Asset and Liability Statement

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	280000	1908000
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	155815	362809
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	410745	1090426
(2) U.S. Government securities	1c(2)	6871270	7668810
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	0	23895715
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	1477953	3471922
(5) Partnership/joint venture interests	1c(5)	2023628	2219942
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	8590755	25970796
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
1e Buildings and other property used in plan operation	1e		
1f Total assets (add all amounts in lines 1a through 1e)	1f	19810166	66588420
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h		
1i Acquisition indebtedness	1i		
1j Other liabilities	1j	47115	0
1k Total liabilities (add all amounts in lines 1g through1j)	1k	47115	0
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	19763051	66588420

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	3957000	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		3957000
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	36847	
(B) U.S. Government securities	2b(1)(B)	363286	
(C) Corporate debt instruments	2b(1)(C)	657012	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		1057145
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	113843	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	605947	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		719790
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	64710675	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	64238817	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		471858
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	1305544	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		1305544

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		5285583
c Other income	2c		-835429
d Total income. Add all **income** amounts in column (b) and enter total	2d		11961491
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	6510546	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		6510546
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	18050	
(5) Investment advisory and investment management fees	2i(5)	335507	
(6) Bank or trust company trustee/custodial fees	2i(6)	6375	
(7) Actuarial fees	2i(7)	358170	
(8) Legal fees	2i(8)	15803	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	728452	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		1462357
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		7972903
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		3988588
l Transfers of assets:			
(1) To this plan	2l(1)		42836781
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) [X] Unmodified **(2)** [ ] Qualified **(3)** [ ] Disclaimer **(4)** [ ] Adverse

b Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) [X] DOL Regulation 2520.103-8 **(2)** [ ] DOL Regulation 2520.103-12(d) **(3)** [ ] neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: KEITER STEPHENS HURST GARY SHREAVES **(2)** EIN: 54-1631262

d The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

(1) [ ] This form is filed for a CCT, PSA, DCG or MTIA. **(2)** [ ] It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

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.)	**4a**		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	**4b**		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	**4c**		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	**4d**		X	
e Was this plan covered by a fidelity bond?	**4e**	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4g**		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	**4j**	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	**4n**			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? [ ] Yes [X] No

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

5b 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.)

5b(1) Name of plan(s)	**5b(2)** EIN(s)	**5b(3)** PN(s)

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ..... [X] Yes [ ] No [ ] Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 590126.

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

▶ **File as an attachment to Form 5500.**

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

A Name of plan
ESSENTRA HOLDINGS CORPORATION CONSOLIDATED PENSION PLAN

B Three-digit plan number (PN) ▶ 005

C Plan sponsor's name as shown on line 2a of Form 5500
ESSENTRA HOLDINGS CORPORATION

D Employer Identification Number (EIN)
54-1863320

Part I Distributions

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1** 0

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 13-3124172

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year **3** 0

Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☐ **No** ☒ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 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 ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 **a** Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☒ **N/A**

Part III Amendments

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ..... ☐ **Increase** ☐ **Decrease** ☐ **Both** ☒ **No**

Part IV ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

11 **a** Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

14 Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment)	**14a**	
b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**14b**	
c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**14c**	

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	**15a**	
b The corresponding number for the second preceding plan year	**15b**	

16 Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	**16a**	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	**16b**	

17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

19 If the total number of participants is 1,000 or more, complete lines (a) and (b):

a Enter the percentage of plan assets held as:
Public Equity: 25.0 % Private Equity: 25.0 % Investment-Grade Debt and Interest Rate Hedging Assets: 25.0 %
High-Yield Debt: 25.0 % Real Assets: 0.0 % Cash or Cash Equivalents: 0.0 % Other: 0.0 %

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:
☐ 0-5 years ☒ 5-10 years ☐ 10-15 years ☐ 15 years or more

20 **PBGC missed contribution reporting requirements.** If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? ☐ Yes ☒ No

b If line 20a is "Yes," 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._____

Part VII IRS Compliance Questions

21a 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

21b 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

22 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_____.

STRICTLY PERONSONAL AND CONFIDENTIAL

October 15, 2026

To Whom It May Concern,

Essentra Holdings Corporation Consolidated Pension Plan audited financial statements are not completed by our auditors at this time. We are filing our 5500 to meet the required October 15, 2026, deadline without the statements. Once the statements are completed, we will send them along to complete the package.

Sincerely,
Patricia Parra

Patricia Parra
Essentra
Sr. Manager, Compensation and Benefit
Plan Administrator

Schedule SB Attachment (Form 5500) —2025 Plan Year
Essentra Holdings Corporation Consolidated Pension Plan
EIN: 54-1863320 PN: 005

Schedule SB, line 26a — Schedule of Active Participant Data as of January 1, 2025

Number of Participants and Average Compensation

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

N-11

Schedule SB Attachment (Form 5500) —2025 Plan Year
Essentra Holdings Corporation Consolidated Pension Plan
EIN: 54-1863320 PN: 005

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

For ERISA Requirements

Interest Rates for Minimum Funding Purposes	Based on segment rates with a four-month lookback (as of September 2024), each adjusted as needed to fall within the 25-year average interest rate stabilization corridor under ARPA.
1st Segment Rate	5.07%.
2nd Segment Rate	5.31%.
3rd Segment Rate	5.50%.
Interest Rates for Maximum Tax Purposes	Based on segment rates with a four-month lookback (as of September 2024), without regard to interest rate stabilization.
1st Segment Rate	5.07%.
2nd Segment Rate	5.33%.
3rd Segment Rate	5.36%.
Optional Payment Form Election Percentage	*Hourly/Salaried:* It is assumed that 100% of participants elect a life annuity. *Keller:* It is assumed that 25% of participants elect a life annuity and 75% of participants elect a lump sum.
Retirement Age	
Active Participants	See Table 1.
Terminated Vested Participants	*Hourly:* Age 65. *Salaried/Keller:* Age 63
Mortality Rates	
Healthy and Disabled	2024 generational mortality tables for annuitants and non-annuitants per §1.430(h)(3)-1(b).
Withdrawal Rates	See Table 2.
Disability Rates	See Table 3

Schedule SB Attachment (Form 5500) —2025 Plan Year
Essentra Holdings Corporation Consolidated Pension Plan
EIN: 54-1863320 PN: 005

Decrement Timing	Middle of year decrements (except that retirement is assumed to occur at the beginning of the year for ages where the assumed retirement rate is 100%).
Surviving Spouse Benefit	It is assumed that 80% have an eligible spouse, and that males are three years older than their spouses.
Benefit Limits	Projected benefits are limited by the current IRC section 415 maximum benefit of $280,000.
Valuation of Plan Assets	Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value. A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii).
Expected Return on Assets	
2023 Plan Year	6.70%, limited to 5.74%
2024 Plan Year	6.70%, limited to 5.59%
2025 Plan Year	6.70%, limited to 5.50%
Trust Expenses Included in Target Normal Cost	Prior year administrative expenses rounded to the nearest $1,000.
Actuarial Method	Standard unit credit cost method.
Valuation Date	January 1, 2025.

Schedule SB Attachment (Form 5500) —2025 Plan Year
Essentra Holdings Corporation Consolidated Pension Plan
EIN: 54-1863320 PN: 005

Actuarial Assumptions and Methods

Table 1

Retirement Rates

Age	Rate
55	15.00%
56	8.00%
57	8.00%
58	8.00%
59	8.00%
60	15.00%
61	8.00%
62	25.00%
63	10.00%
64	10.00%
65	50.00%
66	15.00%
67	15.00%
68	15.00%
69	15.00%
70+	100.00%

Table 2

Withdrawal Rates

Age	Rate	Age	Rate
15	18.00%	45	5.00%
16	18.00%	46	5.00%
17	18.00%	47	5.00%
18	18.00%	48	5.00%
19	18.00%	49	5.00%
20	18.00%	50	5.00%
21	18.00%	51	5.00%
22	18.00%	52	5.00%
23	16.00%	53	5.00%
24	14.00%	54	5.00%
25	12.00%	55+	0.00%
26	11.00%		
27	10.00%		
28	9.50%		
29	9.00%		
30	8.50%		
31	8.00%		
32	7.50%		
33	7.00%		
34	6.50%		
35	6.00%		
36	6.00%		
37	6.00%		
38	6.00%		
39	6.00%		
40	5.00%		
41	5.00%		
42	5.00%		
43	5.00%		
44	5.00%		

Table 3

Disability Rates

Age	Male	Female	Age	Male	Female
15	0.03%	0.03%	45	0.16%	0.24%
16	0.03%	0.03%	46	0.18%	0.27%
17	0.03%	0.03%	47	0.21%	0.30%
18	0.03%	0.03%	48	0.25%	0.33%
19	0.03%	0.03%	49	0.28%	0.36%
20	0.03%	0.03%	50	0.33%	0.40%
21	0.03%	0.03%	51	0.39%	0.44%
22	0.03%	0.03%	52	0.46%	0.49%
23	0.03%	0.03%	53	0.53%	0.54%
24	0.03%	0.03%	54	0.61%	0.59%
25	0.03%	0.03%	55	0.69%	0.64%
26	0.03%	0.03%	56	0.77%	0.69%
27	0.03%	0.03%	57	0.86%	0.74%
28	0.03%	0.04%	58	0.95%	0.80%
29	0.03%	0.04%	59	1.05%	0.85%
30	0.03%	0.04%	60	1.15%	0.90%
31	0.03%	0.05%	61	1.26%	0.96%
32	0.03%	0.05%	62	1.38%	1.01%
33	0.03%	0.06%	63	1.51%	1.05%
34	0.03%	0.06%	64	1.64%	1.09%
35	0.04%	0.07%	65+	0.00%	0.00%
36	0.04%	0.08%			
37	0.05%	0.09%			
38	0.06%	0.10%			
39	0.07%	0.12%			
40	0.08%	0.13%			
41	0.09%	0.15%			
42	0.10%	0.17%			
43	0.12%	0.19%			
44	0.14%	0.22%			

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans 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.**

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:
- ☐ a multiemployer plan
- ☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
- ☒ a single-employer plan
- ☐ a DFE (specify) _____

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 If the plan is a collectively-bargained plan, check here. ▶ ☐

D Check box if filing under:
- ☒ Form 5558
- ☐ automatic extension
- ☐ the DFVC program
- ☐ special extension (enter description)

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
Essentra Holdings Corporation Consolidated Pension Plan

1b Three-digit plan number (PN) ▶ 005

1c Effective date of plan 01/01/1969

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)

Essentra Holdings Corporation

Two Westbrook Corporate Center
Suite 200
Westchester IL 60154

2b Employer Identification Number (EIN) 54-1863320

2c Plan Sponsor's telephone number 773-527-0943

2d Business code (see instructions) 326100

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 accompanying schedules, statements and attachments, 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	Patricia Parra	10/15/26	Patricia Parra
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Patricia Parra	10/15/26	Patricia Parra
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

STRICTLY PERONSONAL AND CONFIDENTIAL

October 15, 2026

To Whom It May Concern,

Essentra Holdings Corporation Consolidated Pension Plan audited financial statements are not completed by our auditors at this time. We are filing our 5500 to meet the required October 15, 2026, deadline without the statements. Once the statements are completed, we will send them along to complete the package.

Sincerely,
Patricia Parra

Patricia Parra
Essentra
Sr. Manager, Compensation and Benefit
Plan Administrator

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
ESSENTRA HOLDINGS CORPORATION CONSOLIDATED PENSION PLAN

B Three-digit plan number (PN) ▶ 005

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
ESSENTRA HOLDINGS CORP

D Employer Identification Number (EIN)
54-1863320

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

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

Part I Basic Information

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

2 Assets:

a Market value	**2a**	62,186,601
b Actuarial value	**2b**	60,183,385

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	734	55,077,429	55,077,429
b For terminated vested participants	451	18,020,111	18,020,111
c For active participants	11	483,105	484,610
d Total	1,196	73,580,645	73,582,150

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**	5.35%
6 Target normal cost		
a Present value of current plan year accruals	**6a**	0
b Expected plan-related expenses	**6b**	1,540,000
c Target normal cost	**6c**	1,540,000

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 Al-Karim Alidina AA

Signature of actuary — Date: 09/30/2026

Al-Karim Alidina
Type or print name of actuary

2606110
Most recent enrollment number

AON CONSULTING, INC.
Firm name

202-429-8550
Telephone number (including area code)

MSC #17850, PO Box 549294

Waltham MA 02454-9294
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	24,294
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	24,294
10	Interest on line 9 using prior year's actual return of 7.72%	0	1,875
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		503
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 5.11%		26
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		529
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	26,169

Part III Funding Percentages

14	Funding target attainment percentage	14	81.75%
15	Adjusted funding target attainment percentage	15	81.75%
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	89.13%
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/15/2025	683,000	0			
07/15/2025	683,000	0			
10/15/2025	683,000	0			
01/15/2026	683,000	0			
09/15/2026	542,000	0			
			Totals ► 18(b)	3,274,000	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	3,135,711

20 Quarterly contributions and liquidity shortfalls:

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

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? [X] 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
0	0	0	0

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

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	
5.07 %	5.31 %	5.50%	☐ 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) ☒ 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**	1,540,000
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	13,424,934	1,595,169
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**	3,135,169

	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**	3,135,169
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	3,135,711

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

a Total (excess, if any, of line 37 over line 36)	**38a**	542
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)

41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. ☒ 2019 ☐ 2020 ☐ 2021

Schedule SB Attachment (Form 5500) —2025 Plan Year
Essentra Holdings Corporation Consolidated Pension Plan
EIN: 54-1863320 PN: 005

Schedule SB, line 19 — Discounted Employer Contributions

Year applied for contributions: 2025

Date	Amount		Days to Discount to 1/1/2025 at 5.35%	Interest Adjusted Contribution	
April 15, 2025	$	683,000	104	$	672,932
July 15, 2025		683,000	195		664,245
October 15, 2025		683,000	287		655,576
January 15, 2026		683,000	379		647,020
September 15, 2026		542,000	622		495,938
Total Contribution	$	3,274,000		$	3,135,711

Schedule SB Attachment (Form 5500) —2025 Plan Year
Essentra Holdings Corporation Consolidated Pension Plan
EIN: 54-1863320 PN: 005

Schedule SB, line 22 — Description of Weighted Average Retirement Age

The average retirement age shown in line 22 has been calculated by assuming the following retirement rates and no decrements other than retirement for this calculation. All retirements are assumed to occur at mid-year, except for the 100% retirement age.

(a) Age	(b) Rate	(c) Weight	(d) Product (a) × (b) × (c)
55.5	15.00%	1.0000	8.33
56.5	8.00%	0.8500	3.84
57.5	8.00%	0.7820	3.60
58.5	8.00%	0.7194	3.37
59.5	8.00%	0.6619	3.15
60.5	15.00%	0.6089	5.53
61.5	8.00%	0.5176	2.55
62.5	25.00%	0.4762	7.44
63.5	10.00%	0.3571	2.27
64.5	10.00%	0.3214	2.07
65.5	50.00%	0.2893	9.47
66.5	15.00%	0.1446	1.44
67.5	15.00%	0.1229	1.24
68.5	15.00%	0.1045	1.07
69.5	15.00%	0.0888	0.93
70	100.00%	0.0755	5.29
		Weighted Average	61.59

Schedule SB Attachment (Form 5500) —2025 Plan Year
Essentra Holdings Corporation Consolidated Pension Plan
EIN: 54-1863320 PN: 005

Schedule SB, line 26a — Schedule of Active Participant Data as of January 1, 2025

Number of Participants and Average Compensation

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

N-11

Schedule SB Attachment (Form 5500) —2025 Plan Year
Essentra Holdings Corporation Consolidated Pension Plan
EIN: 54-1863320 PN: 005

Schedule SB, line 26b — Schedule of Projection of Expected Benefit Payments

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2025	2,649	1,516,315	5,551,865	7,070,829
2026	10,738	723,230	5,399,427	6,133,395
2027	17,955	690,711	5,239,451	5,948,117
2028	22,058	653,069	5,072,524	5,747,651
2029	30,031	757,808	4,899,233	5,687,072
2030	32,261	822,864	4,718,306	5,573,431
2031	38,611	1,021,899	4,531,144	5,591,654
2032	40,367	1,034,716	4,337,739	5,412,822
2033	41,208	1,275,867	4,140,727	5,457,802
2034	42,225	1,194,970	3,939,815	5,177,010
2035	42,658	1,139,977	3,735,361	4,917,996
2036	43,414	1,361,870	3,529,874	4,935,158
2037	42,845	1,273,630	3,323,192	4,639,667
2038	42,714	1,463,237	3,116,246	4,622,197
2039	42,482	1,368,065	2,909,985	4,320,532
2040	41,475	1,479,747	2,705,406	4,226,628
2041	40,334	1,580,002	2,503,507	4,123,843
2042	39,097	1,366,081	2,305,283	3,710,461
2043	37,758	1,373,278	2,111,689	3,522,725
2044	36,328	1,363,360	1,923,630	3,323,318
2045	34,818	1,339,849	1,741,982	3,116,649
2046	33,219	1,291,959	1,567,579	2,892,757
2047	31,512	1,228,445	1,401,209	2,661,166
2048	29,719	1,181,201	1,243,614	2,454,534
2049	27,848	1,144,520	1,095,468	2,267,836
2050	25,911	1,081,001	957,359	2,064,271
2051	23,929	1,027,878	829,758	1,881,565
2052	21,923	973,049	712,988	1,707,960
2053	19,922	916,740	607,204	1,543,866
2054	17,947	859,239	512,392	1,389,578
2055	16,023	800,888	428,358	1,245,269
2056	14,169	742,092	354,737	1,110,998
2057	12,403	683,315	291,000	986,718
2058	10,739	625,041	236,475	872,255
2059	9,192	567,755	190,394	767,341

Schedule SB Attachment (Form 5500) —2025 Plan Year
Essentra Holdings Corporation Consolidated Pension Plan
EIN: 54-1863320 PN: 005

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2060	7,773	511,919	151,923	671,615
2061	6,490	457,969	120,192	584,651
2062	5,349	406,329	94,327	506,005
2063	4,350	357,392	73,481	435,223
2064	3,489	311,495	56,862	371,846
2065	2,759	268,911	43,746	315,416
2066	2,150	229,840	33,496	265,486
2067	1,650	194,402	25,555	221,607
2068	1,246	162,633	19,447	183,326
2069	926	134,506	14,777	150,209
2070	676	109,922	11,220	121,818
2071	485	88,712	8,516	97,713
2072	342	70,668	6,463	77,473
2073	237	55,534	4,902	60,673
2074	162	43,027	3,712	46,901

Schedule SB Attachment (Form 5500) —2025 Plan Year
Essentra Holdings Corporation Consolidated Pension Plan
EIN: 54-1863320 PN: 005

Schedule SB, line 32 — Schedule of Amortization Bases

Type of Base	Present Value of Installment	Date Established	Years Remaining	Amortization Installment
Shortfall	$ 9,550,936	January 1, 2019	9	$ 1,290,211
Shortfall	$ (2,376,750)	January 1, 2020	10	$ (295,971)
Shortfall	$ 188,047	January 1, 2021	11	$ 21,799
Shortfall	$ (3,842,269)	January 1, 2022	12	$ (417,981)
Shortfall	$ 7,948,605	January 1, 2023	13	$ 816,923
Shortfall	$ (504,059)	January 1, 2024	14	$ (49,223)
Shortfall	$ 2,460,424	January 1, 2025	15	$ 229,411

Schedule SB Attachment (Form 5500) —2025 Plan Year
Essentra Holdings Corporation Consolidated Pension Plan
EIN: 54-1863320 PN: 005

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

For ERISA Requirements

Interest Rates for Minimum Funding Purposes	Based on segment rates with a four-month lookback (as of September 2024), each adjusted as needed to fall within the 25-year average interest rate stabilization corridor under ARPA.
1st Segment Rate	5.07%.
2nd Segment Rate	5.31%.
3rd Segment Rate	5.50%.
Interest Rates for Maximum Tax Purposes	Based on segment rates with a four-month lookback (as of September 2024), without regard to interest rate stabilization.
1st Segment Rate	5.07%.
2nd Segment Rate	5.33%.
3rd Segment Rate	5.36%.
Optional Payment Form Election Percentage	*Hourly/Salaried:* It is assumed that 100% of participants elect a life annuity. *Keller:* It is assumed that 25% of participants elect a life annuity and 75% of participants elect a lump sum.
Retirement Age	
Active Participants	See Table 1.
Terminated Vested Participants	*Hourly:* Age 65. *Salaried/Keller:* Age 63
Mortality Rates	
Healthy and Disabled	2024 generational mortality tables for annuitants and non-annuitants per §1.430(h)(3)-1(b).
Withdrawal Rates	See Table 2.
Disability Rates	See Table 3

Schedule SB Attachment (Form 5500) —2025 Plan Year
Essentra Holdings Corporation Consolidated Pension Plan
EIN: 54-1863320 PN: 005

Decrement Timing	Middle of year decrements (except that retirement is assumed to occur at the beginning of the year for ages where the assumed retirement rate is 100%).
Surviving Spouse Benefit	It is assumed that 80% have an eligible spouse, and that males are three years older than their spouses.
Benefit Limits	Projected benefits are limited by the current IRC section 415 maximum benefit of $280,000.
Valuation of Plan Assets	Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value. A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii).
Expected Return on Assets	
2023 Plan Year	6.70%, limited to 5.74%
2024 Plan Year	6.70%, limited to 5.59%
2025 Plan Year	6.70%, limited to 5.50%
Trust Expenses Included in Target Normal Cost	Prior year administrative expenses rounded to the nearest $1,000.
Actuarial Method	Standard unit credit cost method.
Valuation Date	January 1, 2025.

Schedule SB Attachment (Form 5500) —2025 Plan Year
Essentra Holdings Corporation Consolidated Pension Plan
EIN: 54-1863320 PN: 005

Actuarial Assumptions and Methods

Table 1

Retirement Rates

Age	Rate
55	15.00%
56	8.00%
57	8.00%
58	8.00%
59	8.00%
60	15.00%
61	8.00%
62	25.00%
63	10.00%
64	10.00%
65	50.00%
66	15.00%
67	15.00%
68	15.00%
69	15.00%
70+	100.00%

Table 2

Withdrawal Rates

Age	Rate	Age	Rate
15	18.00%	45	5.00%
16	18.00%	46	5.00%
17	18.00%	47	5.00%
18	18.00%	48	5.00%
19	18.00%	49	5.00%
20	18.00%	50	5.00%
21	18.00%	51	5.00%
22	18.00%	52	5.00%
23	16.00%	53	5.00%
24	14.00%	54	5.00%
25	12.00%	55+	0.00%
26	11.00%		
27	10.00%		
28	9.50%		
29	9.00%		
30	8.50%		
31	8.00%		
32	7.50%		
33	7.00%		
34	6.50%		
35	6.00%		
36	6.00%		
37	6.00%		
38	6.00%		
39	6.00%		
40	5.00%		
41	5.00%		
42	5.00%		
43	5.00%		
44	5.00%		

Table 3

Disability Rates

Age	Male	Female	Age	Male	Female
15	0.03%	0.03%	45	0.16%	0.24%
16	0.03%	0.03%	46	0.18%	0.27%
17	0.03%	0.03%	47	0.21%	0.30%
18	0.03%	0.03%	48	0.25%	0.33%
19	0.03%	0.03%	49	0.28%	0.36%
20	0.03%	0.03%	50	0.33%	0.40%
21	0.03%	0.03%	51	0.39%	0.44%
22	0.03%	0.03%	52	0.46%	0.49%
23	0.03%	0.03%	53	0.53%	0.54%
24	0.03%	0.03%	54	0.61%	0.59%
25	0.03%	0.03%	55	0.69%	0.64%
26	0.03%	0.03%	56	0.77%	0.69%
27	0.03%	0.03%	57	0.86%	0.74%
28	0.03%	0.04%	58	0.95%	0.80%
29	0.03%	0.04%	59	1.05%	0.85%
30	0.03%	0.04%	60	1.15%	0.90%
31	0.03%	0.05%	61	1.26%	0.96%
32	0.03%	0.05%	62	1.38%	1.01%
33	0.03%	0.06%	63	1.51%	1.05%
34	0.03%	0.06%	64	1.64%	1.09%
35	0.04%	0.07%	65+	0.00%	0.00%
36	0.04%	0.08%			
37	0.05%	0.09%			
38	0.06%	0.10%			
39	0.07%	0.12%			
40	0.08%	0.13%			
41	0.09%	0.15%			
42	0.10%	0.17%			
43	0.12%	0.19%			
44	0.14%	0.22%			

Schedule SB Attachment (Form 5500) —2025 Plan Year
Essentra Holdings Corporation Consolidated Pension Plan
EIN: 54-1863320 PN: 005

Schedule SB, Part V — Summary of Plan Provisions

Essentra Holdings Corp. Pension Plan for Hourly Employees

Effective Date

January 13, 1969 as amended and restated effective January 1, 2017.

Effective March 6, 2017 (the Porous termination date), benefits were frozen for all employees of Essentra Porous Technologies Corp. due to the sale of this business.

Eligibility

Covered employees (those covered under collective bargaining agreements between Local 321-T or Local 10, and AFC Company) are eligible immediately. The plan was closed to new participants as of June 1, 2007.

Normal Retirement

Eligibility

Age 65.

Monthly Benefit

Monthly Unit shown below times credited service.

Date of Termination	Unit of Monthly Income
Later than:	
12/31/1989	$21
12/31/1990	$23
12/31/1991	$25
12/31/1992	$27
12/31/1993	$28
12/31/1994	$29
12/31/1995	$31
12/31/1996	$32
12/31/1997	$33
12/31/1998	$37
12/31/1999	$38
12/31/2000	$39
12/31/2001	$44
12/31/2004	$49

Postponed Retirement

Eligibility

After age 65.

Monthly Benefit

Greater of actuarial equivalent of normal retirement benefit or benefit based on credited service as of date of termination.

Early Retirement

Eligibility — Age 55 with 10 years of vesting service.

Benefit — Normal retirement benefit reduced in accordance with following table:

Reduction Age	Factor	Reduction Age	Factor
64	0.98	59	0.80
63	0.96	58	0.75
62	0.94	57	0.70
61	0.88	56	0.65
60	0.85	55	0.60

Disability Retirement

Eligibility — Five years of vesting service and total inability to perform work, which entitles the employee to a disability benefit under the Social Security Act.

Benefit — Seven-eighths of the benefit calculated under the normal retirement formula. Benefit ceases upon the earlier of normal or early retirement or death. Normal or early retirement benefits are then payable. Credited service is as of the date of disability.

Vested Benefits

Eligibility — Five years of vesting service.

Benefit — Normal retirement benefit based on credited service as of date of termination. Benefit is payable at age 65. Employees with 10 or more years of vesting service may commence their benefits at age 55 or later with an early retirement reduction factor applied (factors equal to early retirement factors).

Preretirement Surviving Spouse Benefit

Eligibility — Five years of vesting service, or eligible for retirement.

Benefit — Fifty percent of the benefit that the participant would have received had he terminated employment on the date of his death and retired with a joint and 50% survivor option on his earliest retirement date.

Postretirement Death

Eligibility	Retiree with benefit in payment status.
Benefit	The remaining portion of the benefit will be distributed in the form in which the participant's interest was being paid prior to participant's death.

Credited Service

Service is measured from date of employment. For periods prior to January 1, 1976 service is credited based on the old plan in effect on that date. After December 31, 1975, service is credited each year according to the following table:

Hours	Credited Service
Under 520	0.00
520-959	0.25
960-1,399	0.50
1,400-1,839	0.75
1,840 and above	1.00

Effective March 6, 2017, employees of Essentra Porous Technologies Corp. were credited with 520 hours of service, or actual hours of service if greater, for 2017. These employees will not receive additional credited service after March 6, 2017.

Vesting Service

Full year credited for each year in which at least 1,000 hours worked. One fourth of a year credited for years in which at least 520, but less than 1,000 hours worked.

Normal Form of Pension

Married Participants	Actuarially reduced joint and 50% survivor annuity.
Other Participants	Life annuity.

Optional Forms of Pension

Life annuity, joint and 50% survivor annuity, joint and 66⅔% survivor annuity, and 10 year certain and life annuity.

Payment of Small Amounts

Non-elective lump sum payment if the actuarial equivalent single sum of the benefit does not exceed $5,000.

Actuarial Equivalent

For other than lump sum calculations: 1983 Group Annuity Mortality table (50% female) with 7.5% interest.

For lump sum calculations: IRC section 417(e) mortality table for 2012 and interest based on three segment yield curve.

Plan Year	Calendar year.
Contributions	The employer shall make all contributions to the plan; no employee contributons are required.

Essentra USA Retirement Plan, Excluding Former Keller-Crescent Pension Plan Participants

Effective Date	June 6, 2005 (adoption date and date of spin-off from Bunzl USA, Inc. Retirement Plan). Amended and restated effective January 1, 2016.
Covered Employees	Any individuals who participated in the Bunzl USA, Inc. Retirement Plan on June 5, 2005, who were employed by a participating company, and whose assets and liabilities were transferred to the Filtrona USA Retirement Plan on June 6, 2005. The plan was closed to new participants as of March 1, 2003.
Normal Retirement	
Eligibility	Age 65 with five years of vesting service.
Benefit	50% of average final compensation less 50% of Social Security benefit. If the participant has less than 30 years of benefit service at normal retirement, the amount above is multiplied by the ratio of benefit service to 30. AFCO members receive the sum of (1) and (2): (1) Percentage of average final compensation to which the participant would have been entitled to upon termination on December 31, 1998, multiplied by average final compensation at actual termination date; plus (2) Amount which, when added to 50% of Social Security benefit, equals 50% of average final compensation. If the participant has less than 30 years of benefit service after December 31, 1998, the amount is multiplied by the ratio of benefit service to 30. Grandfathered AFCO members receive the greater of (1) and (2): (1) 25% of average final compensation multiplied by the greatest of the following (not to exceed 1.0): (a) If retire on normal retirement date with less than 20 years of benefit service, then benefit service divided by 20; (b) As of any other date, benefit service over the greater of 20 or benefit service projected to normal retirement date; or

(c) If an AFCO member as of December 31, 1988, then benefit service over the greater of 15 or benefit service projected to normal retirement date.

(2) If an AFCO member on December 31, 1988, then accrued benefit on that date plus amount determined in (1) above for benefit service on or after January 1, 1989.

Participants who elected to switch to the RSBP have a frozen accrued retirement benefit under the plan as of June 1, 2003.

All participants have a frozen accrued retirement benefit under the plan as of December 31, 2016.

Early Retirement

Eligibility	Age 55 with five years of vesting service.
Benefit	Normal retirement benefit reduced ¼% for each calendar month by which the early retirement benefit commencement precedes attainment of age 65. Grandfathered AFCO members who are age 60 or over are eligible for the greater of the early retirement benefit described above or the grandfathered AFCO plan formula benefit reduced by ⅓ of 1% for each month commencement precedes the normal retirement date.

Deferred Retirement

Eligibility	Employed beyond normal retirement age.
Benefit	Benefit calculated under normal retirement formula based on benefit service and average final compensation at retirement date.

Disability Retirement

Eligibility	Total inability to perform work, which entitles the employee to a disability benefit under the Social Security Act.
Benefit	A benefit calculated under the normal retirement formula. Participant is immediately vested in benefit at time of disability.

Deferred Vested Benefits

Eligibility	Five years of vesting service.
Benefit	Normal retirement benefit based on benefit service and compensation immediately prior to termination. Benefit is payable at age 65 or as early as age 55 with ½% per month reduction for early commencement.

Preretirement Surviving Spouse Benefit

Eligibility	Five years of vesting service, with an eligible surviving spouse.
Benefit	Fifty percent of the benefit that the participant would have received had he terminated employment on the date of his death and retired with a 50% joint and survivor annuity on his earliest retirement date.

Definitions

Average Final Compensation	The monthly average compensation during the five highest consecutive complete calendar years out of the 10 years preceding termination of employment. The average final compensation is limited to $140,000. This limit does not apply to the AFCO plan formula.
Compensation	Total salary as reported on Form W-2 plus Section 125, 132(f)(4), and 401(k) deferrals.
Vesting Service	Full and fractional years from date of hire.
Benefit Service	All years and months of participation in the plan. AFCO members also receive credit for years of participation in the AFCO plan.
AFCO Member	An active participant in the American Filtrona Corporation Retirement Plan as of December 31, 1998.
Grandfathered AFCO Member	An AFCO member who was age 45 or older on December 31, 1998 and who retires at or after age 60.

Normal Form of Pension

Married Participants	Actuarially reduced 50% joint and survivor annuity.
Other Participants	Single life annuity.

Forms of Payment	Single life annuity, joint and survivor annuity (50%, 75%, or 100%), and 10 year certain and life annuity. AFCO members may elect a lump sum payment if the present value of the accrued benefit is less than $10,000. AFCO members who previously participated in the United Air Cleaner Non-Union and United Engine Life Company Retirement Plan may also elect a Social Security leveling annuity (age 62 or 65).
Payments of Small Amounts	Non-elective lump sum payment if the actuarial equivalent single sum of the benefit does not exceed $5,000.
Legislated Pay and Benefit Limitations	Current limits under IRC sections 415 and 401(a)(17) are reflected without projection.
Actuarial Equivalence	For other than lump sum calculations: Factors set forth in Appendix A of the plan document. For lump sum calculations: IRC section 417(e) mortality table for 2016 and interest based on three-segment yield curve.
Plan Year	Calendar year.

Essentra USA Retirement Plan, Former Keller-Crescent Pension Plan Participants

Effective Date	January 20, 2009. Last amendment effective October 8, 2014.
Covered Employees	Any individuals who were employed at the Clondalkin location, who were not represented by a collective bargaining agreement, and whose assets and liabilities were transferred to the Essentra USA Retirement Plan in September 2016. The plan was closed to new participants as of March 31, 2014.
Normal Retirement	
Eligibility	Age 65 with five years of plan participation.
Benefit	Participants receive the sum of (1) and (2) times (3): (1) 0.50% of average final compensation multiplied by expected service at normal retirement date; (2) 0.50% of average final compensation in excess of covered compensation multiplied by expected service at normal retirement date (not in excess of 39 years). (3) Accrued benefit adjustment: The minimum benefit received is the greater of (a) and (b): (a) The accrued benefit on December 31, 1993 plus the accrued benefit calculated as above using service from January 1, 1994 forward. (b) The accrued benefit calculated as above using all years of service. All participants have a frozen accrued retirement benefit under the plan as of March 31, 2014.

Early Retirement

Eligibility

Age 55 with five years of vesting service.

Benefit

Active participants are eligible for the normal retirement benefit reduced by a factor for the number of calendar years by which the early retirement benefit commencement precedes the normal retirement date.

Retirement Date	Number of Years Early Retirement Date Precedes Normal Factor
1	0.9333
2	0.8541
3	0.7761
4	0.7389
5	0.7000
6	0.6400
7	0.5800
8	0.5200
9	0.4600
10	0.4000

Inactive participants are eligible for the termination benefit reduced by 6.00% for each year that the early retirement date precedes the normal retirement date.

Deferred Retirement

Eligibility

Benefit commencement beyond normal retirement date.

Benefit

Employed participants are eligible for the normal retirement benefit calculated based on service and average final compensation at late retirement date.

Other participants are eligible for the actuarial equivalent of the normal retirement benefit that would have been paid on the normal retirement date.

Disability Retirement

Eligibility

Receiving disability benefits under the long-term disability income insurance plan provided by the employer.

Benefit

A benefit calculated under the normal retirement formula based on salary at date of disability and service as of normal retirement date, multiplied by the early retirement factor. Disability benefit amount frozen as of March 31, 2014.

	If a disabled participant is not receiving benefits under a long-term disability income insurance plan, accrual and vesting service will be allowed to accrue for up to two additional years.
Deferred Vested Benefits	
Eligibility	100% vested after five years of vesting service.
Benefit	Normal retirement benefit on date of termination multiplied by the vesting percentage. Benefit is payable at age 65 or as early as age 55 with a reduction to reflect the number of years that the early retirement date precedes the normal retirement date.
Preretirement Surviving Spouse Benefit	
Eligibility	Five years of vesting service, with an eligible surviving spouse.
Benefit	Benefit is equal to the amount that the participant would have received had he terminated employment on the date of his death and retired with a 50% joint and survivor annuity on his earliest retirement date.
Definitions	
Average Final Compensation	The monthly average compensation during the five highest consecutive complete calendar years out of the 10 years preceding termination of employment. Average final compensation is frozen as of March 31, 2014.
Compensation	Total salary as reported on Form W-2 plus Section 125, 132(f)(4), and 401(k) deferrals.
Accrued Benefit Adjustment	The quotient of (1) divided by (2) but not to exceed 1.00: (1) The member's accrual service as of such date. (2) The sum of (1) and the member's potential accrual service as of the normal retirement date if he remains an eligible employee between the date of determination and the normal retirement date.
Accrual Service	1,000 hours of service. Accrual service was frozen as of March 31, 2014.
Covered Compensation	The monthly average of the Social Security taxable wage bases (in effect under Section 230 of the Social Security Act) for each year in the 35-year period ending with the year the employee attains Social Security retirement age rounded to the nearest $3,000.
Vesting Service	Full and fractional years from date of hire.

Normal Form of Pension	
Married Participants	Actuarially reduced 50% joint and survivor annuity.
Other Participants	Single life annuity.
Forms of Payment	Single life annuity, joint and survivor annuity (50%, 75%, or 100%), 10 year certain and life annuity, and single lump sum payment.
Legislated Pay and Benefit Limitations	Current limits under IRC sections 415 and 401 are reflected.
Actuarial Equivalence	For other than lump sum calculations: UP 1984 mortality table with 7.5% interest. For lump sum calculations: IRC section 417(e) mortality table for 2016 and interest based on three-segment yield curve.
Plan Year	Calendar year.

Plan Changes Since the Prior Year

The Essentra USA Retirement Plan merged into this plan on December 31, 2024. The plan was renamed the Essentra Holdings Corporation Consolidated Pension Plan.

Other Information to Fully and Fairly Disclose the Actuarial Position of the Plan

- Due to software limitations with the electronic filing process, information filed electronically cannot be controlled by the Enrolled Actuary. The values on the signed Schedule SB will govern to the extent there are any differences in the entries filed electronically and the actual data contained on the signed Schedule SB.
- Due to an internal change within Aon, the Enrolled Actuary has changed from Kevin Kadlubek to Al-Karim Alidina.
- The Essentra USA Retirement Plan merged into this plan on December 31, 2024. The plan was renamed the Essentra Holdings Corporation Consolidated Pension Plan.

Schedule SB Attachment (Form 5500) —2025 Plan Year
Essentra Holdings Corporation Consolidated Pension Plan
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Schedule SB, line 19 — Discounted Employer Contributions

Year applied for contributions: 2025

Date	Amount		Days to Discount to 1/1/2025 at 5.35%	Interest Adjusted Contribution	
April 15, 2025	$	683,000	104	$	672,932
July 15, 2025		683,000	195		664,245
October 15, 2025		683,000	287		655,576
January 15, 2026		683,000	379		647,020
September 15, 2026		542,000	622		495,938
Total Contribution	$	3,274,000		$	3,135,711

Schedule SB Attachment (Form 5500) —2025 Plan Year
Essentra Holdings Corporation Consolidated Pension Plan
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Schedule SB, line 22 — Description of Weighted Average Retirement Age

The average retirement age shown in line 22 has been calculated by assuming the following retirement rates and no decrements other than retirement for this calculation. All retirements are assumed to occur at mid-year, except for the 100% retirement age.

(a) Age	(b) Rate	(c) Weight	(d) Product (a) × (b) × (c)
55.5	15.00%	1.0000	8.33
56.5	8.00%	0.8500	3.84
57.5	8.00%	0.7820	3.60
58.5	8.00%	0.7194	3.37
59.5	8.00%	0.6619	3.15
60.5	15.00%	0.6089	5.53
61.5	8.00%	0.5176	2.55
62.5	25.00%	0.4762	7.44
63.5	10.00%	0.3571	2.27
64.5	10.00%	0.3214	2.07
65.5	50.00%	0.2893	9.47
66.5	15.00%	0.1446	1.44
67.5	15.00%	0.1229	1.24
68.5	15.00%	0.1045	1.07
69.5	15.00%	0.0888	0.93
70	100.00%	0.0755	5.29
		Weighted Average	61.59

Schedule SB Attachment (Form 5500) —2025 Plan Year
Essentra Holdings Corporation Consolidated Pension Plan
EIN: 54-1863320 PN: 005

Schedule SB, line 26b — Schedule of Projection of Expected Benefit Payments

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2025	2,649	1,516,315	5,551,865	7,070,829
2026	10,738	723,230	5,399,427	6,133,395
2027	17,955	690,711	5,239,451	5,948,117
2028	22,058	653,069	5,072,524	5,747,651
2029	30,031	757,808	4,899,233	5,687,072
2030	32,261	822,864	4,718,306	5,573,431
2031	38,611	1,021,899	4,531,144	5,591,654
2032	40,367	1,034,716	4,337,739	5,412,822
2033	41,208	1,275,867	4,140,727	5,457,802
2034	42,225	1,194,970	3,939,815	5,177,010
2035	42,658	1,139,977	3,735,361	4,917,996
2036	43,414	1,361,870	3,529,874	4,935,158
2037	42,845	1,273,630	3,323,192	4,639,667
2038	42,714	1,463,237	3,116,246	4,622,197
2039	42,482	1,368,065	2,909,985	4,320,532
2040	41,475	1,479,747	2,705,406	4,226,628
2041	40,334	1,580,002	2,503,507	4,123,843
2042	39,097	1,366,081	2,305,283	3,710,461
2043	37,758	1,373,278	2,111,689	3,522,725
2044	36,328	1,363,360	1,923,630	3,323,318
2045	34,818	1,339,849	1,741,982	3,116,649
2046	33,219	1,291,959	1,567,579	2,892,757
2047	31,512	1,228,445	1,401,209	2,661,166
2048	29,719	1,181,201	1,243,614	2,454,534
2049	27,848	1,144,520	1,095,468	2,267,836
2050	25,911	1,081,001	957,359	2,064,271
2051	23,929	1,027,878	829,758	1,881,565
2052	21,923	973,049	712,988	1,707,960
2053	19,922	916,740	607,204	1,543,866
2054	17,947	859,239	512,392	1,389,578
2055	16,023	800,888	428,358	1,245,269
2056	14,169	742,092	354,737	1,110,998
2057	12,403	683,315	291,000	986,718
2058	10,739	625,041	236,475	872,255
2059	9,192	567,755	190,394	767,341

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Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2060	7,773	511,919	151,923	671,615
2061	6,490	457,969	120,192	584,651
2062	5,349	406,329	94,327	506,005
2063	4,350	357,392	73,481	435,223
2064	3,489	311,495	56,862	371,846
2065	2,759	268,911	43,746	315,416
2066	2,150	229,840	33,496	265,486
2067	1,650	194,402	25,555	221,607
2068	1,246	162,633	19,447	183,326
2069	926	134,506	14,777	150,209
2070	676	109,922	11,220	121,818
2071	485	88,712	8,516	97,713
2072	342	70,668	6,463	77,473
2073	237	55,534	4,902	60,673
2074	162	43,027	3,712	46,901

Schedule SB Attachment (Form 5500) —2025 Plan Year
Essentra Holdings Corporation Consolidated Pension Plan
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Schedule SB, Part V — Summary of Plan Provisions

Essentra Holdings Corp. Pension Plan for Hourly Employees

Effective Date

January 13, 1969 as amended and restated effective January 1, 2017.

Effective March 6, 2017 (the Porous termination date), benefits were frozen for all employees of Essentra Porous Technologies Corp. due to the sale of this business.

Eligibility

Covered employees (those covered under collective bargaining agreements between Local 321-T or Local 10, and AFC Company) are eligible immediately. The plan was closed to new participants as of June 1, 2007.

Normal Retirement

Eligibility

Age 65.

Monthly Benefit

Monthly Unit shown below times credited service.

Date of Termination	Unit of Monthly Income
Later than:	
12/31/1989	$21
12/31/1990	$23
12/31/1991	$25
12/31/1992	$27
12/31/1993	$28
12/31/1994	$29
12/31/1995	$31
12/31/1996	$32
12/31/1997	$33
12/31/1998	$37
12/31/1999	$38
12/31/2000	$39
12/31/2001	$44
12/31/2004	$49

Postponed Retirement

Eligibility

After age 65.

Monthly Benefit

Greater of actuarial equivalent of normal retirement benefit or benefit based on credited service as of date of termination.

Early Retirement

Eligibility — Age 55 with 10 years of vesting service.

Benefit — Normal retirement benefit reduced in accordance with following table:

Reduction Age	Factor	Reduction Age	Factor
64	0.98	59	0.80
63	0.96	58	0.75
62	0.94	57	0.70
61	0.88	56	0.65
60	0.85	55	0.60

Disability Retirement

Eligibility — Five years of vesting service and total inability to perform work, which entitles the employee to a disability benefit under the Social Security Act.

Benefit — Seven-eighths of the benefit calculated under the normal retirement formula. Benefit ceases upon the earlier of normal or early retirement or death. Normal or early retirement benefits are then payable. Credited service is as of the date of disability.

Vested Benefits

Eligibility — Five years of vesting service.

Benefit — Normal retirement benefit based on credited service as of date of termination. Benefit is payable at age 65. Employees with 10 or more years of vesting service may commence their benefits at age 55 or later with an early retirement reduction factor applied (factors equal to early retirement factors).

Preretirement Surviving Spouse Benefit

Eligibility — Five years of vesting service, or eligible for retirement.

Benefit — Fifty percent of the benefit that the participant would have received had he terminated employment on the date of his death and retired with a joint and 50% survivor option on his earliest retirement date.

Postretirement Death

Eligibility	Retiree with benefit in payment status.
Benefit	The remaining portion of the benefit will be distributed in the form in which the participant's interest was being paid prior to participant's death.

Credited Service

Service is measured from date of employment. For periods prior to January 1, 1976 service is credited based on the old plan in effect on that date. After December 31, 1975, service is credited each year according to the following table:

Hours	Credited Service
Under 520	0.00
520-959	0.25
960-1,399	0.50
1,400-1,839	0.75
1,840 and above	1.00

Effective March 6, 2017, employees of Essentra Porous Technologies Corp. were credited with 520 hours of service, or actual hours of service if greater, for 2017. These employees will not receive additional credited service after March 6, 2017.

Vesting Service

Full year credited for each year in which at least 1,000 hours worked. One fourth of a year credited for years in which at least 520, but less than 1,000 hours worked.

Normal Form of Pension

Married Participants	Actuarially reduced joint and 50% survivor annuity.
Other Participants	Life annuity.

Optional Forms of Pension

Life annuity, joint and 50% survivor annuity, joint and 66⅔% survivor annuity, and 10 year certain and life annuity.

Payment of Small Amounts

Non-elective lump sum payment if the actuarial equivalent single sum of the benefit does not exceed $5,000.

Actuarial Equivalent

For other than lump sum calculations: 1983 Group Annuity Mortality table (50% female) with 7.5% interest.

For lump sum calculations: IRC section 417(e) mortality table for 2012 and interest based on three segment yield curve.

Plan Year	Calendar year.
Contributions	The employer shall make all contributions to the plan; no employee contributons are required.

Essentra USA Retirement Plan, Excluding Former Keller-Crescent Pension Plan Participants

Effective Date	June 6, 2005 (adoption date and date of spin-off from Bunzl USA, Inc. Retirement Plan). Amended and restated effective January 1, 2016.
Covered Employees	Any individuals who participated in the Bunzl USA, Inc. Retirement Plan on June 5, 2005, who were employed by a participating company, and whose assets and liabilities were transferred to the Filtrona USA Retirement Plan on June 6, 2005. The plan was closed to new participants as of March 1, 2003.
Normal Retirement	
Eligibility	Age 65 with five years of vesting service.
Benefit	50% of average final compensation less 50% of Social Security benefit. If the participant has less than 30 years of benefit service at normal retirement, the amount above is multiplied by the ratio of benefit service to 30. AFCO members receive the sum of (1) and (2): (1) Percentage of average final compensation to which the participant would have been entitled to upon termination on December 31, 1998, multiplied by average final compensation at actual termination date; plus (2) Amount which, when added to 50% of Social Security benefit, equals 50% of average final compensation. If the participant has less than 30 years of benefit service after December 31, 1998, the amount is multiplied by the ratio of benefit service to 30. Grandfathered AFCO members receive the greater of (1) and (2): (1) 25% of average final compensation multiplied by the greatest of the following (not to exceed 1.0): (a) If retire on normal retirement date with less than 20 years of benefit service, then benefit service divided by 20; (b) As of any other date, benefit service over the greater of 20 or benefit service projected to normal retirement date; or

(c) If an AFCO member as of December 31, 1988, then benefit service over the greater of 15 or benefit service projected to normal retirement date.

(2) If an AFCO member on December 31, 1988, then accrued benefit on that date plus amount determined in (1) above for benefit service on or after January 1, 1989.

Participants who elected to switch to the RSBP have a frozen accrued retirement benefit under the plan as of June 1, 2003.

All participants have a frozen accrued retirement benefit under the plan as of December 31, 2016.

Early Retirement

Eligibility	Age 55 with five years of vesting service.
Benefit	Normal retirement benefit reduced ¼% for each calendar month by which the early retirement benefit commencement precedes attainment of age 65. Grandfathered AFCO members who are age 60 or over are eligible for the greater of the early retirement benefit described above or the grandfathered AFCO plan formula benefit reduced by ⅓ of 1% for each month commencement precedes the normal retirement date.

Deferred Retirement

Eligibility	Employed beyond normal retirement age.
Benefit	Benefit calculated under normal retirement formula based on benefit service and average final compensation at retirement date.

Disability Retirement

Eligibility	Total inability to perform work, which entitles the employee to a disability benefit under the Social Security Act.
Benefit	A benefit calculated under the normal retirement formula. Participant is immediately vested in benefit at time of disability.

Deferred Vested Benefits

Eligibility	Five years of vesting service.
Benefit	Normal retirement benefit based on benefit service and compensation immediately prior to termination. Benefit is payable at age 65 or as early as age 55 with ½% per month reduction for early commencement.

Preretirement Surviving Spouse Benefit

Eligibility	Five years of vesting service, with an eligible surviving spouse.
Benefit	Fifty percent of the benefit that the participant would have received had he terminated employment on the date of his death and retired with a 50% joint and survivor annuity on his earliest retirement date.

Definitions

Average Final Compensation	The monthly average compensation during the five highest consecutive complete calendar years out of the 10 years preceding termination of employment. The average final compensation is limited to $140,000. This limit does not apply to the AFCO plan formula.
Compensation	Total salary as reported on Form W-2 plus Section 125, 132(f)(4), and 401(k) deferrals.
Vesting Service	Full and fractional years from date of hire.
Benefit Service	All years and months of participation in the plan. AFCO members also receive credit for years of participation in the AFCO plan.
AFCO Member	An active participant in the American Filtrona Corporation Retirement Plan as of December 31, 1998.
Grandfathered AFCO Member	An AFCO member who was age 45 or older on December 31, 1998 and who retires at or after age 60.

Normal Form of Pension

Married Participants	Actuarially reduced 50% joint and survivor annuity.
Other Participants	Single life annuity.

Forms of Payment	Single life annuity, joint and survivor annuity (50%, 75%, or 100%), and 10 year certain and life annuity. AFCO members may elect a lump sum payment if the present value of the accrued benefit is less than $10,000. AFCO members who previously participated in the United Air Cleaner Non-Union and United Engine Life Company Retirement Plan may also elect a Social Security leveling annuity (age 62 or 65).
Payments of Small Amounts	Non-elective lump sum payment if the actuarial equivalent single sum of the benefit does not exceed $5,000.
Legislated Pay and Benefit Limitations	Current limits under IRC sections 415 and 401(a)(17) are reflected without projection.
Actuarial Equivalence	For other than lump sum calculations: Factors set forth in Appendix A of the plan document. For lump sum calculations: IRC section 417(e) mortality table for 2016 and interest based on three-segment yield curve.
Plan Year	Calendar year.

Essentra USA Retirement Plan, Former Keller-Crescent Pension Plan Participants

Effective Date	January 20, 2009. Last amendment effective October 8, 2014.
Covered Employees	Any individuals who were employed at the Clondalkin location, who were not represented by a collective bargaining agreement, and whose assets and liabilities were transferred to the Essentra USA Retirement Plan in September 2016. The plan was closed to new participants as of March 31, 2014.
Normal Retirement	
Eligibility	Age 65 with five years of plan participation.
Benefit	Participants receive the sum of (1) and (2) times (3): (1) 0.50% of average final compensation multiplied by expected service at normal retirement date; (2) 0.50% of average final compensation in excess of covered compensation multiplied by expected service at normal retirement date (not in excess of 39 years). (3) Accrued benefit adjustment: The minimum benefit received is the greater of (a) and (b): (a) The accrued benefit on December 31, 1993 plus the accrued benefit calculated as above using service from January 1, 1994 forward. (b) The accrued benefit calculated as above using all years of service. All participants have a frozen accrued retirement benefit under the plan as of March 31, 2014.

Early Retirement

Eligibility

Age 55 with five years of vesting service.

Benefit

Active participants are eligible for the normal retirement benefit reduced by a factor for the number of calendar years by which the early retirement benefit commencement precedes the normal retirement date.

Retirement Date	Number of Years Early Retirement Date Precedes Normal Factor
1	0.9333
2	0.8541
3	0.7761
4	0.7389
5	0.7000
6	0.6400
7	0.5800
8	0.5200
9	0.4600
10	0.4000

Inactive participants are eligible for the termination benefit reduced by 6.00% for each year that the early retirement date precedes the normal retirement date.

Deferred Retirement

Eligibility

Benefit commencement beyond normal retirement date.

Benefit

Employed participants are eligible for the normal retirement benefit calculated based on service and average final compensation at late retirement date.

Other participants are eligible for the actuarial equivalent of the normal retirement benefit that would have been paid on the normal retirement date.

Disability Retirement

Eligibility

Receiving disability benefits under the long-term disability income insurance plan provided by the employer.

Benefit

A benefit calculated under the normal retirement formula based on salary at date of disability and service as of normal retirement date, multiplied by the early retirement factor. Disability benefit amount frozen as of March 31, 2014.

	If a disabled participant is not receiving benefits under a long-term disability income insurance plan, accrual and vesting service will be allowed to accrue for up to two additional years.
Deferred Vested Benefits	
Eligibility	100% vested after five years of vesting service.
Benefit	Normal retirement benefit on date of termination multiplied by the vesting percentage. Benefit is payable at age 65 or as early as age 55 with a reduction to reflect the number of years that the early retirement date precedes the normal retirement date.
Preretirement Surviving Spouse Benefit	
Eligibility	Five years of vesting service, with an eligible surviving spouse.
Benefit	Benefit is equal to the amount that the participant would have received had he terminated employment on the date of his death and retired with a 50% joint and survivor annuity on his earliest retirement date.
Definitions	
Average Final Compensation	The monthly average compensation during the five highest consecutive complete calendar years out of the 10 years preceding termination of employment. Average final compensation is frozen as of March 31, 2014.
Compensation	Total salary as reported on Form W-2 plus Section 125, 132(f)(4), and 401(k) deferrals.
Accrued Benefit Adjustment	The quotient of (1) divided by (2) but not to exceed 1.00: (1) The member's accrual service as of such date. (2) The sum of (1) and the member's potential accrual service as of the normal retirement date if he remains an eligible employee between the date of determination and the normal retirement date.
Accrual Service	1,000 hours of service. Accrual service was frozen as of March 31, 2014.
Covered Compensation	The monthly average of the Social Security taxable wage bases (in effect under Section 230 of the Social Security Act) for each year in the 35-year period ending with the year the employee attains Social Security retirement age rounded to the nearest $3,000.
Vesting Service	Full and fractional years from date of hire.

Normal Form of Pension	
Married Participants	Actuarially reduced 50% joint and survivor annuity.
Other Participants	Single life annuity.
Forms of Payment	Single life annuity, joint and survivor annuity (50%, 75%, or 100%), 10 year certain and life annuity, and single lump sum payment.
Legislated Pay and Benefit Limitations	Current limits under IRC sections 415 and 401 are reflected.
Actuarial Equivalence	For other than lump sum calculations: UP 1984 mortality table with 7.5% interest. For lump sum calculations: IRC section 417(e) mortality table for 2016 and interest based on three-segment yield curve.
Plan Year	Calendar year.

Plan Changes Since the Prior Year

The Essentra USA Retirement Plan merged into this plan on December 31, 2024. The plan was renamed the Essentra Holdings Corporation Consolidated Pension Plan.

Other Information to Fully and Fairly Disclose the Actuarial Position of the Plan

- Due to software limitations with the electronic filing process, information filed electronically cannot be controlled by the Enrolled Actuary. The values on the signed Schedule SB will govern to the extent there are any differences in the entries filed electronically and the actual data contained on the signed Schedule SB.
- Due to an internal change within Aon, the Enrolled Actuary has changed from Kevin Kadlubek to Al-Karim Alidina.
- The Essentra USA Retirement Plan merged into this plan on December 31, 2024. The plan was renamed the Essentra Holdings Corporation Consolidated Pension Plan.

STRICTLY PERONSONAL AND CONFIDENTIAL

October 15, 2026

To Whom It May Concern,

Essentra Holdings Corporation Consolidated Pension Plan audited financial statements are not completed by our auditors at this time. We are filing our 5500 to meet the required October 15, 2026, deadline without the statements. Once the statements are completed, we will send them along to complete the package.

Sincerely,
Patricia Parra

Patricia Parra
Essentra
Sr. Manager, Compensation and Benefit
Plan Administrator

Schedule SB Attachment (Form 5500) —2025 Plan Year
Essentra Holdings Corporation Consolidated Pension Plan
EIN: 54-1863320 PN: 005

Schedule SB, line 32 — Schedule of Amortization Bases

Type of Base	Present Value of Installment	Date Established	Years Remaining	Amortization Installment
Shortfall	$ 9,550,936	January 1, 2019	9	$ 1,290,211
Shortfall	$ (2,376,750)	January 1, 2020	10	$ (295,971)
Shortfall	$ 188,047	January 1, 2021	11	$ 21,799
Shortfall	$ (3,842,269)	January 1, 2022	12	$ (417,981)
Shortfall	$ 7,948,605	January 1, 2023	13	$ 816,923
Shortfall	$ (504,059)	January 1, 2024	14	$ (49,223)
Shortfall	$ 2,460,424	January 1, 2025	15	$ 229,411