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

2020

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2020 or fiscal plan year beginning 10/01/2020 and ending 09/30/2021

A This return/report is for:
- [ ] a multiemployer plan
- [ ] a multiple-employer plan (Filers checking this box must attach a list of 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. . . . . ▶ [ ]

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
EASTERN ALLOYS, INC. PENSION PLAN AND TRUST AGREEMENT

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 07/01/1967

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)
EASTERN ALLOYS, INC.

P.O. BOX 317
HENRY HENNING DRIVE
MAYBROOK, NY 12543

2b Employer Identification Number (EIN) 14-1484939

2c Plan Sponsor's telephone number 845-427-2151

2d Business code (see instructions) 331400

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.	07/15/2022	JOSEPH J. MIGLIOZZI
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
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
c Plan Name

4b EIN

4d PN

5 Total number of participants at the beginning of the plan year	**5**	127
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)**	14
a(2) Total number of active participants at the end of the plan year	**6a(2)**	12
b Retired or separated participants receiving benefits	**6b**	58
c Other retired or separated participants entitled to future benefits	**6c**	53
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	123
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f Total. Add lines **6d** and **6e**	**6f**	123
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	
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 Characteristics Codes in the instructions:

1A 1I

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics 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

b General Schedules

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [ ] 0 **A** (Insurance Information)
- **(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 2020 Form M-1 annual report. If the plan was not required to file the 2020 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

2020

This Form is Open to Public Inspection

For calendar plan year 2020 or fiscal plan year beginning 10/01/2020 and ending 09/30/2021

▶ **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
EASTERN ALLOYS, INC. PENSION PLAN AND TRUST AGREEMENT

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
EASTERN ALLOYS, INC.

D Employer Identification Number (EIN)
14-1484939

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

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

Part I Basic Information

1 Enter the valuation date: Month 10 Day 01 Year 2020

2 Assets:

a Market value	**2a**	9189298
b Actuarial value	**2b**	9189298

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	56	5927464	5927464
b For terminated vested participants	57	2196643	2196643
c For active participants	14	1030616	1030616
d Total	127	9154723	9154723

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**	5.68 %
6 Target normal cost	**6**	0

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE

	04/25/2022
Signature of actuary	Date
NOOR RAJAH	20-07192
Type or print name of actuary	Most recent enrollment number
OPTIMIZING FOUNDATIONS	917-275-3802
Firm name	Telephone number (including area code)
P.O. BOX 81 ROSWELL, GA 30077	
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)	2207	497954
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)		
9	Amount remaining (line 7 minus line 8)	2207	497954
10	Interest on line 9 using prior year's actual return of 14.52 %	320	72303
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		47701
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 5.47 %		2609
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		50310
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)	2527	570257

Part III Funding Percentages

14	Funding target attainment percentage	14	94.12 %
15	Adjusted funding target attainment percentage	15	100.37 %
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	92.84 %
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
09/15/2021	300000	0			
			Totals ► 18(b)	300000	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	284564

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:	
4.75 %	5.50 %	6.27 %	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	2
22 Weighted average retirement age	**22**	65

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

Part VI Miscellaneous Items

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

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

26 Is the plan required to provide a Schedule of Active Participants? 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 6)	**31a**	0
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
b Waiver amortization installment	0	0

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

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

36 Additional cash requirement (line 34 minus line 35)	**36**	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	284564

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

a Total (excess, if any, of line 37 over line 36)	**38a**	284564
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 Pension Relief Act of 2010 (See Instructions)

41 If an election was made to use PRA 2010 funding relief for this plan:

a Schedule elected ☐ 2 plus 7 years ☐ 15 years

b Eligible plan year(s) for which the election in line 41a was made ☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011

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.**	**2020** **This Form is Open to Public Inspection.**

For calendar plan year 2020 or fiscal plan year beginning 10/01/2020 and ending 09/30/2021

A Name of plan
EASTERN ALLOYS, INC. PENSION PLAN AND TRUST AGREEMENT

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
EASTERN ALLOYS, INC.

D Employer Identification Number (EIN)
14-1484939

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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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)

OPPENHEIMER & CO., INC.

13-5657518

(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	INVESTMENT MGMT. FEE	100074	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

(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?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

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

(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?
			Yes ☐ No ☐	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)

(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?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

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

(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?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

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

(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?
			Yes ☐ No ☐	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

(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

Part III	**Termination Information on Accountants and Enrolled Actuaries (see instructions)** (complete as many entries as needed)

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:

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

2020

This Form is Open to Public Inspection

For calendar plan year 2020 or fiscal plan year beginning 10/01/2020 and ending 09/30/2021

A Name of plan
EASTERN ALLOYS, INC. PENSION PLAN AND TRUST AGREEMENT

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
EASTERN ALLOYS, INC.

D Employer Identification Number (EIN)
14-1484939

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	69614	354493
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	11256	10103
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	989959	1153868
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	1021424	1050222
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	50830	141745
(B) Common	1c(4)(B)	2418608	2875406
(5) Partnership/joint venture interests	1c(5)		
(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)	3056661	3622120
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	1570946	1750082

			(a) Beginning of Year	**(b)** End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	9189298	10958039
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	9189298	10958039

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)	300000	
	(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)		300000
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)	29794	
	(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)		29794
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)	57332	
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	24428	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		81760
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	1129007	
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)	700098	
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		428909
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)	1370344	
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		1370344

		(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)		223929
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		2434736
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	565921	
(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)		565921
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: **(1)** Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	100074	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		100074
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		665995
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		1768741
l Transfers of assets:			
(1) To this plan	2l(1)		
(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: PKF O'CONNOR DAVIES LLP **(2)** EIN: 27-1728945

d The opinion of an independent qualified public accountant is **not attached** because:

(1) [ ] This form is filed for a CCT, PSA, 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.

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	

			Yes	No	Amount
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		1000000
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 ☒ 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.) ☒ Yes ☐ No ☐ Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 4348092.

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

2020

This Form is Open to Public Inspection.

For calendar plan year 2020 or fiscal plan year beginning 10/01/2020 and ending 09/30/2021

A Name of plan
EASTERN ALLOYS, INC. PENSION PLAN AND TRUST AGREEMENT

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
EASTERN ALLOYS, INC.

D Employer Identification Number (EIN)
14-1484939

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): 14-1794356

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 contributed more than 5% of total contributions to the plan during the plan year (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) through (c)

a Enter the percentage of plan assets held as:
Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

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_____

Eastern Alloys, Inc. Pension Plan and Trust Agreement

Financial Statements

September 30, 2021 and 2020

PKF O'CONNOR DAVIES
ACCOUNTANTS AND ADVISORS

Independent Auditors' Report

Trustees of the
Eastern Alloys, Inc. Pension Plan
and Trust Agreement

We have audited the accompanying financial statements of the Eastern Alloys, Inc. Pension Plan and Trust Agreement (the "Plan"), which comprise the statements of net assets available for benefits as of September 30, 2021 and 2020, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditors' judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the Plan's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, information regarding the Plan's net assets available for benefits as of September 30, 2021 and 2020, and the changes in its net assets available for benefits for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

PKF O'Connor Davies, LLP is a member firm of the PKF International Limited network of legally independent firms and does not accept any responsibility or liability for the actions or inactions on the part of any other individual member firm or firms.

Report on Supplementary Information

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental Schedule H, Part IV, Line 4i – Schedule of Assets (Held at End of Year) as of September 30, 2021 is presented for the purpose of additional analysis and is not a required part of the financial statements, but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Such information is the responsibility of the Plan's management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

PKF O'Connor Davies, LLP

July 14, 2022

Eastern Alloys, Inc. Pension Plan
and Trust Agreement

Statements of Net Assets Available for Benefits

	September 30,	
	2021	2020
ASSETS		
Investments, at Fair Value		
Corporate debt securities	$ 1,050,222	$ 1,021,424
Common stocks	2,875,406	2,418,608
Preferred stocks	141,745	50,830
Mutual funds	3,622,120	3,056,661
Alternative investments	1,750,082	1,570,946
Money market funds	1,153,868	989,959
Total Investments	10,593,443	9,108,428
Non interest bearing cash	354,493	69,614
Accrued interest receivable	10,103	11,256
Total Assets	10,958,039	9,189,298
LIABILITIES	-	-
Net Assets Available For Benefits	$ 10,958,039	$ 9,189,298

See notes to financial statements

Eastern Alloys, Inc. Pension Plan
and Trust Agreement

Statements of Changes in Net Assets Available for Benefits

	Year Ended September 30,	
	2021	2020
ADDITIONS		
Employer contributions	$ 300,000	$ 300,000
Investment Income		
Net appreciation in fair value of investments	2,023,182	780,924
Interest and dividends	111,554	122,188
Total Investment Income	2,134,736	903,112
Total Additions	2,434,736	1,203,112
DEDUCTIONS		
Benefits paid to participants	565,921	529,931
Administrative expenses	100,074	71,376
Total Deductions	665,995	601,307
Net Increase	1,768,741	601,805
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of year	9,189,298	8,587,493
End of year	$ 10,958,039	$ 9,189,298

See notes to financial statements

Eastern Alloys, Inc. Pension Plan and Trust Agreement

Notes to Financial Statements
September 30, 2021 and 2020

1. Description of Plan

The following brief description of the Eastern Alloys, Inc. Pension Plan and Trust Agreement (the "Plan") is provided for general information purposes only. Participants should refer to the plan agreement for more complete information.

General

The Plan is a noncontributory defined benefit plan covering substantially all employees of Eastern Alloys, Inc. (the "Company" or "Employer"). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

As of September 30, 2005, the Plan was frozen by the Company. No new participants are allowed in the Plan as of that date. In addition, benefit accruals have been suspended as of that date, but Employer contributions are still required in order to comply with the minimum funding rules.

Pension Benefits

Vested participants can receive pension benefits at normal retirement age (65). Benefits are equal to 1.5% of average compensation, over the five highest consecutive years of compensation, multiplied by the number of years of service, plus 0.5% of average compensation in excess of covered compensation multiplied by the number of years of service. Covered compensation is defined as the average of the Social Security wage base for the previous 35 years. Early retirement is permitted at ages 55-62, after completion of ten years of service. Employees may elect to receive their benefits in the form of a life annuity, five, ten or fifteen year certain annuity, or as a 50% or 100% joint survivor annuity.

Death and Disability Benefits

Death benefits are paid to the participant's eligible spouse or other beneficiaries if the participant dies prior to his or her normal retirement date. The benefit is payable either over the survivor's life or as a lump sum.

Disability benefits are provided under the Plan. Benefits commence at the later of two measurement dates: normal retirement date or the date that payments under the employer's long term disability plan cease. Disability retirement benefits are computed by projecting the participant's current annual wages as constant through normal age.

If the disabled employee is eligible for early retirement, he or she can elect out of the Employer's disability plan and start to receive his or her pension benefit.

2. Summary of Significant Accounting Policies

Basis of Accounting and Use of Estimates

The accompanying financial statements have been prepared in accordance with accounting principles generally accepted in the United States of America ("U.S. GAAP"), which requires management of the Plan to make estimates and assumptions that affect the reported amounts of assets, liabilities and changes therein, disclosure of contingent assets and liabilities, and the actuarial present value of accumulated plan benefits at the date of the financial statements, and changes therein. Actual results could differ from those estimates.

Fair Value Measurements

The Plan follows U.S. GAAP guidance on *Fair Value Measurements* which defines fair value and establishes a fair value hierarchy organized into three levels based upon the input assumptions used in pricing assets. Level 1 inputs have the highest reliability and are related to assets with unadjusted quoted prices in active markets. Level 2 inputs relate to assets with other than quoted prices in active markets which may include quoted prices for similar assets or liabilities or other inputs which can be corroborated by observable market data. Level 3 inputs are unobservable and are used to the extent that observable inputs do not exist.

Investment Valuation and Income Recognition

Investments are reported at fair value. Common stocks, preferred stocks and corporate debt securities that are traded on a national securities exchange are valued at the last reported sales price on the last business day of the plan year; investments traded in the over-the-counter market and listed securities for which no sale was reported on that date are valued at the average of the last reported bid and ask prices. Mutual funds held by the Plan are open-end mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily Net Asset Value ("NAV") and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

Certain alternative investments have been estimated using the NAV as reported by the management of the respective alternative investment fund. U.S. GAAP guidance provides for the use of NAV as a "Practical Expedient" for estimating fair value of alternative investments. These alternative investments have semi-annual redemption frequency when eligible for redemption.

Purchases and sales of investments are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation (depreciation) in fair value of investments includes the Plan's gains and losses on investments bought and sold as well as held during the year.

2. Summary of Significant Accounting Policies *(continued)*

Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those future periodic payments, including lump sum distributions that are attributable under the Plan's provisions, to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries; (b) beneficiaries of employees who have died; and (c) present employees or their beneficiaries. Benefits under the Plan are based on employee's compensation, age and credited service, as of the date the Plan was frozen. Benefits payable under the provisions of the Plan are included in the actuarial present value of accumulated plan benefits to the extent they are deemed attributable to employee service rendered to the valuation date. The actuarial present value of accumulated plan benefits is determined by Optimizing Foundations, the Plan's independent actuarial firm, and is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death or retirement) between the valuation date and the expected date of payment.

The significant actuarial assumptions underlying the actuarial present value of accumulated Plan benefits as of September 30, 2021, were as follows:

Retirement age	65
Long term investment rate of return	5.50%
Mortality	2021 Applicable

The significant actuarial assumptions changes from the prior year valuation were the change in the mortality table changing from the 2020 Applicable table to the 2021 Applicable table.

The forgoing actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

Payment of Benefits

Benefit payments to participants are recorded upon distribution.

Administrative Expenses

Certain administrative expenses of the Plan are paid by the Plan and are included in these financial statements. The Company pays all costs associated with general consulting and financial statement preparation, and individual estimated benefit calculations that are not related to an actual termination of employment. Such expenses are excluded from these financial statements.

2. Summary of Significant Accounting Policies *(continued)*

Funding Policy

The Company contributes such amounts as are necessary on an actuarial basis to provide the Plan with assets sufficient to meet the benefits to be paid to the Plan's participants. For the years ended September 30, 2021 and 2020, the Plan has met the minimum funding requirements of ERISA.

Subsequent Events Evaluation by Management

Management has evaluated subsequent events for disclosure and/or recognition in the financial statements through the date that the financial statements were available to be issued, which date is July 14, 2022.

3. Actuarial Present Value of Accumulated Plan Benefits

The actuarial present value of accumulated plan benefits as of September 30, is as follows:

	2021	2020
Actuarial Present Value of Accumulated Plan Benefits		
Vested participants	$ 5,239,874	$ 5,605,337
Vested participants currently receiving payments	3,771,705	3,350,558
Actuarial Present Value of Accumulated Plan Benefits	$ 9,011,579	$ 8,955,895

The changes in actuarial present value of accumulated plan benefits for the years ended September 30, as follows:

	2021	2020
Actuarial Present Value of Accumulated Plan Benefits, Beginning of Year	$ 8,955,895	$ 6,697,043
Increase (Decrease) During the Year Attributable to:		
Increase due to the passage of time	477,011	450,245
Benefits paid	(565,921)	(529,931)
Gain and accrual	144,594	2,338,538
Net Increase	55,684	2,258,852
Actuarial Present Value of Accumulated Plan Benefits, End of Year	$ 9,011,579	$ 8,955,895

4. Investments

The following are the major categories of investments measured at fair value on a recurring basis at September 30, grouped by the fair value hierarchy:

	2021			
Asset Category	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Observable Inputs (Level 2)	Other Investments Measued at NAV*	Total
Corporate debt securities	$ -	$ 1,050,222	$ -	$ 1,050,222
Common stocks	2,875,406	-	-	2,875,406
Preferred stocks	141,745	-	-	141,745
Mutual funds	3,622,120	-	-	3,622,120
Alternative investments	-	-	1,750,082	1,750,082
Money market funds	1,153,868	-	-	1,153,868
Total	$ 7,793,139	$ 1,050,222	$ 1,750,082	$ 10,593,443

	2020			
Asset Category	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Observable Inputs (Level 2)	Other Investments Measued at NAV*	Total
Corporate debt securities	$ -	$ 1,021,424	$ -	$ 1,021,424
Common stocks	2,418,608	-	-	2,418,608
Preferred stocks	50,830	-	-	50,830
Mutual funds	3,056,661	-	-	3,056,661
Alternative investments	-	-	1,570,946	1,570,946
Money market funds	989,959	-	-	989,959
Total	$ 6,516,058	$ 1,021,424	$ 1,570,946	$ 9,108,428

(*) As discussed in Note 2, investments that are measured using the practical expedient are not classified within the fair value hierarchy.

As of September 30, 2021 and 2020, the Plan had non interest bearing cash that amounted to $354,493 and $69,614. These amounts are not included in investments.

5. Plan Termination

Although it has not expressed any intent to do so, the Company reserves the right under the Plan to amend or discontinue the Plan, or its contributions at any time, and to terminate the Plan, subject to the provisions of ERISA. In the event of Plan termination, the net assets of the Plan will be allocated as prescribed by ERISA and its related regulations. Whether all participants receive their benefits should the Plan terminate at some future date will depend on the sufficiency, at that date, of the Plan's net assets to provide those benefits and may also depend on the level of benefits guaranteed by the Pension Benefit Guaranty Corporation.

6. Related Party Transactions

Certain Plan investments are managed by Oppenheimer & Company Inc., the custodian as defined by the Plan, and, therefore, these transactions qualify as exempt party-in-interest transactions under ERISA. Fees paid by the Plan to Oppenheimer & Company Inc. for investment management services and other fees amounted to $100,074 and $71,376 for the years ended September 30, 2021 and 2020.

7. Tax Status

The Plan received a favorable determination letter dated December 6, 2004, as a qualified plan under Section 401(a) of the Internal Revenue Code ("IRC"), and that the trust created under the Plan is exempt from Federal income tax under section 501(a) of the IRC. Subsequent to this determination, the Plan was amended and an application for a new determination letter has been submitted to the Internal Revenue Service. The status of the application is pending. Once qualified, the Plan is required to operate in conformity with the IRC to maintain its qualification. The plan administrator believes that the Plan is currently being operated in compliance with the applicable requirements of the IRC and, therefore, believes the Plan, as amended, is qualified and the related trust is tax exempt.

U.S. GAAP requires plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The Plan is subject to routine examinations by taxing jurisdictions; however, there are currently no examinations for any tax periods in progress.

8. Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the statements of net assets available for benefits.

8. Risks and Uncertainties *(continued)*

Plan contributions are made, and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates, and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

The global economic uncertainty associated with the COVID-19 pandemic has resulted in significant volatility in global financial markets. This volatility has affected, and may continue to affect, the value of the Plan's net assets available for benefits. The effects of economic and market conditions subsequent to September 30, 2021 are not reflected in these financial statements and future effects on the Plan's net assets available for benefits cannot be predicted due to uncertainty regarding the duration and scope of the pandemic and other changing market conditions.

* * * * *

Eastern Alloys, Inc. Pension Plan and Trust Agreement

Supplemental Schedule

September 30, 2021

Eastern Alloys, Inc. Pension Plan
and Trust Agreement

Schedule Pursuant to Department of Labor Requirements
September 30, 2021

Schedule H, Part IV, Line 4i - Schedule of Assets (Held at End of Year)

EIN #: 14-1484939
Plan #: 002

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
	CORPORATE DEBT SECURITIES			
	American Express Co.	Maturity Date 10/30/2024 at 3%	$ 24,178	$ 26,681
	AT&T Inc.	Maturity Date 05/15/2025 at 3.4%	48,880	53,887
	Bank of America Corp.	Maturity Date 01/22/2025 at 4%	49,343	54,324
	Bank of America Corp.	Maturity Date 08/15/2025 at 3.5%	50,078	53,063
	Bank of America Corp.	Maturity Date 10/22/2026 at 4.25%	25,003	28,130
	Block Financial Corp.	Maturity Date 11/01/2022 at 5.5%	50,340	51,368
	Boeing Co	Maturity Date 05/01/2034 at 3.6%	51,825	52,193
	Capital One Financial Corp.	Maturity Date 10/30/2024 at 3.3%	24,086	26,817
	Capital One Financial Corp.	Maturity Date 07/28/2026 at 3.75%	49,035	54,806
	Capital One Financial Corp.	Maturity Date 03/09/2027 at 3.75%	24,455	27,645
	Citigroup Inc.	Maturity Date 05/15/2023 at 3.5%	24,711	26,188
	Citigroup Inc.	Maturity Date 08/05/2024 at 4%	50,185	54,221
	Citigroup Inc.	Maturity Date 09/29/2027 at 4.45%	25,003	28,423
	Comcast Corp	Maturity Date 01/15/2031 at 1.95%	49,005	49,171
	Esc Lehman Bros Holds Inc.	Maturity Date 02/05/2021 at 6.25%	290	290
	Ford Motor Co Del	Maturity Date 12/08/2026 at 4.346%	24,812	26,625
	Fs Kkr Captial Corp	Maturity Date 01/15/2025 at 3.4%	49,943	52,200
	General Motors Co.	Maturity Date 04/01/2025 at 4%	49,755	54,350
	General Motors Finl Co Inc.	Maturity Date 04/20/2031 at 2.9%	50,005	50,042
	Goldman Sachs Group Inc.	Maturity Date 03/15/2023 at 5%	25,000	26,503
	Goldman Sachs Group Inc.	Maturity Date 01/23/2025 at 3.5%	24,980	26,770
	Goldman Sachs Group Inc.	Maturity Date 01/26/2027 3.85%	49,155	54,915
	Jefferies Group LLC	Maturity Date 01/15/2027 at 4.85%	49,943	57,948
	JPMorgan Chase & Co.	Maturity Date 12/01/2027 at 3.625%	23,943	27,299
	Morgan Stanley	Maturity Date 04/23/2027 at 3.95%	49,755	55,594
	Walgreen Co.	Maturity Date 09/15/2022 at 3.1%	29,906	30,769
	Total Corporate Debt Securities		973,614	1,050,222
	COMMON STOCKS	**SHARES**		
	Abbot Labs	87	6,111	10,277
	Accenture Plc Ireland Shares Class A	39	6,164	12,477
	Acuity Brands Inc.	39	4,748	6,761
	Adobe Systems Inc.	66	6,567	37,998
	Advance Auto Parts	147	17,617	30,707
	Advanced Energy Industries	68	4,331	5,967
	Advanced Micro Devices Inc.	48	4,531	4,939
	Albany International Corp.	72	3,649	5,535
	Alexandria Real Estate Eq Inc.	29	3,624	5,541
	Align Technology Inc.	36	5,292	23,955
	AllState Corp	200	25,065	25,462
	Ally Financial Inc.	597	12,413	30,477
	Amazon Com. Inc.	18	7,190	59,131
	American International Group Inc.	534	17,168	29,311
	Carried Forward		124,470	288,538

See independent auditors' report

Eastern Alloys, Inc. Pension Plan
and Trust Agreement

Schedule Pursuant to Department of Labor Requirements
September 30, 2021

Schedule H, Part IV, Line 4i - Schedule of Assets (Held at End of Year)

EIN #: 14-1484939
Plan #: 002

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
	COMMON STOCKS	**SHARES**		
	Brought Forward		$ 124,470	$ 288,538
	American Tower Corp. New	76	13,049	20,171
	Amerisourcebergen Corp.	221	17,975	26,398
	Analog Devices Inc.	102	9,990	17,083
	Apple Inc.	364	30,020	51,506
	Asml Holding	12	9,362	8,941
	AT&T Inc.	946	29,704	25,551
	Atmos Energy Corp.	47	4,760	4,145
	Autodesk Inc.	93	13,638	26,521
	Avnet Inc.	158	5,442	5,841
	Berkshire Hathaway Inc.	155	23,891	42,306
	Borgwarner Inc.	78	3,821	3,370
	Broadcom Inc.	42	13,340	20,367
	Burlington Stores Inc.	62	8,804	17,581
	Cabot Corp.	67	3,307	3,358
	CBRE Group Inc.	96	4,350	9,347
	Charles River Labs International Inc.	22	2,530	9,079
	Chevron Corp.	629	45,684	63,812
	Chipotle Mexican Grill Inc	12	15,666	21,810
	Cisco System Inc.	202	9,211	10,995
	Citigroup Inc.	1,043	56,742	73,198
	Cmc Materials Inc	45	5,107	5,545
	CNH Industrial N V	1,512	9,877	25,114
	Comcast Corp New Class A	286	15,059	15,996
	Conagra Brands Inc.	604	19,765	20,457
	Conmed Corp.	55	4,522	7,196
	Cracker Barrel Old Country Store	32	3,763	4,475
	Crown Castle Intl Corp New REIT	73	11,171	12,652
	Curtiss Wright Corp	109	11,693	13,754
	CVS Health Corp.	330	21,186	28,004
	D R Horton Inc.	51	2,257	4,282
	Danone Sponsored ADR	2,329	30,550	31,558
	Darden Restaurants Inc.	30	2,786	4,544
	Darling Ingredients Inc.	125	2,144	8,988
	Dexcom Inc.	48	6,869	26,249
	DiamondBack Energy Inc.	75	3,984	7,100
	Digi Intl Inc.	181	3,465	3,805
	Dollar Tree Inc	146	14,245	13,975
	DXC Technology Co.	663	19,854	22,283
	EastGroup Properties Inc.	30	2,698	4,999
	Eastman Chemical Co.	46	4,696	4,634
	Edwards LifeSciences Corp.	177	6,238	20,038
	Carried Forward		647,685	1,035,566

See independent auditors' report

Eastern Alloys, Inc. Pension Plan
and Trust Agreement

Schedule Pursuant to Department of Labor Requirements
September 30, 2021

Schedule H, Part IV, Line 4i - Schedule of Assets (Held at End of Year)

EIN #: 14-1484939
Plan #: 002

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
	COMMON STOCKS	**SHARES**		
	Brought Forward		$ 647,685	$ 1,035,566
	Emergent Biosolutions Inc.	58	3,702	2,904
	Entegris Inc.	77	2,495	9,694
	Equitable Holdings Inc.	926	15,958	27,447
	Facebook Inc.	76	6,973	25,794
	Fairfax Financial Holdings LTD.	108	40,719	43,590
	FirstCash Inc.	73	5,767	6,388
	Flex LTD.	403	4,575	7,125
	GATX Corp.	57	3,717	5,105
	General Motors Co.	887	24,857	46,754
	Heartland Finl USA Inc.	130	5,766	6,250
	Hexcel Corp.	85	4,983	5,048
	Home Depot Inc.	38	7,470	12,474
	Honeywell Intl Inc.	98	17,277	20,803
	Huntington Ingalls Inds Inc.	24	5,851	4,633
	Insulet Corp	60	15,869	17,054
	Intercontinental Exchange Inc.	133	12,433	15,271
	International Business Machines Corp.	144	20,457	20,006
	Intuitive Surgical Inc. Com New	28	14,607	27,836
	Johnson & Johnson Corp.	178	17,358	28,747
	JPMorgan Chase & Co.	410	36,064	67,113
	Keycorp New	212	4,242	4,583
	KLA Corporation Com New	62	7,380	20,740
	Las Vegas Sands Corp	349	13,305	12,773
	Liberty Global PLC.	1,536	40,217	45,251
	Liberty Latin America Ltd.	84	2,501	1,102
	Lilly Eli & Co.	43	5,454	9,935
	Lincoln National Corp.	217	7,804	14,919
	Lowes Cos Inc.	123	12,621	24,952
	Lululemon Athletic Inc.	50	17,145	20,235
	Lumen Technologies Inc.	2,003	27,140	24,817
	Magna International Inc.	449	16,177	33,783
	Masco Corp.	106	4,136	5,888
	Mastercard Inc. Class A	151	16,784	52,500
	Medical Pptys Trust Inc.	140	1,711	2,810
	MercadoLibre Inc.	14	11,440	23,512
	Merck & Co Inc.	386	28,236	28,992
	Meritage Homes Corp.	39	2,095	3,783
	Microsoft Corp.	409	36,867	115,305
	Miller Herman Inc	321	14,457	12,089
	Moodys Corp	32	7,124	11,364
	Moog Inc. Class A	54	3,919	4,116
	Carried Forward		1,195,338	1,909,051

See independent auditors' report

Eastern Alloys, Inc. Pension Plan
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Schedule Pursuant to Department of Labor Requirements
September 30, 2021

Schedule H, Part IV, Line 4i - Schedule of Assets (Held at End of Year)

EIN #: 14-1484939
Plan #: 002

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
	COMMON STOCKS	**SHARES**		
	Brought Forward		$ 1,195,338	$ 1,909,051
	Murphy Oil Corp.	1,407	14,442	35,132
	National Fuel Gas Co	498	22,001	26,155
	Netflix Inc	43	22,985	26,245
	Newell Brands Inc.	766	13,688	16,959
	Northrop Grumman Corp	36	12,505	12,965
	Nov Inc	332	4,413	4,353
	Nucor Corp.	109	4,894	10,735
	Nvidia Corp.	244	11,363	50,547
	Organon & Co Common Stock	623	19,385	20,428
	PayPal Holdgs Inc.	180	9,218	46,838
	Pebblebrook Hotel TR REIT	280	3,372	6,275
	Power Corp CDA	1,494	26,533	49,457
	Qualcomm Inc.	71	10,268	9,158
	Raymond James Financial Inc.	60	3,608	5,537
	Raytheon Technologies Corp	279	21,997	23,983
	Regions Financial Corp	466	9,723	9,930
	Reinsurance Group America Inc. Com New	28	4,172	3,115
	Reliance Steel & Aluminum Co.	76	4,483	10,824
	Renaissancere Holdings Ltd.	27	4,081	3,764
	Resolute FST Prods Inc.	722	3,861	8,592
	Ryder Sys Inc.	113	5,746	9,346
	S&P Global Inc.	14	3,246	5,948
	Sabre Corp.	550	7,031	6,512
	Salesforce Com. Inc.	143	8,968	38,784
	Sanmina Corporation	112	3,055	4,316
	Scotts Miracle Gro Co. Class A	38	3,425	5,562
	Sealed Air Corp. New	103	4,473	5,643
	Servicenow Inc.	91	13,324	56,627
	Skyworks Solutions Inc	80	14,669	13,182
	Snap On Inc.	22	3,207	4,597
	Sonoco Products Co.	73	4,029	4,349
	SPX Flow Inc.	176	6,415	12,866
	Square Inc.	139	7,213	33,338
	Stag Industrial Inc.	128	3,433	5,025
	Sterling Bancrop Del	181	3,820	4,518
	Stifel Finl Corp.	85	3,353	5,777
	Stryker Corp.	80	14,384	21,099
	Synopsys Inc.	19	1,628	5,689
	Tapestry Inc.	469	6,557	17,362
	TE Connectivity LTD.	145	11,890	19,897
	Carried Forward		1,552,196	2,570,480

See independent auditors' report

Eastern Alloys, Inc. Pension Plan
and Trust Agreement

Schedule Pursuant to Department of Labor Requirements
September 30, 2021

Schedule H, Part IV, Line 4i - Schedule of Assets (Held at End of Year)

EIN #: 14-1484939
Plan #: 002

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
	COMMON STOCKS	**SHARES**		
	Brought Forward		$ 1,552,196	$ 2,570,480
	Texas Instruments Inc.	97	9,859	18,644
	Timken Co.	56	2,409	3,664
	Tractor Supply Co.	83	13,286	16,817
	Twilio Inc	61	23,134	19,462
	United Bankshares Inc. West	134	4,720	4,875
	UnitedHealth Group Inc.	61	16,126	23,835
	United Therapeutics Corp Del	113	20,412	20,858
	Unity Software Inc	37	5,760	4,671
	Veeva Sys Inc.	139	7,984	40,056
	Visa Inc. Common Class A	282	24,268	62,815
	Vodafone Group PLC.	2,441	55,471	37,713
	Welbilt Inc.	437	3,403	10,156
	Wells Fargo Co New	699	18,174	32,441
	Wesbanco Inc.	147	4,810	5,010
	Wolverine World Wide Inc.	131	3,346	3,909
	Total Common Stocks		1,765,358	2,875,406
	PREFERRED STOCKS	**SHARES**		
	AT&T Inc	1,000	25,615	26,370
	Arch Cap Group Ltd	1,000	25,555	26,200
	First Republic Bank	1,000	25,515	25,100
	Charles Schwab	1,000	25,590	26,200
	JPMorgan Chase & Co.	1,500	37,910	37,875
	Total Preferred Stocks		140,185	141,745
	MUTUAL FUNDS	**SHARES**		
	AMG Times Square International	1,604	26,544	30,581
	Ancora/Thelen Small Mid Cap	13,263	200,453	272,814
	Baron Growth	1,459	91,716	179,051
	Blackrock Health Science	2,341	86,126	175,411
	Causeway Intl Value Instl Cl	2,370	41,282	41,600
	Clarkston Partners Fund Institutional Class	3,588	51,558	56,118
	Columbia Mortgage Opportunity Fund Institutional	4,086	41,997	43,483
	Driehaus Emerging Mkts GR Fund	11,705	393,344	571,332
	Eaton Vance Atlanta Capital Smid Cap	4,752	126,591	199,026
	Harding Loevner Intl Equity Port Institutional Class	21,727	431,752	640,738
	Infinity Q Diversified Alpha Fund Institutional Class	1,879	23,786	24,106
	Lyrical US Value Equity	25,196	407,490	536,670
	Merger Fund Institutional Class	1,646	26,924	28,517
	Carried Forward		1,949,563	2,799,447

See independent auditors' report

Eastern Alloys, Inc. Pension Plan
and Trust Agreement

Schedule Pursuant to Department of Labor Requirements
September 30, 2021

Schedule H, Part IV, Line 4i - Schedule of Assets (Held at End of Year)

EIN #: 14-1484939
Plan #: 002

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
	MUTUAL FUNDS	**SHARES**		
	Brought Forward		$ 1,949,563	$ 2,799,447
	Nuveen Real Asset Income Fund	1,120	26,395	26,540
	Osterweis Strategic Income	2,277	25,635	26,258
	Polen Growth Fund	1,270	30,820	68,583
	Poplar Forest Partners	1,303	58,267	73,037
	RNC Genter Dividend Income Fund	31,147	500,537	600,830
	Western Asset Macro Opportunity Fund	2,328	24,870	27,425
	Total Mutual Funds		2,616,087	3,622,120
	ALTERNATIVE INVESTMENTS			
	Electron Global Fund	350.000 Units	612,658	612,658
	Xanthus Fund	.03% ownership interest	1,137,424	1,137,424
	Total Alternative Investments		1,750,082	1,750,082
	MONEY MARKET FUND			
*	Advantage Primary Liquid Fund	1,153,868	1,153,868	1,153,868
			$ 8,399,194	$ 10,593,443

* - Denotes a party-in-interest as defined by ERISA.

See independent auditors' report

Schedule SB, line 26 – Schedule of Active Participant Data
Eastern Alloys, Inc. Pension Plan and Trust Agreement
14-1484939/002

The following table displays the distribution of all active participants by age and service.

Attained Age	Under 1		1 to 4		5 to 9		10 to 14		15 to 19		20 to 24		25 to 29		30 to 34		35 to 39		40 & up		Total
	No.	Average Acc. Ben.	No.	Average Acc. Ben.	No.	Average Acc. Ben.	No.	Average Acc. Ben.	No.	Average Acc. Ben.	No.	Average Acc. Ben.	No.	Average Acc. Ben.	No.	Average Acc. Ben.	No.	Average Acc. Ben.	No.	Average Acc. Ben.	
Under 25	0		0		0		0		0		0		0		0		0		0		0
25 to 29	0		0		0		0		0		0		0		0		0		0		0
30 to 34	0		0		0		0		0		0		0		0		0		0		0
35 to 39	0		0		0		0		0		0		0		0		0		0		0
40 to 44	0		0		0		0		0		0		0		0		0		0		0
45 to 49	0		0		0		0		0		1		0		0		0		0		1
50 to 54	0		0		0		0		0		1		1		1		0		0		3
55 to 59	0		0		0		0		0		0		4		0		0		0		4
60 to 64	0		0		0		0		1		0		0		0		3		2		6
65 to 69	0		0		0		0		0		0		0		0		0		0		0
70 & up	0		0		0		0		0		0		0		0		0		0		0
Total	0		0		0		0		1		2		5		1		3		2		14

Statement of actuarial assumptions and methods

Plan Sponsor

Eastern Alloys, Inc.

EIN/PN

14-1484939/002

Interest Rate Basis

- Applicable month: August 2020
- Interest rate basis: 3-Segment Rates

Interest Rates

	Reflecting Corridors
First segment rate	4.75%
Second segment rate	5.50%
Third segment rate	6.27%
Effective interest rate	5.68%

Lump Sum Rates

	Reflecting Corridors
First segment rate	0.51%
Second segment rate	2.31%
Third segment rate	3.15%

Lump sum based on 417(e) assumptions

Prior plan year PPA effective interest rate is 5.47% based on the August 2019 3-Segment Rates.

ASC 960 (plan accounting) interest rate: 7.00%

Assumed Cost of Living Adjustments

None.

Inclusion Date

The valuation date coincident with or next following the date on which the employee becomes a participant.

Mortality

For all participants, the prescribed combined mortality assumption under IRC §430(h)(3)(A) using static small plan tables projected generationally.

For Lump sums, 2020 applicable 417(e) mortality table unisex.

Retirement Decrements (per 100 employees)

Age	Percent
55-56	0
57-59	0
60-61	0
62-64	0
65 & over	100

Disability Rates

Age	Percent
25	0%
30	0%
35	0%
40	0%
45	0%
50	0%

Turnover Rates

None

Compensation Increases

None since the plan is Frozen.

Future Increases in Social Security

For purposes of determining the target normal cost and the additional Funding Target for maximum deductible contribution purposes, the National Average Wage Index is assumed to increase by 3.00% per annum.

Future Increases in Maximum Benefits and Plan Compensation Limitations

Accrued benefits projected to be paid in future years are limited to the maximum presently allowed under IRC §415. Plan compensation is limited to the maximum presently allowed under IRC §401(a)(17). No provision is made for future increases in the maximum annual benefit or compensation limit.

Form of Payment

100% of the participants are assumed to elect the normal form (life annuity).

Marriage

For purposes of valuing the pre-retirement surviving spouse's benefit, 50% of eligible participants are assumed to be married and male spouses are assumed to be three years older than female spouses.

Employees

It was assumed there will be no new or rehired employees.

Plan Compensation

Plan is frozen.

Asset Method

Under this method, valuation assets are equal to the market value of assets as of the valuation date plus the discounted present value of contributions for the prior plan year made after the valuation date based on the prior plan year PPA effective interest rate.

Participant Data

Participant data was supplied as of the valuation date via electronic mail.

Benefits not Included in Valuation

None.

PBGC Premium Funding Target

For purposes of determining the preliminary PBGC Premium Funding Target, the Alternative Premium Funding Target was determined using the assumptions described above, without regard to the interest rate corridors under HATFA.

Changes in Assumptions and Methods since Last Actuarial Valuation

The segment interest rates used to calculate the funding target and target normal cost were updated from an applicable month of August 2019 to August 2020 as prescribed. The applicable IRS-published MAP-21 corridors were reflected for the 2020 plan year and the applicable IRS-published HATFA corridors were reflected for the 2020 plan year.

The mortality assumption was updated as prescribed.

For purposes of determining the target normal cost and the additional funding target for maximum deductible contribution purposes, the assumed increase in the National Average Wage Index is 3.50% per year.

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

2020

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2020 or fiscal plan year beginning 10/01/2020 and ending 09/30/2021

A This return/report is for:
- [ ] a multiemployer plan
- [ ] a multiple-employer plan (Filers checking this box must attach a list of 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. ▶ [ ]

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
EASTERN ALLOYS, INC. PENSION PLAN AND TRUST AGREEMENT

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 07/01/1967

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)

EASTERN ALLOYS, INC.

P.O. BOX 317
HENRY HENNING DRIVE
MAYBROOK NY 12543

2b Employer Identification Number (EIN) 14-1484939

2c Plan Sponsor's telephone number 845-427-2151

2d Business code (see instructions) 331400

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	Signature of plan administrator	7-15-22 Date	Joseph J. Migliozzi Enter name of individual signing as plan administrator
SIGN HERE	Signature of employer/plan sponsor	7-15-22 Date	Joseph J. Migliozzi 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 **c** Plan Name	**4b** EIN **4d** PN	
5 Total number of participants at the beginning of the plan year	**5**	127
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)**	14
a(2) Total number of active participants at the end of the plan year	**6a(2)**	12
b Retired or separated participants receiving benefits	**6b**	58
c Other retired or separated participants entitled to future benefits	**6c**	53
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	123
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f Total. Add lines **6d** and **6e**	**6f**	123
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	
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 Characteristics Codes in the instructions:
1A 1I

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

9a Plan funding arrangement (check all that apply)		**9b** Plan benefit arrangement (check all that apply)	
(1)	[ ] Insurance	(1)	[ ] Insurance
(2)	[ ] Code section 412(e)(3) insurance contracts	(2)	[ ] Code section 412(e)(3) insurance contracts
(3)	[X] Trust	(3)	[X] Trust
(4)	[ ] General assets of the sponsor	(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

b General Schedules

(1) [X] **H** (Financial Information)

(2) [ ] **I** (Financial Information – Small Plan)

(3) [ ] ___ **A** (Insurance Information)

(4) [X] **C** (Service Provider Information)

(5) [ ] **D** (DFE/Participating Plan Information)

(6) [ ] **G** (Financial Transaction Schedules)

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

2020

This Form is Open to Public Inspection

For calendar plan year 2020 or fiscal plan year beginning 10/01/2020 and ending 09/30/2021

▶ **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
Eastern Alloys, Inc. Pension Plan and Trust Agreement

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
Eastern Alloys, Inc.

D Employer Identification Number (EIN)
14-1484939

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

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

Part I Basic Information

1 Enter the valuation date: Month 10 Day 01 Year 2020

2 Assets:

a Market value	2a	9,189,298
b Actuarial value	2b	9,189,298

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	56	5,927,464	5,927,464
b For terminated vested participants	57	2,196,643	2,196,643
c For active participants	14	1,030,616	1,030,616
d Total	127	9,154,723	9,154,723

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	5.68 %
6 Target normal cost	6	0

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each presribed 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

Noor

Signature of actuary

04/25/2022
Date

Noor Rajah
Type or print name of actuary

20-07192
Most recent enrollment number

Optimizing Foundations
Firm name

(917) 275-3802
Telephone number (including area code)

P.O. Box 81
US Roswell GA 30077
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)	2,207	497,954
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)	2,207	497,954
10	Interest on line 9 using prior year's actual return of 14.52%	320	72,303
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		47,701
	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 5.47 %		2,609
	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		50,310
	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)	2,527	570,257

Part III Funding Percentages

14	Funding target attainment percentage	14	94.12 %
15	Adjusted funding target attainment percentage	15	100.37 %
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	92.84 %
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
09/15/2021	300,000				
			Totals ▶ 18(b)	300,000	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	284,564

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? ☒ Yes ☐ No

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

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

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
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:	
4.75 %	5.50 %	6.27 %	☐ N/A, full yield curve used

b Applicable month (enter code) **21b** 2

22 Weighted average retirement age **22** 65

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

Part VI Miscellaneous items

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

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

26 Is the plan required to provide a Schedule of Active Participants? 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 6) **31a** 0

b Excess assets, if applicable, but not greater than line 31a **31b** 0

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month_____ Day_____ Year _____) and the waived amount **33**

34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33) **34** 0

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

36 Additional cash requirement (line 34 minus line 35) **36** 0

37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) **37** 284,564

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

a Total (excess, if any, of line 37 over line 36) **38a** 284,564

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 Pension Relief Act of 2010 (See Instructions)

41 If an election was made to use PRA 2010 funding relief for this plan:

a Schedule elected . . . . . ☐ 2 plus 7 years ☐ 15 years

b Eligible plan year(s) for which the election in line 41a was made . . . . . ☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011

Schedule SB, line 22 – Description of Weighted Average Retirement Age
Eastern Alloys, Inc. Pension Plan and Trust Agreement
14-1484939/002

(1)	(2)	(3)	(4)	(5)
Age	**Lives at Beginning of Yr.**	**Retire Rate**	**Expected # Retiring During Yr.**	**(1) X (4)**
65	100,000	100%	100,000	100,000

Weighted Average Retirement Age: 65

The weighted average retirement age is the sum of column (5) divided by 100,000 which represents the radix of the table.

Schedule SB, Part V – Summary of Plan Provisions
Eastern Alloys, Inc. Pension Plan and Trust Agreement
14-1484939/002

Summary of Plan Provisions

Plan Effective Date	July 1, 1967
Plan Year	From October 1, 2020 to September 30, 2021
Eligibility	All employees not excluded by class are eligible to enter on the beginning of the month coincident with or following the completion of the following requirements: 1 year of service Minimum age 21
Normal Retirement Age	All participants are eligible to retire with their full retirement benefit on the later of the following: Attainment of age 65 Completion of 5 years of participation from entry date
Normal Retirement Benefit	Upon normal retirement each participant will be entitled to a benefit payable in the normal form equal to the following: The accrued benefit as of September 30, 2005. The maximum monthly benefit is the lesser of $18,333.33 and 100% of the highest 3-year average salary, subject to service requirements. The benefit is based on average salary during the highest 5 consecutive years of service from date of hire.
Early Retirement Age	Attainment of age 55 Completion of 10 years of service from hire date
Early Retirement Benefit	Actuarial Equivalence
Normal Form of Benefit	A benefit payable for the life of the participant
Accrued Benefit	A fraction, not exceeding one, of the normal retirement benefit, calculated based on average salary on the calculation date. The numerator of the fraction is equal to the participant's credited years earned on the calculation date, and the denominator is equal to the participant's total projected credited years at normal retirement, up to a maximum of 1 credited years. Credited years are plan years from the first day of the plan year containing date of entry excluding the following: Years after September 30, 2005 Years before the effective date Years with less than 1,000 hours

Schedule SB, Part V – Summary of Plan Provisions
Eastern Alloys, Inc. Pension Plan and Trust Agreement
14-1484939/002

Termination Benefit

Upon termination for any reason other than death or retirement a participant shall be entitled to a portion of the actuarial equivalent of his accrued benefit in accordance with the following vesting schedule:

Credited Years	Vested Percent
1	0
2	0
3	0
4	0
5	100

Credited years are plan years from date of hire excluding the following:

Years before the effective date
Years before age 18
Years with less than 1,000 hours

Top-Heavy Minimum Benefit

Each participant will be entitled to a minimum accrued benefit equal to the following:

2% of average compensation times credited years

Credited years are plan years from the first day of the plan year containing date of entry excluding the following:

Years with less than 1,000 hours
Years plan is not top-heavy
with a maximum of 10 years

Benefit is based on average salary during the highest 5 consecutive years of employment

Top-Heavy Normal Form

A benefit payable for the life of the participant

Top-Heavy Vesting

In any year the plan is top-heavy the participants will vest in accordance with the following vesting schedule:

Credited Years	Vested Percent
1	0
2	0
3	100

Credited years are plan years from date of hire excluding the following:

Years with less than 1,000 hours

Top-Heavy Status

A plan is top-heavy if over 60% of the value of all accrued benefits in all of the employer's plans are for the benefit of key employees. A key employee is generally an officer or owner of the company. This plan is currently not top-heavy.

Schedule SB, Part V – Summary of Plan Provisions
Eastern Alloys, Inc. Pension Plan and Trust Agreement
14-1484939/002

Death Benefit	Actuarial Equivalent of the accrued benefit earned to date of death

2020 FORM 5500
(ANNUAL RETURN/REPORT OF EMPLOYEE BENEFIT PLAN)

Name of Plan: Eastern Alloys, Inc. Pension Plan and Trust Agreement
Plan Sponsor Name: Eastern Alloys, Inc.
Plan Sponsor EIN: 14-1484939
Plan Number: 002

REQUIRED ATTACHMENTS TO SCHEDULE H
(FINANCIAL INFORMATION)

Question 4i – Schedule of Assets Held For Investments

In accordance with the Instructions for the 2020 Form 5500, Annual Return/Report of Employee Benefit Plan (the "Return"), the required attachment for Schedule H (Financial Information), question 4i, Schedule of Assets Held for Investments Purposes at End of Year (the "Schedule"), is included at the end of the audited financial statements for the Plan. Please refer to the Accountant's Opinion, attached to the Return, for the Schedule.