

<p style="text-align: center;"><b>Form 5500</b></p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p><b>Annual Return/Report of Employee Benefit Plan</b></p> <p style="font-size: x-small;">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).</p> <p style="text-align: center;"><b>▶ Complete all entries in accordance with the instructions to the Form 5500.</b></p>	<p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: large; font-weight: bold; text-align: center;">2023</p> <hr/> <p style="text-align: center; font-weight: bold;">This Form is Open to Public Inspection</p>
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**Part I Annual Report Identification Information**  
 For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/29/2023

**A** This return/report is for:  a multiemployer plan  a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)

a single-employer plan  a DFE (specify) \_\_\_\_\_

**B** This return/report is:  the first return/report  the final return/report

an amended return/report  a short plan year return/report (less than 12 months)

**C** If the plan is a collectively-bargained plan, check here. . . . .

**D** Check box if filing under:  Form 5558  automatic extension  the DFVC program

special extension (enter description)

**E** If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. . . . .

**Part II Basic Plan Information—enter all requested information**

<p><b>1a</b> Name of plan <u>PENSION PLAN FOR THE EMPLOYEES OF CHARLOTTE PIPE AND FOUNDRY COMPANY</u></p>	<p><b>1b</b> Three-digit plan number (PN) ▶ <u>001</u></p>
<p><b>2a</b> Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>CHARLOTTE PIPE AND FOUNDRY COMPANY</u></p> <p><u>PO BOX 35430</u> <u>2109 RANDOLPH ROAD</u> <u>CHARLOTTE, NC 28235-6092</u></p>	<p><b>1c</b> Effective date of plan <u>01/01/1976</u></p> <p><b>2b</b> Employer Identification Number (EIN) <u>56-0174030</u></p> <p><b>2c</b> Plan Sponsor's telephone number <u>704-372-5030</u></p> <p><b>2d</b> Business code (see instructions) <u>327900</u></p>

**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.

<b>SIGN HERE</b>	<u>Filed with authorized/valid electronic signature.</u>	<u>10/11/2024</u>	<u>LOIS WARREN</u>
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>			
	Signature of DFE	Date	Enter name of individual signing as DFE

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN	
	<b>3c</b> Administrator's telephone number	
<b>4</b> 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: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN	
	<b>4d</b> PN	
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	1551
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits ..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> . ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits ..... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> . ..... <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) ..... <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) ..... <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<b>6a(1)</b>	647
	<b>6a(2)</b>	0
	<b>6b</b>	0
	<b>6c</b>	0
	<b>6d</b>	0
	<b>6e</b>	0
	<b>6f</b>	0
	<b>6g(1)</b>	
<b>6g(2)</b>		
<b>6h</b>		0
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	<b>7</b>	

**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:  
1A 1H 1I 3H

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

<b>9a</b> Plan funding arrangement (check all that apply)	<b>9b</b> Plan benefit arrangement (check all that apply)
(1) <input type="checkbox"/> Insurance	(1) <input type="checkbox"/> Insurance
(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts
(3) <input checked="" type="checkbox"/> Trust	(3) <input checked="" type="checkbox"/> Trust
(4) <input type="checkbox"/> General assets of the sponsor	(4) <input type="checkbox"/> 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)

<b>a Pension Schedules</b>	<b>b General Schedules</b>
(1) <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)	(1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information)
(2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)
(3) <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(3) <input type="checkbox"/> <b>A</b> (Insurance Information) – Number Attached <u>0</u>
(4) <input type="checkbox"/> <b>DCG</b> (Individual Plan Information) – Number Attached _____	(4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)
(5) <input type="checkbox"/> <b>MEP</b> (Multiple-Employer Retirement Plan Information)	(5) <input type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)
	(6) <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules)

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

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**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.

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

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**11c** Enter the Receipt Confirmation Code for the 2023 Form M-1 annual report. If the plan was not required to file the 2023 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 \_\_\_\_\_

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<b>SCHEDULE C</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Service Provider Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2023</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2023 or fiscal plan year beginning **01/01/2023** and ending **12/29/2023**

<b>A</b> Name of plan <b>PENSION PLAN FOR THE EMPLOYEES OF CHARLOTTE PIPE AND FOUNDRY COMPANY</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>CHARLOTTE PIPE AND FOUNDRY COMPANY</b>	<b>D</b> Employer Identification Number (EIN) <b>56-0174030</b>	

**Part I Service Provider Information (see instructions)**

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

**1 Information on Persons Receiving Only Eligible Indirect Compensation**

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

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

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

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

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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)

SLC CONSULTING

68-0635051

(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?
28 50	NONE	190027	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

BMO

36-2085229

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21 50	NONE	68221	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

(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 <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

**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.

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

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

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

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

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

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

<b>(a)</b> Enter name and EIN or address of service provider (see instructions)	<b>(b)</b> Nature of Service Code(s)	<b>(c)</b> 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)

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  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).  <b>► File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2023</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/29/2023

<b>A</b> Name of plan <u>PENSION PLAN FOR THE EMPLOYEES OF CHARLOTTE PIPE AND FOUNDRY COMPANY</u>	<b>B</b> Three-digit plan number (PN) ► <u>001</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <u>CHARLOTTE PIPE AND FOUNDRY COMPANY</u>	<b>D</b> Employer Identification Number (EIN) <u>56-0174030</u>

**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.

		(a) Beginning of Year	(b) End of Year
<b>Assets</b>			
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>		
<b>b</b> Receivables (less allowance for doubtful accounts):			
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>		
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>		
<b>(3)</b> Other .....	<b>1b(3)</b>	781037	0
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>		
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>	84259977	0
<b>(3)</b> Corporate debt instruments (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>	21514008	0
<b>(B)</b> All other .....	<b>1c(3)(B)</b>		
<b>(4)</b> Corporate stocks (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>		
<b>(B)</b> Common .....	<b>1c(4)(B)</b>		
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>		
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>		
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>		
<b>(8)</b> Participant loans .....	<b>1c(8)</b>		
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>		
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>		
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>		
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>		
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	110801	0
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) .....	<b>1c(14)</b>		
<b>(15)</b> Other .....	<b>1c(15)</b>		

<b>1d</b> Employer-related investments:		<b>(a)</b> Beginning of Year	<b>(b)</b> End of Year
(1) Employer securities .....	<b>1d(1)</b>		
(2) Employer real property .....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation .....	<b>1e</b>		
<b>f</b> Total assets (add all amounts in lines 1a through 1e) .....	<b>1f</b>	106665823	0
<b>Liabilities</b>			
<b>g</b> Benefit claims payable .....	<b>1g</b>		
<b>h</b> Operating payables .....	<b>1h</b>		
<b>i</b> Acquisition indebtedness .....	<b>1i</b>		
<b>j</b> Other liabilities .....	<b>1j</b>		
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j) .....	<b>1k</b>	0	0
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f) .....	<b>1l</b>	106665823	0

**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.

<b>Income</b>		<b>(a)</b> Amount	<b>(b)</b> Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers .....	<b>2a(1)(A)</b>	1220000	
<b>(B)</b> Participants .....	<b>2a(1)(B)</b>		
<b>(C)</b> Others (including rollovers) .....	<b>2a(1)(C)</b>	10380000	
(2) Noncash contributions .....	<b>2a(2)</b>		
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		11600000
<b>b Earnings on investments:</b>			
<b>(1) Interest:</b>			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit) .....	<b>2b(1)(A)</b>		
<b>(B)</b> U.S. Government securities .....	<b>2b(1)(B)</b>	1840884	
<b>(C)</b> Corporate debt instruments .....	<b>2b(1)(C)</b>	481275	
<b>(D)</b> Loans (other than to participants) .....	<b>2b(1)(D)</b>		
<b>(E)</b> Participant loans .....	<b>2b(1)(E)</b>		
<b>(F)</b> Other .....	<b>2b(1)(F)</b>		
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		2322159
<b>(2) Dividends:</b>			
<b>(A)</b> Preferred stock .....	<b>2b(2)(A)</b>		
<b>(B)</b> Common stock .....	<b>2b(2)(B)</b>		
<b>(C)</b> Registered investment company shares (e.g. mutual funds) .....	<b>2b(2)(C)</b>	83858	
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		83858
(3) Rents .....	<b>2b(3)</b>		
<b>(4) Net gain (loss) on sale of assets:</b>			
<b>(A)</b> Aggregate proceeds .....	<b>2b(4)(A)</b>	-9203856	
<b>(B)</b> Aggregate carrying amount (see instructions) .....	<b>2b(4)(B)</b>		
<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....	<b>2b(4)(C)</b>		
<b>(5) Unrealized appreciation (depreciation) of assets:</b>			
<b>(A)</b> Real estate .....	<b>2b(5)(A)</b>		
<b>(B)</b> Other .....	<b>2b(5)(B)</b>	8391549	
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		

		(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)		
<b>c</b> Other income.....	2c		5290
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total.....	2d		13199000

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	58164827	
(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)		58164827
<b>f</b> Corrective distributions (see instructions).....	2f		
<b>g</b> Certain deemed distributions of participant loans (see instructions).....	2g		
<b>h</b> Interest expense.....	2h		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances.....	2i(1)		
(2) Contract administrator fees.....	2i(2)		
(3) Recordkeeping fees.....	2i(3)		
(4) IQPA audit fees.....	2i(4)		
(5) Investment advisory and investment management fees.....	2i(5)	190027	
(6) Bank or trust company trustee/custodial fees.....	2i(6)	68221	
(7) Actuarial fees.....	2i(7)		
(8) Legal fees.....	2i(8)		
(9) Valuation/appraisal fees.....	2i(9)		
(10) Other trustee fees and expenses.....	2i(10)		
(11) Other expenses.....	2i(11)	61441748	
(12) Total administrative expenses. Add lines 2i(1) through (11).....	2i(12)		61699996
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total.....	2j		119864823

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line 2j from line 2d.....	2k		-106665823
<b>l</b> 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)  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)  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: PRICEWATERHOUSECOOPERS, LLP

(2) EIN: 13-4008324

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

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

**Part IV Compliance Questions**

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

During the plan year:

	Yes	No	Amount
<b>a</b> Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
<b>b</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.)		X	
<b>c</b> 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.)		X	
<b>d</b> 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.)		X	
<b>e</b> Was this plan covered by a fidelity bond?	X		8000000
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
<b>g</b> 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?		X	
<b>h</b> 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?		X	
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)		X	
<b>j</b> 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.)	X		
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	X		
<b>l</b> Has the plan failed to provide any benefit when due under the plan?		X	
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
<b>n</b> 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.			

**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 0.

**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.)

<b>5b(1)</b> Name of plan(s)	<b>5b(2)</b> EIN(s)	<b>5b(3)</b> 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 523455.

<b>SCHEDULE R</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Retirement Plan Information</b>  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).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2023</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/29/2023

<b>A</b> Name of plan <u>PENSION PLAN FOR THE EMPLOYEES OF CHARLOTTE PIPE AND FOUNDRY COMPANY</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>001</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <u>CHARLOTTE PIPE AND FOUNDRY COMPANY</u>	<b>D</b> Employer Identification Number (EIN) <u>56-0174030</u>	

<b>Part I</b>	<b>Distributions</b>
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**All references to distributions relate only to payments of benefits during the plan year.**

<b>1</b> Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	0
<b>2</b> 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): <u>39-6436442</u>		
<b>Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.</b>		
<b>3</b> Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year .....	3	810

<b>Part II</b>	<b>Funding Information</b> (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.)
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**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.**

<b>6 a</b> Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....	6a	
<b>b</b> Enter the amount contributed by the employer to the plan for this plan year .....	6b	
<b>c</b> 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

<b>Part III</b>	<b>Amendments</b>
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**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

<b>Part IV</b>	<b>ESOPs</b> (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.
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**10** Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? .....  Yes  No

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

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

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

**Part V Additional Information for Multiemployer Defined Benefit Pension Plans**

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

**a** Name of contributing employer \_\_\_\_\_

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

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

**e** Contribution rate information (If more than one rate applies, check this box  and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): \_\_\_\_\_

**a** Name of contributing employer \_\_\_\_\_

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

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

**e** Contribution rate information (If more than one rate applies, check this box  and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): \_\_\_\_\_

**a** Name of contributing employer \_\_\_\_\_

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

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

**e** Contribution rate information (If more than one rate applies, check this box  and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): \_\_\_\_\_

**a** Name of contributing employer \_\_\_\_\_

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

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

**e** Contribution rate information (If more than one rate applies, check this box  and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): \_\_\_\_\_

**a** Name of contributing employer \_\_\_\_\_

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

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

**e** Contribution rate information (If more than one rate applies, check this box  and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): \_\_\_\_\_

**a** Name of contributing employer \_\_\_\_\_

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

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

**e** Contribution rate information (If more than one rate applies, check this box  and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): \_\_\_\_\_

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

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

**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:

<b>a</b> The corresponding number for the plan year immediately preceding the current plan year .....	<b>15a</b>	
<b>b</b> The corresponding number for the second preceding plan year .....	<b>15b</b>	

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

<b>a</b> Enter the number of employers who withdrew during the preceding plan year .....	<b>16a</b>	
<b>b</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 .....	<b>16b</b>	

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

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

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

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

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

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

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

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

**b** If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:  
 Yes.  
 No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.  
 No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.  
 No. Other. Provide explanation.....

**Part VII IRS Compliance Questions**

**21a** Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules?  Yes  No

**21b** If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).  
 Design-based safe harbor method  
 "Prior year" ADP test  
 "Current year" ADP test  
 N/A

**22** If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter \_\_\_/\_\_\_/\_\_\_\_ (MM/DD/YYYY) and the Opinion Letter serial number \_\_\_\_\_.

**Pension Plan for the  
Employees of Charlotte Pipe  
and Foundry Company**

**Financial Statements (In Liquidation) and  
Supplemental Schedule**

**December 29, 2023 and December 31, 2022**

# Pension Plan for the Employees of Charlotte Pipe and Foundry Company

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Schedule H, Line 4j - Schedule of Reportable Transactions For the Period from January 1, 2023 to December 29, 2023 .....	17
Note: Other schedules required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA have been omitted because they are not applicable.	



## **Report of Independent Auditors**

To the Administrator of Pension Plan for the Employees of Charlotte Pipe and Foundry Company

### ***Scope and Nature of the ERISA Section 103(a)(3)(C) Audit***

We have performed an audit of the accompanying financial statements of Pension Plan for the Employees of Charlotte Pipe and Foundry Company (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits (in liquidation) as of December 29, 2023 and December 31, 2022, and the related statement of changes in net assets available for benefits (in liquidation) for the period from January 1, 2023 to December 29, 2023, including the related notes (collectively referred to as the "financial statements").

Management, having determined it is permissible in the circumstances, has elected to have the audit of the Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audit need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from a qualified institution as of December 31, 2023 and 2022 and for the year ended December 31, 2023, stating that the certified investment information, as described in Note 4 to the financial statements, is complete and accurate.

### ***Opinion***

In our opinion, based on our audit and on the procedures performed as described in the Auditors' Responsibilities for the Audit of the Financial Statements section of our report

- the amounts and disclosures in the accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America applied on the basis described in Note 2.
- the information in the accompanying financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).



### ***Basis for Opinion***

We conducted our audit in accordance with auditing standards generally accepted in the United States of America (US GAAS). Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

### ***Basis of Accounting***

As discussed in Note 1 to the financial statements, the Board of Directors of Charlotte Pipe and Foundry Company approved a plan of liquidation on March 8, 2022, and the Plan determined liquidation is imminent. As a result, the Plan changed its basis of accounting on March 8, 2022 from the going concern basis to a liquidation basis. Our opinion is not modified with respect to this matter.

### ***Responsibilities of Management for the Financial Statements***

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for 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. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

Management is also responsible for maintaining a current plan instrument, including all plan amendments, administering the plan, and determining that the plan's transactions that are presented and disclosed in the financial statements are in conformity with the plan's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

### ***Auditors' Responsibilities for the Audit of the Financial Statements***

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with US GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with US GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.



- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit 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, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.

Our audit did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

***Other Matter – Supplemental Schedule Required by ERISA***

Schedule H, Line 4j - Schedule of Reportable Transactions for the period from January 1, 2023 to December 29, 2023 ("supplemental schedule"), is presented for purposes 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 ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to the auditing procedures applied in the audit 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 US GAAS. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, other than the information agreed to or derived from the certified investment information, including its form and content, is presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. In our opinion



- the form and content of the supplemental schedule, other than the information in the supplemental schedule that agreed to or is derived from the certified investment information, is presented, in all material respects, in conformity with the Department of Labor’s Rules and Regulations for Reporting and Disclosure under ERISA.
- the information in the supplemental schedule related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

*PricewaterhouseCoopers LLP*

Charlotte, North Carolina  
October 10, 2024

# Pension Plan for the Employees of Charlotte Pipe and Foundry Company

## Statements of Net Assets Available for Benefits (In Liquidation)

December 29, 2023 and December 31, 2022

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	December 29, 2023	December 31, 2022
<b>Assets</b>		
Investments, at fair value		
US government, state, and municipal securities	\$ -	\$ 84,259,977
Corporate bonds	-	21,514,008
Mutual funds	-	110,801
Total investments	-	105,884,786
Employer's contribution receivable	-	11,600,000
Accrued interest and dividends	-	3,186,332
Total assets	-	120,671,118
<b>Liabilities</b>		
Accrued liquidation costs	-	257,737
Total liabilities	-	257,737
Net assets available for benefits	\$ -	\$ 120,413,381

The accompanying notes are an integral part of these financial statements.

# Pension Plan for the Employees of Charlotte Pipe and Foundry Company

## Statement of Changes in Net Assets Available for Benefits (In Liquidation)

Period from January 1, 2023 to December 29, 2023

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	Period From January 1, 2023 to December 29, 2023
<b>Additions (reductions) to net assets available for benefits attributed to</b>	
Investment loss	
Net depreciation in fair value of investments	\$ (812,307)
Total investment loss	(812,307)
Other income	5,501
Total reductions	(806,806)
<b>Deductions to net assets available for benefits attributed to</b>	
Benefits paid to participants	58,164,827
Purchase of annuity contract	46,664,659
Rollover to 401(k) retirement savings plan	14,777,089
Total deductions	119,606,575
Net decrease in net assets available for benefits	(120,413,381)
<b>Net assets available for benefits</b>	
Beginning of period	120,413,381
End of year	\$ -

The accompanying notes are an integral part of these financial statements.

# **Pension Plan for the Employees of Charlotte Pipe and Foundry Company**

## **Notes to Financial Statements (In Liquidation)**

### **December 29, 2023 and December 31, 2022**

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#### **1. Description of the Plan**

The following brief description of the Pension Plan for the Employees of Charlotte Pipe and Foundry Company (the “Plan”) is provided for general information only. Participants should refer to the Plan agreement for more complete information.

##### **General**

The Plan is a noncontributory defined benefit pension plan covering substantially all employees of Charlotte Pipe and Foundry Company (the “Company”) employed prior to the Plan’s freeze on enrollment which became effective on August 1, 2006. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”). The Company’s Board of Directors is responsible for oversight of the Plan. The Company’s Investment Committee determines the appropriateness of the Plan’s investment offerings, monitors investment performance and reports to those in charge of governance of the Plan.

The Plan sponsor froze participation in the Plan as of July 8, 2006. Employees with participant status as of August 1, 2006 retained their vested and nonvested benefits. No new participants were allowed in the Plan.

In 2020, the Company’s Board of Directors formally resolved to curtail the Plan, effective February 29, 2020. This amendment to the Plan froze accrued benefits for all participants as of February 29, 2020 and ceased all future benefit accruals after this date. Participants continued to receive vesting service, which is used for determining eligibility for early retirement benefits.

##### **Plan Termination**

During 2022, the Plan was approved to be terminated by an Action By Unanimous Consent of the Board of Directors of Charlotte Pipe and Foundry Company (“the Board”). On March 8, 2022, the Board approved the termination of the Plan, at which point the termination of the Plan was considered imminent and a termination date of August 31, 2022 was established during a subsequent meeting of the Board. On June 30, 2022, the Third Amendment to the Pension Plan for the Employees of Charlotte Pipe and Foundry Company (“the Third Amendment”), was executed by those charged with governance authorizing the termination of the Plan. Management commenced payments to participants upon the satisfaction of all requirements of the Pension Benefit Guaranty Corporation (“PBGC”), and completed the termination on December 29, 2023.

After providing notification to eligible participants, a lump sum election window was established for the period April 14, 2023 through May 31, 2023, and any participants not electing the lump sum option were then deemed eligible for an annuity payment. In this election window participants not electing the lump sum option had the option to receive annuity payments immediately or defer until retirement. Lump sums were paid out to participants electing that option on July 19, 2023. On August 18, 2023, management completed the purchase of a Single Premium Group Annuity Proposal from American United Life Insurance Company (“AUL”), a OneAmerica Company, for \$46,664,659. The purchase of this contract transferred all remaining pension obligations to OneAmerica. Annuity payments through AUL began October 1, 2023.

##### **Benefits**

Prior to the approval of the termination, normal retirement date was the date upon which an employee had attained age 65 and completed 5 years of participation service.

# **Pension Plan for the Employees of Charlotte Pipe and Foundry Company**

## **Notes to Financial Statements (In Liquidation)**

### **December 29, 2023 and December 31, 2022**

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The amount of annual benefit to be paid in monthly installments for life, based on service through the date on which accrued benefits were frozen, was calculated as the greater of the following:

- a. One-half of one percent of the participant's average compensation (as defined below) multiplied by the number of years of service.
- b. The minimum annual retirement benefit (exclusive of Social Security) was \$48 for each year of service prior to January 1, 1975, plus \$60 for each year of service subsequent to December 31, 1974.

Average compensation for calculation of benefits was defined as the average of the three highest years of compensation paid during the last ten calendar years of service including the calendar year which contained the participant's actual termination or retirement date up to the date the Plan was frozen for benefit accruals.

A participant could continue in the employment of the Company after his normal retirement date. Employees could elect regular early retirement as follows:

Upon the completion of 15 years of service and the attainment of age 55 a participant could elect to retire. Payments began immediately, with the benefit being reduced 3% for each of the first 5 years and 6% for each of the next 5 years by which the payment date preceded the normal retirement date. At the option of the participant, payment of benefits could be delayed until his normal retirement date.

Employees could also elect special early retirement as follows:

Upon completion of 30 years of service and the attainment of age 62 or completion of 40 years of service and the attainment of age 60, a participant could elect to retire. Payment began immediately, without any reductions in the benefit.

#### **Disability Retirement Benefits**

Prior to the approval of the termination, a participant who became totally and permanently disabled before his normal retirement date could retire and receive a disability retirement benefit.

The annual disability retirement benefit of a participant who retired on account of disability was calculated as an annuity payable for life in monthly installments and was equal to his accrued benefit as of his disability retirement date without any actuarial reductions for commencement of benefit payments before his normal retirement date.

The minimum annual disability retirement benefit (exclusive of Social Security benefits) was the minimum annual retirement benefit described above, based on service to disability retirement date.

For certain employees, the benefit was deferred to normal retirement age in order not to duplicate benefits provided by a long-term disability benefit program.

#### **Death Benefit**

Prior to the approval of the termination, in the event of an active participant's death after the attainment of the requirements for normal retirement, the participant's named beneficiary or estate was entitled to receive the then actuarial equivalent of the accrued benefits of the participant in a lump sum or in equal monthly installments over the beneficiary's lifetime. Beneficiaries of

# **Pension Plan for the Employees of Charlotte Pipe and Foundry Company**

## **Notes to Financial Statements (In Liquidation)**

### **December 29, 2023 and December 31, 2022**

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participants who died prior to eligibility for normal or early retirement were entitled to receive either a lump sum or pre-retirement survivor annuity.

#### **Vesting**

Upon the termination of employment after five or more years of service or attainment of normal retirement age, a participant had a full vested interest in his accrued benefit which was payable at normal retirement date.

In the event that the participant had met the service requirement for early retirement at the date of termination, he could elect to receive his vested interest at his early retirement age. Such benefit was reduced as described in the Plan agreement. If, however, the present value of the participant's vested accrued benefit did not exceed \$5,000, the vested portion of the accrued benefit was distributed in a lump sum without requiring the participant's consent. Prior to the approval of the termination, all participants were fully vested, except as described in Note 3.

#### **Funding Policy**

The Company's policy is to make at least the minimum required contribution to the Plan each year, based on ERISA requirements. The Company made a contribution of \$11,600,000 in 2023 to effect the plan termination.

#### **Administrative Expenses**

The Plan's expenses were paid either by the Plan or the Company, as provided by the Plan document. Certain expenses incurred in connection with the general administration of the Plan were paid by the Plan. In addition, certain investment related expenses are included in net depreciation in fair value of investments presented in the accompanying statement of changes in net assets available for benefits (in liquidation).

## **2. Summary of Significant Accounting Policies**

#### **Basis of Accounting**

As discussed in Note 1, on March 8, 2022, the Board approved the termination of the Plan pursuant to the approval of regulatory agencies. As a result of the termination, as of December 29, 2023 and December 31, 2022, and for the period from January 1, 2023 to December 29, 2023, the Plan used the liquidation basis of accounting in accordance with accounting principles generally accepted in the United States of America ("GAAP"). Under the liquidation basis of accounting, assets were measured to reflect the estimated amount of cash expected to be collected in settling or disposing of the assets during the liquidation process and liabilities were measured using the accrual basis of accounting and included any expected costs of the disposal of assets and other costs expected to be incurred during the liquidation process.

# **Pension Plan for the Employees of Charlotte Pipe and Foundry Company**

## **Notes to Financial Statements (In Liquidation)**

### **December 29, 2023 and December 31, 2022**

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#### **Valuation of Investments**

During 2023 and 2022, the Plan's investment portfolio included US government, state, and municipal notes, corporate bonds, and mutual funds. Investments are reported at liquidation value at December 31, 2022. Liquidation value approximates fair value. Securities traded in the over-the-counter market were valued at the last reported bid price. Fixed income investments, such as corporate bonds, were valued on the basis of valuations furnished by independent pricing services, which were approved by BMO Harris Bank N.A. (the "Trustee"). These services determined valuations for normal institutional-size trading units of such securities using models or matrix pricing, which incorporated yield and/or price with respect of bonds that are considered comparable in characteristics such as rating, interest rate and maturity date and quotations from bond dealers to determine value. If these valuations were deemed to be either not reliable or not readily available, the fair value was determined in good faith by the Trustee.

#### **Investment Income Recognition**

The Plan presents in the statement of changes in net assets available for benefits (in liquidation) the net appreciation (depreciation) in the fair value of investments, which consists of the realized gains and losses and the unrealized appreciation and depreciation on these investments. Gains or losses on the sale of investments are determined based on weighted average cost which includes transaction expenses. Purchases and sales of investments are recorded on a trade-date basis. Changes in the fair value of investments are recognized as they occur.

#### **Actuarial Present Value of Accumulated Plan Benefits**

Accumulated plan benefits are those future periodic payments that are attributable under the Plan's provisions to the service employees have rendered to the date at which benefits were frozen. 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 upon the employee's years of service at the date of their retirement. The accumulated plan benefits for active employees are based upon their years of service on the date as of which benefits were frozen. Benefits payable under all circumstances (retirement, death, disability, and termination of employment) are included to the extent they are deemed attributable to employee services rendered to the freeze date. The actuarial present value of accumulated plan benefits is determined by the Plan's actuary and is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money and the probability of payment between the valuation date and the expected date of payment.

**Pension Plan for the Employees of Charlotte Pipe and Foundry Company**  
**Notes to Financial Statements (In Liquidation)**  
**December 29, 2023 and December 31, 2022**

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The more significant actuarial assumptions used in the valuation as of December 31, 2022 are listed below.

**December 31, 2022**

Valuation method	Liquidation basis
Interest rates	Lump sums - 5.09% for the first 5 years, 5.6% for payments in the next 15 years, and 5.41% thereafter Deferred annuities - 5.07% Immediate annuities - 5.31%
Mortality rates	For lump sums, the 2023 417(e) lump sum mortality assumption. – Deferred and immediate annuities - Amounts-weighted rates of the Pri-2012 mortality study projected generationally from 2012 with scale MP2021 (with 67% blue collar/ 33% white collar adjustments).
Retirement age	– Age 65 and 5 years of participation or attained age, if greater. Employees eligible for special early, normal, or late retirement at rates varying between 2% - 30% for participants ages 55 - 69; age 70 and over (with 5 or more years of participation), 100%.
Lump sum election rate	– 75% for actives and 50% for terminated vested

**Benefit Payments**

Benefit payments to participants are recorded upon distribution.

**Use of Estimates**

Prior to the liquidation of the Plan, the preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of net assets available for benefits, accumulated benefits and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of additions and deductions during the reporting period. Actual results could differ from those estimates.

**Plan Termination Provisions**

The Company has the right under the Plan agreement to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA. During 2022, an amendment to the Plan was executed to terminate the Plan following a decision by the Company's Board of Directors. The plan termination was approved by the PBGC during 2023.

**Pension Plan for the Employees of Charlotte Pipe and Foundry Company**  
**Notes to Financial Statements (In Liquidation)**  
**December 29, 2023 and December 31, 2022**

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The net assets of the Plan, after reduction for expenses of administration and liquidation of the trust, were allocated to the participants according to the following priorities:

<b>Priority</b>	<b>General Description</b>
First	The actuarial equivalent of the accrued benefit of each participant up to three years before plan termination.
Second	Certain benefits under the Plan are insured by the Pension Benefit Guaranty Corporation (“PBGC”) if the Plan terminates. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan’s termination. However, there is a statutory ceiling, which is adjusted periodically, on the amount of an individual’s monthly benefit that the PBGC guarantees. For plan terminations occurring during 2022, the ceiling is \$74,455 per year. Some benefits may be fully or partially provided for by the then-existing assets and the PBGC guarantee, as applicable, while other benefits may not be provided for at all.
Third	Remaining vested benefits
Fourth	All other benefits

**3. Accumulated Plan Benefits**

The total actuarial present value of accumulated plan benefits (in liquidation) as of December 29, 2023 and December 31, 2022 is summarized below. Nonvested benefits as of December 31, 2022 consisted of early retirement subsidies which will continue to be administered following the 2023 annuity purchase.

	<b>December 29, 2023</b>	<b>December 31, 2022</b>
Vested benefits		
Active employees	\$ -	\$ 61,227,096
Inactive employees	-	51,584,752
Total vested benefits	<u>-</u>	<u>112,811,848</u>
Nonvested benefits	<u>-</u>	<u>1,269,937</u>
Total actuarial present value of accumulated plan benefits	<u>\$ -</u>	<u>\$ 114,081,785</u>

**Pension Plan for the Employees of Charlotte Pipe and Foundry Company**  
**Notes to Financial Statements (In Liquidation)**  
**December 29, 2023 and December 31, 2022**

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Changes in actuarial present value of accumulated plan benefits (in liquidation) are as follows:

	<b>Period From January 1, 2023 to December 29, 2023</b>
<b>Actuarial present value of accumulated plan benefits as of beginning of period</b>	<u>\$ 114,081,785</u>
Increase (decrease) attributable to	
Payment of benefits to and for participants	(119,606,575)
Other changes*	<u>5,524,790</u>
Net decrease	<u>(114,081,785)</u>
<b>Actuarial present value of accumulated plan benefits as of end of period</b>	<u>\$ -</u>

\* This change includes the effects of assumptions and considerations determined by the annuity provider in establishing the price and terms of the annuity contract.

**4. Certified Information**

The following is a summary of the Plan's financial information and data included in the Plan's financial statements and supplemental schedules which were derived from information certified by the Trustee as of December 31, 2023 and 2022 and for the year ended December 31, 2023 as complete and accurate, in accordance with Section 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. The investment information in the supplemental Schedule H, Line 4j - Schedule of Reportable Transactions for the period from January 1, 2023 to December 29, 2023 has also been certified.

	<b>December 29, 2023</b>	<b>December 31, 2022</b>
<b>Statements of net assets available for benefits (In Liquidation)</b>		
Investments, at fair value	\$ -	\$ 105,884,786
Accrued interest and dividends	-	781,037

# Pension Plan for the Employees of Charlotte Pipe and Foundry Company

## Notes to Financial Statements (In Liquidation)

December 29, 2023 and December 31, 2022

Period From  
January 1,  
2023 to December  
29, 2023

**Statement of changes in net assets  
available for benefits (In Liquidation)**

Investment loss	
Net depreciation	
in fair value of investments	\$ (812,307)
Total investment loss	<u>\$ (812,307)</u>

**5. Reconciliation to Form 5500**

	December 29, 2023		
	Amounts Per Financial Statements	Liquidation Basis Adjustments	Amounts Per 5500
<b>Statement of net assets available for benefits</b>			
Employer's contribution receivable	\$ -	\$ -	\$ -
Accrued interest and dividends	-	-	-
Accrued liquidation costs	-	-	-

	December 31, 2022		
	Amounts Per Financial Statements	Liquidation Basis Adjustments	Amounts Per 5500
<b>Statement of net assets available for benefits</b>			
Employer's contribution receivable	\$ 11,600,000	\$ (11,600,000)	\$ -
Accrued interest and dividends	3,186,332	(2,405,295)	781,037
Accrued liquidation costs	257,737	(257,737)	-

**Pension Plan for the Employees of Charlotte Pipe and Foundry Company**  
**Notes to Financial Statements (In Liquidation)**  
**December 29, 2023 and December 31, 2022**

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	Period From January 1, 2023 to December 29, 2023			
	Amounts Per Financial Statements	Liquidation Basis Adjustments	Reclass- ifications	Amounts Per 5500
<b>Statement of changes in net assets available for benefits</b>				
Interest and dividends	\$ -	\$ 2,405,295	\$ 722	\$ 2,406,017
Employer contributions	-	11,600,000	-	11,600,000
Other income	5,501	-	(211)	5,290
Administrative expenses	-	(257,737)	(511)	(258,248)

**6. Tax Status**

The Internal Revenue Service has determined and informed the Company by a letter dated January 29, 2017, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code ("IRC"). The Plan has been amended since receiving the determination letter and the Company has received a letter dated May 10, 2023 from the Internal Revenue Service with the determination that the Plan's amendments and proposed termination date are designed in accordance with applicable sections of the IRC.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan administrator has analyzed the tax positions (in liquidation) taken by the Plan, and has concluded that as of December 29, 2023 and December 31, 2022, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan administrator believes it is no longer subject to income tax examinations for years prior to 2020.

**7. Risks and Uncertainties**

Prior to the liquidation of the Plan, the Plan invested in various investment securities. Investment securities are exposed to various risks, such as interest rate, market and credit. Due to the level of risk associated with certain investment securities and the level of uncertainty related to changes in the value of investment securities, it is at least reasonably possible that changes in risks in the near term could materially affect the funded status of the Plan and the amounts reported in the statements of net assets available for benefits (in liquidation) and the statement of changes in net assets available for benefits (in liquidation). 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.

**Pension Plan for the Employees of Charlotte Pipe and Foundry  
Company**  
**Notes to Financial Statements (In Liquidation)**  
**December 29, 2023 and December 31, 2022**

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**8. Party-in-Interest Transactions**

Certain Plan investments (in liquidation) in the amount of \$0 and \$558,588 as of December 29, 2023 and December 31, 2022, respectively, are managed by the Trustee, BMO Harris Bank N.A. The income of the Plan is derived from these funds; therefore, these transactions qualify as party-in-interest transactions that are allowable under ERISA. BMO Harris Bank N.A. provides certain administrative services to the Plan pursuant to a Master Plan Services Agreement (MSA) between the Company and BMO Harris Bank N.A.

**9. Subsequent Events**

The Plan has evaluated subsequent events through October 10, 2024, the date the financial statements were available to be issued. Based on such consideration, no events have occurred that warrant adjustment or disclosure to the financial statements.

## **Supplemental Schedule**

**Pension Plan for the Employees of Charlotte Pipe and Foundry Company**  
**Schedule H, Line 4j - Schedule of Reportable Transactions**  
**Period from January 1, 2023 to December 29, 2023**

Identity of Party Involved	Description of Asset	Purchase Price	Selling Price	Cost of Asset Sold	Current value of Asset on Transaction Date	Net Gain or Loss
I. Single transactions in excess of 5% of current value of plan assets at the beginning of year.						
US Treasury Bill Due 10/05/2023	US Government security	\$ -	\$ 47,942,879	\$ 47,942,879	\$ 47,942,879	\$ -
US Treasury Bill Due 10/05/2023	US Government security	-	19,196,329	19,196,329	19,196,329	-
US Treasury Bill Due 10/05/2023	US Government security	-	9,564,604	9,564,604	9,564,604	-
US Treasury Note Due 7/31/2028	US Government security	-	6,613,711	6,660,265	6,613,711	(46,554)
II. Series of transactions with or in conjunction with the same person, involving property other than securities in excess of 5% of current value of plan assets at the beginning of the year.						
None						
III. Series of transactions in the same security that aggregate in more than 5% of the current value of the Plan assets at the beginning of the year.						
GS Fin Sq Gov #466	Mutual fund	\$ 237,439,205	\$ -	\$ -	\$ -	\$ -
GS Fin Sq Gov #466	Mutual fund	-	237,550,006	237,550,006	237,550,006	-
US Treasury Bill Due 10/05/2023	US Government security	-	77,183,240	77,183,240	77,183,240	-
US Treasury Note Due 5/15/2033	US Government security	6,090,496	-	-	-	-
US Treasury Note Due 5/15/2033	US Government security	-	6,018,152	6,090,496	6,018,152	(72,344)
US Treasury Note Due 7/31/2028	US Government security	6,660,265	-	-	-	-
US Treasury Note Due 7/31/2028	US Government security	-	6,613,711	6,660,265	6,613,711	(46,554)
IV. Any transaction with respect to securities with a person if any prior or subsequent transaction with such person exceeded 5% of the current value of plan assets at the beginning of the year.						
None						

Note: The information in this schedule has been certified as to its completeness and accuracy by BMO Harris Bank N.A.

**Pension Plan for the Employees of Charlotte Pipe and Foundry Company**  
**Schedule H, Line 4j - Schedule of Reportable Transactions**  
**Period from January 1, 2023 to December 29, 2023**

Identity of Party Involved	Description of Asset	Purchase Price	Selling Price	Cost of Asset Sold	Current value of Asset on Transaction Date	Net Gain or Loss
I. Single transactions in excess of 5% of current value of plan assets at the beginning of year.						
US Treasury Bill Due 10/05/2023	US Government security	\$ -	\$ 47,942,879	\$ 47,942,879	\$ 47,942,879	\$ -
US Treasury Bill Due 10/05/2023	US Government security	-	19,196,329	19,196,329	19,196,329	-
US Treasury Bill Due 10/05/2023	US Government security	-	9,564,604	9,564,604	9,564,604	-
US Treasury Note Due 7/31/2028	US Government security	-	6,613,711	6,660,265	6,613,711	(46,554)
II. Series of transactions with or in conjunction with the same person, involving property other than securities in excess of 5% of current value of plan assets at the beginning of the year.						
None						
III. Series of transactions in the same security that aggregate in more than 5% of the current value of the Plan assets at the beginning of the year.						
GS Fin Sq Gov #466	Mutual fund	\$ 237,439,205	\$ -	\$ -	\$ -	\$ -
GS Fin Sq Gov #466	Mutual fund	-	237,550,006	237,550,006	237,550,006	-
US Treasury Bill Due 10/05/2023	US Government security	-	77,183,240	77,183,240	77,183,240	-
US Treasury Note Due 5/15/2033	US Government security	6,090,496	-	-	-	-
US Treasury Note Due 5/15/2033	US Government security	-	6,018,152	6,090,496	6,018,152	(72,344)
US Treasury Note Due 7/31/2028	US Government security	6,660,265	-	-	-	-
US Treasury Note Due 7/31/2028	US Government security	-	6,613,711	6,660,265	6,613,711	(46,554)
IV. Any transaction with respect to securities with a person if any prior or subsequent transaction with such person exceeded 5% of the current value of plan assets at the beginning of the year.						
None						

Note: The information in this schedule has been certified as to its completeness and accuracy by BMO Harris Bank N.A.