

<p style="text-align: center;">Form 5500</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>Annual Return/Report of Employee Benefit Plan</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;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: large; text-align: center;">2022</p> <hr/> <p style="text-align: center;">This Form is Open to Public Inspection</p>
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Part I Annual Report Identification Information

For calendar plan year 2022 or fiscal plan year beginning 12/31/2022 and ending 12/30/2023

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.)
 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>1a Name of plan <u>BLAIR STRIP STEEL COMPANY EMPLOYEES' PENSION PLAN</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>003</u></p>
<p>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) <u>BLAIR STRIP STEEL COMPANY</u></p> <p><u>P.O. BOX 7159</u> <u>NEW CASTLE, PA 16107</u></p>	<p>1c Effective date of plan <u>12/31/1950</u></p> <p>2b Employer Identification Number (EIN) <u>25-0359290</u></p> <p>2c Plan Sponsor's telephone number <u>724-658-2611</u></p> <p>2d Business code (see instructions) <u>331200</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.

SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2024	SCOTT A. MCDOWELL
	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 <input type="checkbox"/> Same as Plan Sponsor BLAIR STRIP STEEL COMPANY P.O. BOX 7159 NEW CASTLE, PA 16107	3b Administrator's EIN 25-0359290 3c Administrator's telephone number 724-658-2611
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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
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5 Total number of participants at the beginning of the plan year	5	129
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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).		
6a(1) Total number of active participants at the beginning of the plan year	6a(1)	25
6a(2) Total number of active participants at the end of the plan year	6a(2)	0
b Retired or separated participants receiving benefits	6b	0
c Other retired or separated participants entitled to future benefits.....	6c	0
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d	0
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e	0
f Total. Add lines 6d and 6e	6f	0
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	
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8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
 1A 1B 1E 1H 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) <input checked="" type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) <input checked="" type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

<p>a Pension Schedules</p> <p>(1) <input checked="" type="checkbox"/> R (Retirement Plan Information)</p> <p>(2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary</p> <p>(3) <input checked="" type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary</p>	<p>b General Schedules</p> <p>(1) <input checked="" type="checkbox"/> H (Financial Information)</p> <p>(2) <input type="checkbox"/> I (Financial Information – Small Plan)</p> <p>(3) <input checked="" type="checkbox"/> ¹ A (Insurance Information)</p> <p>(4) <input checked="" type="checkbox"/> C (Service Provider Information)</p> <p>(5) <input checked="" type="checkbox"/> D (DFE/Participating Plan Information)</p> <p>(6) <input type="checkbox"/> G (Financial Transaction Schedules)</p>
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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 2022 Form M-1 annual report. If the plan was not required to file the 2022 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 A
(Form 5500)**

Department of the Treasury
Internal Revenue Service
Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

Insurance Information

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.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2022

This Form is Open to Public Inspection

For calendar plan year 2022 or fiscal plan year beginning **12/31/2022** and ending **12/30/2023**

A Name of plan BLAIR STRIP STEEL COMPANY EMPLOYEES' PENSION PLAN	B Three-digit plan number (PN) ▶ 003
C Plan sponsor's name as shown on line 2a of Form 5500 BLAIR STRIP STEEL COMPANY	D Employer Identification Number (EIN) 25-0359290

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
FIRST ALLMERICA FINANCIAL LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
04-1867050	69140	GA-02501B-001	0	12/31/2022	12/30/2023

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information
 Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end.....	4	0
5	Current value of plan's interest under this contract in separate accounts at year end.....	5	0

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶ 'FIXED ACCOUNT'=GENERAL ACCOUNT

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount..... Specify nature of costs ▶	6d	

e Type of contract: (1) individual policies (2) group deferred annuity
 (3) other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) deposit administration (2) immediate participation guarantee
 (3) guaranteed investment (4) other ▶

b Balance at the end of the previous year **7b** 7105919

c	Additions: (1) Contributions deposited during the year	7c(1)	202853	
	(2) Dividends and credits.....	7c(2)	0	
	(3) Interest credited during the year.....	7c(3)	0	
	(4) Transferred from separate account.....	7c(4)	0	
	(5) Other (specify below)	7c(5)	0	

(6) Total additions..... **7c(6)** 202853

d Total of balance and additions (add lines **7b** and **7c(6)**)..... **7d** 7308772

e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	7308571	
(2) Administration charge made by carrier.....	7e(2)	0	
(3) Transferred to separate account.....	7e(3)	0	
(4) Other (specify below)	7e(4)	201	

▶ MISCELLANEOUS EXPENSES.

(5) Total deductions..... **7e(5)** 7308772

f Balance at the end of the current year (subtract line **7e(5)** from line **7d**)..... **7f** 0

Part III Welfare Benefit Contract Information
 If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

- 8** Benefit and contract type (check all applicable boxes)
- a** Health (other than dental or vision)
 - b** Dental
 - c** Vision
 - d** Life insurance
 - e** Temporary disability (accident and sickness)
 - f** Long-term disability
 - g** Supplemental unemployment
 - h** Prescription drug
 - i** Stop loss (large deductible)
 - j** HMO contract
 - k** PPO contract
 - l** Indemnity contract
 - m** Other (specify) ▶

9 Experience-rated contracts:

a	Premiums: (1) Amount received	9a(1)		
	(2) Increase (decrease) in amount due but unpaid	9a(2)		
	(3) Increase (decrease) in unearned premium reserve	9a(3)		
	(4) Earned ((1) + (2) - (3))		9a(4)	0
b	Benefit charges (1) Claims paid	9b(1)		
	(2) Increase (decrease) in claim reserves	9b(2)		
	(3) Incurred claims (add (1) and (2))		9b(3)	0
	(4) Claims charged		9b(4)	
c	Remainder of premium: (1) Retention charges (on an accrual basis) --			
	(A) Commissions	9c(1)(A)		
	(B) Administrative service or other fees	9c(1)(B)		
	(C) Other specific acquisition costs	9c(1)(C)		
	(D) Other expenses	9c(1)(D)		
	(E) Taxes	9c(1)(E)		
	(F) Charges for risks or other contingencies	9c(1)(F)		
	(G) Other retention charges	9c(1)(G)		
	(H) Total retention		9c(1)(H)	0
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)		9c(2)	
d	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
	(2) Claim reserves		9d(2)	
	(3) Other reserves		9d(3)	
e	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	
10	Nonexperience-rated contracts:			
a	Total premiums or subscription charges paid to carrier		10a	
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.		10b	

Part IV Provision of Information

- 11** Did the insurance company fail to provide any information necessary to complete Schedule A? Yes No
- 12** If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	<small>OMB No. 1210-0110</small> 2022 This Form is Open to Public Inspection
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For calendar plan year 2022 or fiscal plan year beginning 12/31/2022 and ending 12/30/2023

▶ **Round off amounts to nearest dollar.**
 ▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan <u>BLAIR STRIP STEEL COMPANY EMPLOYEES' PENSION PLAN</u>	B Three-digit plan number (PN) ▶	<u>003</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>BLAIR STRIP STEEL COMPANY</u>		
D Employer Identification Number (EIN) <u>25-0359290</u>		
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B		
F Prior year plan size: <input type="checkbox"/> 100 or fewer <input checked="" type="checkbox"/> 101-500 <input type="checkbox"/> More than 500		

Part I Basic Information			
1 Enter the valuation date: Month <u>12</u> Day <u>31</u> Year <u>2022</u>			
2 Assets:			
a Market value.....	2a		<u>14528819</u>
b Actuarial value.....	2b		<u>14528819</u>
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.....	<u>93</u>	<u>1778090</u>	<u>1778090</u>
b For terminated vested participants.....	<u>11</u>	<u>413935</u>	<u>413935</u>
c For active participants.....	<u>25</u>	<u>12667472</u>	<u>12667472</u>
d Total.....	<u>129</u>	<u>14859497</u>	<u>14859497</u>
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>			
a Funding target disregarding prescribed at-risk assumptions.....	4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor.....	4b		
5 Effective interest rate.....	5		<u>5.34 %</u>
6 Target normal cost.....			
a Present value of current plan year accruals.....	6a		<u>0</u>
b Expected plan-related expenses.....	6b		<u>0</u>
c Total (line 6a + line 6b).....	6c		<u>0</u>

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

SIGN HERE		
	Signature of actuary	<u>06/08/2024</u> Date
	<u>JULIUS SMETONA, F.S.A., E.A.</u> Type or print name of actuary	<u>23-05589</u> Most recent enrollment number
	<u>DESALES ASSOCIATES</u> Firm name	<u>216-595-3940</u> Telephone number (including area code)
	<u>P.O. BOX 241548 CLEVELAND, OH 44124</u> Address of the firm	

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions

Part II		Beginning of Year Carryover and Prefunding Balances	
		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year).....	432840	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	432840	0
10	Interest on line 9 using prior year's actual return of <u>-8.91</u> %	-38566	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year).....		0
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>4.86</u> %.....		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance.....		0
	d Portion of (c) to be added to prefunding balance.....		0
12	Other reductions in balances due to elections or deemed elections.....	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d - line 12).....	394274	0

Part III		Funding Percentages	
14	Funding target attainment percentage	14	95.12 %
15	Adjusted funding target attainment percentage	15	95.12 %
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	109.34 %
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
09/11/2023	21057	0			
09/30/2023	507132	0			
02/24/2024	552656	0			
			Totals ▶	18(b)	18(c)
				1080845	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 1028630
20	Quarterly contributions and liquidity shortfalls:	
	a Did the plan have a "funding shortfall" for the prior year?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	c If line 20a is "Yes," see instructions and complete the following table as applicable:	

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

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

21 Discount rate:

a Segment rates:	1st segment: 4.75 %	2nd segment: 5.18 %	3rd segment: 5.92 %	<input type="checkbox"/> N/A, full yield curve used
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b Applicable month (enter code)..... **21b** 0

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 Demographic and benefit information

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

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

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

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

a Target normal cost (line 6c).....	31a	0
b Excess assets, if applicable, but not greater than line 31a	31b	0

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	724952	61327
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	61327
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	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** 61327

37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)..... **37** 1028630

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

a Total (excess, if any, of line 37 over line 36)	38a	967303
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0

39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)..... **39** 0

40 Unpaid minimum required contributions for all years..... **40** 0

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

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

**SCHEDULE C
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Service Provider Information

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.**

OMB No. 1210-0110

2022

This Form is Open to Public Inspection.

For calendar plan year 2022 or fiscal plan year beginning 12/31/2022 and ending 12/30/2023

A Name of plan <u>BLAIR STRIP STEEL COMPANY EMPLOYEES' PENSION PLAN</u>	B Three-digit plan number (PN) ▶	<u>003</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>BLAIR STRIP STEEL COMPANY</u>	D Employer Identification Number (EIN) <u>25-0359290</u>	

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

(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)

FIRST ALLMERICA FINANCIAL LIFE INSU

P.O. BOX 758552
TOPEKA, KS 66675-8552

04-1867050

(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 13 12	THIRD PARTY	0	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)

(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"/>

(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.

(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:

<p style="text-align: center;">SCHEDULE D (Form 5500)</p> <p style="font-size: small; text-align: center;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: small; text-align: center;">Department of Labor Employee Benefits Security Administration</p>	<p>DFE/Participating Plan Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p>	<p style="font-size: small;">OMB No. 1210-0110</p> <hr/> <p style="font-size: large; font-weight: bold;">2022</p> <hr/> <p style="font-size: small; font-weight: bold;">This Form is Open to Public Inspection.</p>
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For calendar plan year 2022 or fiscal plan year beginning <u>12/31/2022</u> and ending <u>12/30/2023</u>		
A Name of plan <u>BLAIR STRIP STEEL COMPANY EMPLOYEES' PENSION PLAN</u>	B Three-digit plan number (PN) ▶	<u>003</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>BLAIR STRIP STEEL COMPANY</u>	D Employer Identification Number (EIN) <u>25-0359290</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>SEP INV ACC A GROWTH STOCK</u>	b Name of sponsor of entity listed in (a): <u>FIRST ALLMERICA FINANCIAL LIFE INSURANCE COMPANY</u>	c EIN-PN <u>04-1867050-001</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>SEP INV ACC D INDEXED STOCK</u>	b Name of sponsor of entity listed in (a): <u>FIRST ALLMERICA FINANCIAL LIFE INSURANCE COMPANY</u>	c EIN-PN <u>04-1867050-004</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>SEP INV ACC J INTERNATIONAL EQUITY</u>	b Name of sponsor of entity listed in (a): <u>FIRST ALLMERICA FINANCIAL LIFE INSURANCE COMPANY</u>	c EIN-PN <u>04-1867050-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>SEP INV Y SUB 6 GROWTH OPPORTUNITY</u>	b Name of sponsor of entity listed in (a): <u>FIRST ALLMERICA FINANCIAL LIFE INSURANCE COMPANY</u>	c EIN-PN <u>04-1867050-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>SEP INV ACCT P SUB 2 MID CAP VALUE</u>	b Name of sponsor of entity listed in (a): <u>FIRST ALLMERICA FINANCIAL LIFE INSURANCE COMPANY</u>	c EIN-PN <u>04-1867050-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>SEP INV ACC C MONEY MARKET</u>	b Name of sponsor of entity listed in (a): <u>FIRST ALLMERICA FINANCIAL LIFE INSURANCE COMPANY</u>	c EIN-PN <u>04-1867050-003</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:	b Name of sponsor of entity listed in (a):	c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity
code

e Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity
code

e Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity
code

e Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity
code

e Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity
code

e Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

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c EIN-PN

d Entity
code

e Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)

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d Entity
code

e Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity
code

e Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity
code

e Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity
code

e Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)

<p style="text-align: center;">SCHEDULE H (Form 5500)</p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: x-small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p>Financial Information</p> <p style="font-size: x-small;">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).</p> <p style="text-align: center;">▶ File as an attachment to Form 5500.</p>	<p style="font-size: x-small;">OMB No. 1210-0110</p> <hr/> <p style="font-size: large; font-weight: bold;">2022</p> <hr/> <p style="font-weight: bold;">This Form is Open to Public Inspection</p>
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For calendar plan year 2022 or fiscal plan year beginning 12/31/2022 and ending 12/30/2023	
<p>A Name of plan BLAIR STRIP STEEL COMPANY EMPLOYEES' PENSION PLAN</p>	<p>B Three-digit plan number (PN) ▶ 003</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 BLAIR STRIP STEEL COMPANY</p>	<p>D Employer Identification Number (EIN) 25-0359290</p>

Part I Asset and Liability Statement

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

Assets	(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash.....	1a	
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions.....	1b(1)	0
(2) Participant contributions.....	1b(2)	0
(3) Other.....	1b(3)	
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	
(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)	
(4) Corporate stocks (other than employer securities):		
(A) Preferred.....	1c(4)(A)	
(B) Common.....	1c(4)(B)	
(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)	
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	0
(15) Other.....	1c(15)	0

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)	0	0
(2) Employer real property.....	1d(2)	0	0
e Buildings and other property used in plan operation.....	1e	0	0
f Total assets (add all amounts in lines 1a through 1e).....	1f	14528819	0
Liabilities			
g Benefit claims payable.....	1g	0	0
h Operating payables.....	1h	0	0
i Acquisition indebtedness.....	1i	0	0
j Other liabilities.....	1j	0	0
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	14528819	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.

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)	1080845	
(B) Participants.....	2a(1)(B)	0	
(C) Others (including rollovers).....	2a(1)(C)	0	
(2) Noncash contributions.....	2a(2)	0	
(3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2).....	2a(3)		1080845
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	166353	
(B) U.S. Government securities.....	2b(1)(B)	0	
(C) Corporate debt instruments.....	2b(1)(C)	0	
(D) Loans (other than to participants).....	2b(1)(D)	0	
(E) Participant loans.....	2b(1)(E)	0	
(F) Other.....	2b(1)(F)	0	
(G) Total interest. Add lines 2b(1)(A) through (F).....	2b(1)(G)		166353
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)	0	
(B) Common stock.....	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	0	
(D) Total dividends. Add lines 2b(2)(A), (B), and (C).....	2b(2)(D)		0
(3) Rents.....	2b(3)		0
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	0	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	0	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)	0	
(B) Other.....	2b(5)(B)	0	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B).....	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		0
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		0
c Other income	2c		258632
d Total income. Add all income amounts in column (b) and enter total	2d		1505830
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	2158840	
(2) To insurance carriers for the provision of benefits	2e(2)	13875756	
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		16034596
f Corrective distributions (see instructions)	2f		0
g Certain deemed distributions of participant loans (see instructions)	2g		0
h Interest expense	2h		0
i Administrative expenses: (1) Professional fees	2i(1)	0	
(2) Contract administrator fees.....	2i(2)	53	
(3) Investment advisory and management fees	2i(3)	0	
(4) Other	2i(4)	0	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		53
j Total expenses. Add all expense amounts in column (b) and enter total	2j		16034649
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		-14528819
l Transfers of assets:			
(1) To this plan	2l(1)		0
(2) From this plan.....	2l(2)		0

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: **MCGILL, POWER, BELL, & ASSOC., LLP**

(2) EIN: **25-1031405**

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:

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.)

	Yes	No	Amount
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		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?.....	4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?.....	4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....	4i		X	
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.).....	4j	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....	4k	X		
l Has the plan failed to provide any benefit when due under the plan?.....	4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....	4m			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.....	4n			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?..... Yes 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.)

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 526759.

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 2022 This Form is Open to Public Inspection.
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For calendar plan year 2022 or fiscal plan year beginning 12/31/2022 and ending 12/30/2023

A Name of plan <u>BLAIR STRIP STEEL COMPANY EMPLOYEES' PENSION PLAN</u>	B Three-digit plan number (PN) ▶	<u>003</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>BLAIR STRIP STEEL COMPANY</u>	D Employer Identification Number (EIN) <u>25-0359290</u>	

Part I	Distributions
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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): 04-1867050 35-0145825

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	23
---	----

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? Yes No N/A
If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived).....	6a	
b Enter the amount contributed by the employer to the plan for this plan year.....	6b	
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c	

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

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

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

Part III	Amendments
-----------------	-------------------

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer _____

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

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer _____

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

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer _____

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

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer _____

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

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer _____

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

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer _____

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

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

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

(1) Contribution rate (in dollars and cents) _____

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

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

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: <input type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment).....	14a	
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)	14b	
c 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).....	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 _____

**BLAIR STRIP STEEL COMPANY
EMPLOYEES' PENSION PLAN**
FINANCIAL STATEMENTS AND SUPPLEMENTAL INFORMATION
YEARS ENDED DECEMBER 30, 2023 (IN LIQUIDATION) AND 2022 (ONGOING)



McGill, Power, Bell & Associates, LLP
Certified Public Accountants • Business & Financial Advisors

BLAIR STRIP STEEL COMPANY EMPLOYEES' PENSION PLAN
FINANCIAL STATEMENTS AND SUPPLEMENTAL INFORMATION
DECEMBER 30, 2023 (IN LIQUIDATION) AND 2022 (ONGOING)

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INDEPENDENT AUDITOR'S REPORT

To the Board of Directors and Plan Administrator
Blair Strip Steel Company Employees' Pension Plan
New Castle, Pennsylvania

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

We have performed audits of financial statements of Blair Strip Steel Company Employees' Pension 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 as of December 30, 2023 (in liquidation) and 2022 (ongoing), and the related statements of changes in net assets available for benefits for the years ended December 30, 2023 (in liquidation) and 2022 (ongoing), and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of Blair Strip Steel Company Employees' Pension Plan 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 audits 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 and for the years ended December 30, 2023 and 2022, stating that the certified investment information, as described in Note F to the financial statements, is complete and accurate.

Opinion

In our opinion, based on our audits and on the procedures performed as described in the Auditor's Responsibilities for the Audit of the Financial Statement section:

- 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.
- 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 audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Blair Strip Steel Company Employees' Pension Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. 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.

Emphasis-of-Matter - Plan Termination and Liquidation Basis of Accounting

As further discussed in Note E to the financial statements, the Board of Directors of Blair Strip Steel Company, the Plan sponsor, approved a plan of liquidation on April 25, 2023, and management determined liquidation was imminent. As a result, Blair Strip Steel Company Employees' Pension Plan changed its basis of accounting from the going-concern basis of accounting used in presenting the 2022 financial statements to the liquidation basis of accounting used in presenting the 2023 financial statements. 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.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Blair Strip Steel Company Employees' Pension Plan's ability to continue as a going concern for one year after the date that the financial statements are available to be issued.

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.

Auditor's 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 auditor's 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 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 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 Blair Strip Steel Company Employees' Pension 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.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Blair Strip Steel Company Employees' Pension Plan's ability to continue as a going concern for a reasonable period of time.

Our audits 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

The supplemental schedule identified in the table of contents 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 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 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).

McGill, Power, Bell & Associates, LLP

McGill, Power, Bell & Associates, LLP

Meadville, Pennsylvania

October 11, 2024

BLAIR STRIP STEEL COMPANY EMPLOYEES' PENSION PLAN
STATEMENTS OF NET ASSETS IN LIQUIDATION AVAILABLE FOR BENEFITS
DECEMBER 30, 2023 (IN LIQUIDATION) AND 2022 (ONGOING)

	2023 <u>(In Liquidation)</u>	2022 <u>(Ongoing)</u>
ASSETS		
Investments, at fair value (Notes F and G):		
Fund of funds	\$ -	\$ 7,422,900
Immediate participation guaranteed contract	-	7,105,919
	<u>-</u>	<u>14,528,819</u>
Receivable:		
Employer's contribution	<u>552,656</u>	<u>-</u>
TOTAL ASSETS	<u>552,656</u>	<u>14,528,819</u>
LIABILITIES		
Due to insurance carrier	<u>552,656</u>	<u>-</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u><u>\$ -</u></u>	<u><u>\$ 14,528,819</u></u>

See notes to financial statements.

BLAIR STRIP STEEL COMPANY EMPLOYEES' PENSION PLAN
STATEMENTS OF CHANGES IN NET ASSETS IN LIQUIDATION AVAILABLE FOR BENEFITS
YEARS ENDED DECEMBER 30, 2023 (IN LIQUIDATION) AND 2022 (ONGOING)

	2023 <u>(In Liquidation)</u>	2022 <u>(Ongoing)</u>
INVESTMENT INCOME:		
Net appreciation (depreciation) in fair value of investments	\$ 258,632	\$ (1,653,479)
Dividends	166,353	-
Interest	-	229,354
	<u>424,985</u>	<u>(1,424,125)</u>
Investment expenses	(53)	(57,341)
	<u>424,932</u>	<u>(1,481,466)</u>
CONTRIBUTIONS:		
Employer	<u>1,080,845</u>	<u>-</u>
TOTAL ADDITIONS	1,505,777	(1,481,466)
DEDUCTIONS FROM NET ASSETS:		
Benefits paid to participants	2,158,840	1,250,391
Purchase of annuity contracts	13,875,756	-
	<u>16,034,596</u>	<u>1,250,391</u>
NET DECREASE	(14,528,819)	(2,731,857)
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of year	<u>14,528,819</u>	<u>17,260,676</u>
End of year	<u><u>\$ -</u></u>	<u><u>\$ 14,528,819</u></u>

See notes to financial statements.

BLAIR STRIP STEEL COMPANY EMPLOYEES' PENSION PLAN

NOTES TO FINANCIAL STATEMENTS

NOTE A - PLAN DESCRIPTION

The following description of the Blair Strip Steel Company Employees' Pension Plan (Plan) provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General Information

The Plan is a defined benefit pension plan and was established by the sponsor to provide retirement income to its employees. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). Effective June 30, 2010, the Plan was amended to close participation in the Plan to any employee who is hired or rehired after this effective date. Effective April 1, 2012, the Plan was amended to no longer include earnings of the salaried employees in their average monthly earnings calculation for benefits after this date. Effective January 1, 2015, the Plan was amended to cease benefit accruals under the Hourly Plan.

The Plan is administered by the Company's Benefits Committee (Committee), which is a committee of the Board of Directors of the Company. The Committee has overall responsibility for the operation and administration of the Plan. The Committee determines the appropriateness of the Plan's investment offerings, monitors investment performance and reports to the Company's Board of Directors.

The Plan was terminated effective May 31, 2023 and participants became fully vested. Unless otherwise indicated, the following represents the provisions of the Plan prior to the effective date of Plan termination.

Retirement Benefit

Hourly employees:

Employees with five or more years of service are entitled to monthly pension benefits at normal retirement age (65). The retirement benefit for participants retiring on or after July 31, 1999 and prior to August 1, 2002, is \$52.50 per month multiplied by the number of years of credited service, up to a maximum thirty years, and \$70.00 multiplied by the number of years of credited service in excess of thirty years less monthly retirement annuity payments, if any, credited to the participant under Group Annuity Contract No. GA-2501R. For retirements on or after August 1, 2002, the retirement benefit is \$56.25 per month multiplied by the number of years of credited service, up to a maximum thirty years, and \$75.00 multiplied by the number of years of credited service in excess of thirty years, less monthly retirement annuity payments, if any, credited to the participant under Group Annuity Contract No. GA-2501R. For participants who retired prior to July 31, 1999, the monthly benefit is based on the Plan terms at the time of retirement.

Termination before completion of five years of vesting service cancels all benefits, subject to the parity rules. Termination after completion of five years of vesting service entitles the participant to 100% of their accrued benefit, payable at the beginning of normal retirement. A participant who (a) has completed thirty years of service (b) has completed fifteen years of service and attained age 62 or (c) has completed fifteen years of service and (i) the combined age and years of service equals 70 or more, if the participant's age is 55 or over, or (ii) the combined age and years of service equals 80 or more, if the participant's age is under 55, or (iii) the combined age and service equals 70 or more elects to retire due to total or permanent disability, is eligible for an early retirement benefit without a reduction in benefits as stipulated in the Plan document. The Plan also permits a deferred retirement whereby the credited service is based on the late retirement date.

BLAIR STRIP STEEL COMPANY EMPLOYEES' PENSION PLAN
NOTES TO FINANCIAL STATEMENTS

NOTE A - PLAN DESCRIPTION (CONTINUED)

A participant who is married at retirement date will receive an annuity in the amount of the participant's accrued benefit. If the participant dies before 60 monthly payments have been made, the surviving spouse will receive the remainder of the 60 payments in the amount of the participant's accrued benefit, followed by an immediate life annuity to the surviving spouse in a monthly amount equal to the monthly amount of the participant's accrued benefit multiplied by the applicable percentage:

<u>Number of years age of spouse is less than age of participant</u>	<u>Percentage</u>
Less than 11 years	50%
11 but less than 12	49%
12 but less than 13	48%
13 but less than 14	47%
14 but less than 15	46%
15 but less than 16	45%
16 but less than 17	44%
17 but less than 18	43%
18 or more	42%

If a participant is accruing service immediately prior to the participant's retirement or had at least 15 years of service, the minimum monthly benefit payable to the participant's surviving spouse is \$200 payable until age 62, and \$150 payable after age 62.

If a participant is unmarried at the retirement date, the participant's benefit will be paid in the form of an immediate life annuity. If the participant dies before receiving 60 monthly payments, the participant's beneficiary will receive the remainder of the 60 monthly payments (or a lump sum equal to the present value of those payments), then payments will cease.

A vested terminated participant may elect to receive a life annuity with 60 monthly payments certain. Under this option, the vested terminated participant receives monthly payments for life. If the participant dies before receiving 60 monthly payments, the participant's beneficiary will receive the remainder of the 60 payments (or a lump sum equal to the present value of those payments), then payments will cease.

The maximum annual benefit payable to any pension plan participant is the lesser of \$160,000 or 100% of the participant's average total annual compensation received in the three consecutive years in which the participant was most highly paid. If the benefit the participant is eligible to receive is \$5,000 or less, the participant will receive a lump sum payment equal to the value of the benefit.

BLAIR STRIP STEEL COMPANY EMPLOYEES' PENSION PLAN

NOTES TO FINANCIAL STATEMENTS

NOTE A - PLAN DESCRIPTION (CONTINUED)

Salaried employees:

Employees with three or more years of service are entitled to monthly pension benefits at normal retirement age (65). For employees retiring on or after February 28, 2006, the retirement benefit is equal to 8% of the participant's average monthly earnings (the average of the employee's monthly earnings received for the 36 highest consecutive months of their greatest compensation in the 120-month period immediately preceding their retirement date or any earlier date on which they become entitled to an immediate or deferred benefit under the plan) reduced 1/25th for each year by which the participant's credited service is less than 25 years completed on the normal retirement date.

Termination before completion of three years of vesting service cancels all benefits, subject to the parity rules. Termination after completion of three years of vesting service entitles the participant to 100% of their accrued benefit, payable at the beginning of normal retirement. A participant who (a) has completed thirty years of service (b) has completed fifteen years of service and attained age 62 or (c) has completed fifteen years of service and (i) the combined age and years of service equals 70 or more, if the participant's age is 55 or over, or (ii) the combined age and years of service equals 80 or more, if the participant's age is under 55, is eligible for an early retirement benefit equal to his or her accrued benefit as of that early retirement date. The Plan also permits a deferred retirement whereby the credited service is based on the late retirement date.

If a participant becomes permanently and totally disabled, they will be eligible to receive monthly disability payments equal to their accrued benefit determined as of their disability retirement date. Payments shall continue until the earliest of (a) the participant's death (b) recovery to the extent the participant is no longer permanently and totally disabled, or (c) their normal retirement date, at which time they are entitled to their normal retirement benefit.

For all participants and prior participants credited with an hour of service during a plan year commencing on or after January 1, 1976, if that participant dies after attaining eligibility for early retirement but before their benefit commencement date, and the participant had been married for the one year period ending on the date of their death, the participant's surviving spouse will receive a monthly retirement benefit equal to the benefit that would have been payable if the participant had retired on the date before his death and had elected an immediate optional form of annuity payable under the 50% Contingent Annuitant Option with their spouse as their contingent annuitant. This monthly benefit shall be payable for the life of the spouse.

For any participant who is credited with at least one hour of service on or after August 23, 1984 and to any participant or former participant living on August 23, 1984 not receiving salaried plan benefits on such date who is credited with at least one hour of service during a plan year commencing on or after January 1, 1976 and who had at least 10 years of vesting service when they separated from service, if that fully or partially vested eligible participant dies on or before the earliest retirement age and the participant had been married for the one year period ending on their date of death, the participant's surviving spouse will receive the same benefit that would have been payable if the participant had (a) separated from service on the date of death (b) survived to the earliest

BLAIR STRIP STEEL COMPANY EMPLOYEES' PENSION PLAN

NOTES TO FINANCIAL STATEMENTS

NOTE A - PLAN DESCRIPTION (CONTINUED)

retirement age, or (c) retired at the earliest retirement age after having elected immediate optional form of annuity payable under the 50% Contingent Annuitant Option with their spouse as their contingent annuitant, and (d) died on the day after earliest retirement age.

Death Benefit

Hourly employees:

For a married, active participant who is eligible for retirement but dies before retiring, and was accruing service under the Plan immediately before death, and had been married to their spouse for the one year period ending on the date of death, the surviving spouse will receive a monthly retirement benefit equal to 60 monthly payments in the monthly amount of the participant's accrued benefit, followed by monthly payments for the surviving spouse's life equal to the participants accrued benefit multiplied by the applicable percentage based on the number of years the age of the participant's spouse is less than the active participant (See Retirement Benefit). If the participant has at least 15 years of service, the minimum monthly benefit to the surviving spouse will be \$200 until age 62, and \$150 payable on and after age 62. The benefit is payable beginning on the date of death, with the surviving spouse's written consent.

For active participants with 15 years of service who are not eligible for retirement and inactive participants who are eligible for early retirement, and were married to their surviving spouse for the one year period ending on the date of death, the surviving spouse will receive a monthly benefit equal to the participant's accrued benefit multiplied by the applicable percentage based on the number of years the surviving spouse is younger than the participant (See Retirement Benefit).

Surviving spouses of active participants who were not eligible for retirement and do not have 15 years of service and inactive participants who are not eligible for early retirement, will receive the same benefit the participant would have received had the participant separated from service on the date of death in the form of a deferred annuity, payable on the date the participant would have reached their earliest retirement age (provided the spouse consents to early payment), equal to the monthly accrued benefit of the participant multiplied by the applicable percentage based on number of years the surviving spouse is younger than the participant (See Retirement Benefit).

Surviving spouses may elect to delay payments, but the payments must start by the later of (1) the first day of the month up to December 31st of the calendar year following the calendar year of the participant's death, or (2) the December 31st of the calendar year in which the participant would have reached age 72 1/2.

Salaried employees:

A beneficiary of an active participant who dies before the earliest of (a) termination of employment (b) occurrence of five consecutive one-year breaks in service (c) retirement date, or (d) if on their date of death the participant did not meet the requirements for the pre-retirement spouse benefit, will be entitled to one lump sum cash payment amount equal to the greater of (a) the present value of the participant's non-forfeitable accrued benefit or (b) 100 times their normal retirement benefit.

BLAIR STRIP STEEL COMPANY EMPLOYEES' PENSION PLAN

NOTES TO FINANCIAL STATEMENTS

NOTE A - PLAN DESCRIPTION (CONTINUED)

For retired participants whose death occurred on or after their retirement date and prior to their receipt of 120 monthly retirement payments, the remainder of the payments will either be (a) continued to the participant's beneficiary or (b) paid to the participant's beneficiary in one lump sum cash payment equal to the present value of the remaining payments.

Retiree Medical Account

Effective December 31, 1995, the Plan was amended to include a medical-benefit component in addition to the normal retirement benefits to fund a portion of the postretirement obligations for retirees and their beneficiaries in accordance with Section 401(h) of the Internal Revenue Code (IRC). A separate account has been established and maintained in the Plan for the net assets related to the medical-benefit component [401(h) account]. In accordance with IRC Section 401(h), the Plan's investments in the 401(h) account may not be used for, or diverted to, any purpose other than providing health benefits for retirees and their beneficiaries. Any assets transferred to the 401(h) account from the defined benefit pension plan in a qualified transfer of excess pension plan assets (and any income allocable thereto) that are not used during the plan year must be transferred out of the account to the pension plan. The related obligations for health benefits are not included in the Plan's obligations. Plan participants do not contribute to the 401(h) account. Employer contributions or qualified transfers to the 401(h) account are determined annually and are at the discretion of the Plan sponsor. For the years ended December 30, 2023 and 2022, no retiree medical payments were made from the Plan and no investments were designated for the 401(h) account.

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

The following are the significant accounting policies followed by the Plan:

Basis of Accounting

As further discussed in Note E to the financial statements, the Board of Directors of Blair Strip Steel Company, the Plan's sponsor, approved to terminate the Plan effective May 31, 2023. In accordance with accounting principles generally accepted in the United States of America, the Plan has changed its basis of accounting used to determine the amounts at which investments are stated, from the ongoing plan basis used in presenting the 2022 financial statements, to the liquidation basis used in presenting the 2023 financial statements

Reporting Period

The Plan operates on a fiscal year ending December 30th.

Use of Estimates

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires management 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.

BLAIR STRIP STEEL COMPANY EMPLOYEES' PENSION PLAN

NOTES TO FINANCIAL STATEMENTS

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's Investment Committee determines the Plan's valuation policies utilizing information provided by its investment advisers, custodian, and insurance company. See Note G for a discussion of fair value measurements.

Purchases and sales of securities 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) includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Payment of Benefits

Benefit payments to participants are recorded upon distribution.

Administrative Expenses

The Plan's expenses are paid either by the Plan or the Company, as provided by the Plan document. Expenses that are paid directly by the Company are excluded from these financial statements. Certain expenses incurred in connection with the general administration of the Plan that are paid by the Plan are recorded as deductions in the accompanying statements of changes in net assets available for benefits.

NOTE C - FUNDING POLICY

Employer contributions are determined by appropriate action of the Board of Directors of the Plan sponsor as recommended by the actuarial valuation before the close of the Plan year. Such contributions are necessary to provide the Plan with assets sufficient to fund the benefits to be paid and to meet or exceed the minimum funding requirements of the Employee Retirement Income Security Act of 1974 (ERISA). The Company elected to make contributions of \$1,080,845 and \$0 for the years ended December 30, 2023 and 2022, respectively.

NOTE D - 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 accumulated based on employees' compensation or credited service each year. The accumulated plan benefits for active employees will equal the accumulation, with interest, of the annual benefit accruals as of the benefit information date. Benefits payable under all circumstances - retirement, death, disability, and termination of employment - are included, 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 an independent actuary

BLAIR STRIP STEEL COMPANY EMPLOYEES' PENSION PLAN
NOTES TO FINANCIAL STATEMENTS

NOTE D - ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS (CONTINUED)

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, disability, withdrawal or retirement) between the valuation date and the expected date of payment. The significant actuarial assumptions used in valuations as of the beginning of the Plan year dated December 31, 2022 and 2021 were (a) life expectancy of participants (RP-2000 Mortality Tables for 2021 and 2022 were used, respectively), (b) retirement age assumptions (the assumed average retirement age was age 65 and 5 years since entry), and (c) investment return. The December 31, 2022 and 2021 valuations included assumed average rates of return of 5.34% and 4.86% compounded annually, respectively. The foregoing actuarial assumptions are based on the presumption that the Plan will continue. Upon Plan termination, different actuarial assumptions and other factors will be applicable in determining the actuarial present value of accumulated plan benefits (see Note E). The computations of the actuarial present value of accumulated plan benefits were made as of December 31, 2022 and 2021. Had the valuations been performed as of December 30, there would be no material differences.

Upon Plan termination (see Note E), the actuarial present value of accumulated plan benefits was determined by using the applicable interest rate and mortality table at the time of distribution.

The accumulated plan benefit information as of the beginning of the plan years was as follows:

	December 31,	
	2022	2021
Actuarial present value of accumulated plan benefits		
Vested benefits		
Participants currently receiving payments	\$ 12,667,472	\$ 13,224,559
Other participants	2,192,025	2,561,602
Total actuarial present value of accumulated plan benefits	<u>\$ 14,859,497</u>	<u>\$ 15,786,161</u>

The change in accumulated plan benefits was a result of the following:

Actuarial present value of accumulated plan benefits at beginning of the year, December 31, 2021	\$ 15,786,161
Increase (decrease) during the year attributed to:	
Change in actuarial assumptions	(658,330) *
Benefits accumulated	-
Increase for interest due to the decrease in the discount period	734,349
Benefits paid	(1,248,187)
Effective non-investment experience	245,504
Actuarial present value of accumulated plan benefits at end of year, December 31, 2022	<u>\$ 14,859,497</u>

* Due to impact of change in effective interest rate assumption and mortality tables.

BLAIR STRIP STEEL COMPANY EMPLOYEES' PENSION PLAN

NOTES TO FINANCIAL STATEMENTS

NOTE E - PLAN TERMINATION

On April 25, 2023, the Company's Board of Directors passed a resolution to terminate the Plan effective May 31, 2023. It was further resolved that all participants became fully vested at this time. In addition, the Plan was amended to comply with any current applicable laws, to provide for lump-sum payment for participants or beneficiaries who were not in pay status, and to cease crediting years of service for purposes of eligibility for early retirement and eliminated early retirement due to disability. During August 2023, participants that elected lump sum distributions received their pension benefit in accordance with the approved termination plan. The Plan purchased annuity contract from American United Life Insurance Company (OneAmerica) in the amount of \$13,875,756.

NOTE F - INFORMATION CERTIFIED BY THE PLAN'S CUSTODIAN

Certain information related to investments disclosed in the accompanying financial statements and ERISA-required supplemental schedule, including investments held at December 30, 2023 and 2022, and net appreciation (depreciation) in fair value of investments, dividends and interest for the years ended December 30, 2023 and 2022, was obtained by management and agreed to or derived from information certified as complete and accurate by First Allmerica Financial Life Insurance Company (the custodian of the Plan).

NOTE G - FAIR VALUE MEASUREMENTS

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1) and the lowest priority to unobservable inputs (level 3). The three levels of the fair value hierarchy are described as follows:

Level 1

Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2

Inputs to the valuation methodology include:

- quoted prices for similar assets or liabilities in active markets;
- quoted prices for identical or similar assets or liabilities in inactive markets;
- inputs other than quoted prices that are observable for the asset or liability;
- inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.

Level 3

Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

BLAIR STRIP STEEL COMPANY EMPLOYEES' PENSION PLAN
NOTES TO FINANCIAL STATEMENTS

NOTE G - FAIR VALUE MEASUREMENTS (CONTINUED)

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in methodologies used at December 30, 2022.

Fund of Funds: Valued at the quoted share prices obtained for the underlying mutual funds, which are then adjusted to apply any applicable expense factor. The account values of fund of fund accounts are not publicly quoted. The fair values of the Plan's interests in these accounts are based upon the net asset values of the funds as reported by the Plan custodian and as supported by the unit prices of actual purchase and sale transactions occurring as of or close to the financial statement date. Each of the fund of fund accounts invests in a single, open-ended mutual fund, which is generally identified in the name of the account. The investment strategies of these accounts are consistent with each of the mutual funds identified in the name of the fund. Each account provides for daily redemptions by the Plan with no advance notice requirements, and has redemption prices that are determined by the net asset value per unit of each fund of funds account.

Immediate participation guaranteed contract: Valued at fair value by discounting the related cash flows based on current yields of similar instruments with comparable durations considering the credit-worthiness of the issuer.

The following table sets forth by level, within the fair value hierarchy, the Plan's investments at fair value as of December 30, 2022:

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Immediate participation guaranteed contract	\$ -	\$ -	\$ 7,105,919	\$ 7,105,919
Investments measured at net asset value ^(a)	-	-	-	7,422,900
Total Investments at Fair Value	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 7,105,919</u>	<u>\$ 14,528,819</u>

^(a) In accordance with Subtopic 820-10, certain investments that were measured at net asset value per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statements of net assets available for benefits.

Level 3 Investments

The following table sets forth a summary of changes in the fair value of the plan's level 3 assets for the years ended December 30, 2023 and 2022.

BLAIR STRIP STEEL COMPANY EMPLOYEES' PENSION PLAN
NOTES TO FINANCIAL STATEMENTS

NOTE G - FAIR VALUE MEASUREMENTS (CONTINUED)

Immediate Participation Guaranteed Contract:

	2023	2022
Balance, beginning of year	\$ 7,105,919	\$ 8,184,297
Purchases	202,853	229,354
Sales	(7,308,772)	(1,307,732)
Transfers in and/or out of level 3	-	-
Balance, end of year	<u>\$ -</u>	<u>\$ 7,105,919</u>
	<u>2023</u>	<u>2022</u>
The amount of total gains or losses for the period included in changes in net assets attributable to the change in unrealized gains or losses relating to assets still held at the reporting date	<u>\$ -</u>	<u>\$ -</u>

Transfers Between Levels

The availability of observable market data is monitored to assess the appropriate classification of financial instruments within the fair value hierarchy. Changes in economic conditions or model-based valuation techniques may require the transfer of financial instruments from one fair value level to another. In such instances, the transfer is reported at the beginning of the reporting period.

We evaluated the significance of transfers between levels based upon the nature of the financial instrument and size of the transfer relative to the total net assets available for benefits, if any.

Quantitative Information about Significant Unobservable Inputs Used in Level 3 Fair Value Measurements

The following table represents the Plan's level 3 financial instruments, the valuation techniques used to measure the fair value of those financial instruments as of December 30, 2022, and the significant unobservable inputs and the ranges of values for those inputs:

December 30, 2022 Instrument	Fair Value	Principal Valuation Technique	Significant Unobservable Inputs	Range of Significant Input Values
Immediate Participation Guaranteed Contract	\$ 7,105,919	Discounted Cash Flow	Discount rate Duration (years)	3% 1

Fair Value of Investments in Entities that Use NAV

The following table summarizes investments measured at fair value based on NAV per share as of December 30, 2022.

BLAIR STRIP STEEL COMPANY EMPLOYEES' PENSION PLAN
NOTES TO FINANCIAL STATEMENTS

NOTE G - FAIR VALUE MEASUREMENTS (CONTINUED)

December 30, 2022	Fair Value	Unfunded Commitments	Redemption Frequency (if currently eligible)	Redemption Notice Period
Fund of funds	\$ 7,422,900	n/a	Daily	n/a

NOTE H - GUARANTEED INVESTMENT CONTRACT WITH FIRST ALLMERICA LIFE INSURANCE COMPANY

The Plan entered into a guaranteed investment contract with First Allmerica Life Insurance Company under which the Plan deposits an amount required to meet the total contractual reserve requirement. First Allmerica Life Insurance Company maintains the contributions in an unallocated fund to which it adds interest at a rate of 3 percent. The interest rate is guaranteed through 2022, but is subject to change every year. When changed, the new rate applies only to funds deposited from the date of the change.

NOTE I - 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. Market risks include global events, which could impact the value of investment securities, such as a pandemic or international conflict. 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.

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.

NOTE J - TAX STATUS

The Internal Revenue Service has determined and informed the Company by a letter dated September 22, 2016, 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. However, the Plan Administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code.

BLAIR STRIP STEEL COMPANY EMPLOYEES' PENSION PLAN

NOTES TO FINANCIAL STATEMENTS

NOTE K - RELATED PARTY AND PARTY IN INTEREST TRANSACTIONS

Certain Plan investments are fund of funds and an immediate participation guaranteed contract both managed by First Allmerica Financial Life Insurance Company. First Allmerica Financial Life Insurance Company is the custodian as defined by the Plan and qualifies as a party in interest. Investment expenses paid to First Allmerica Financial Life Insurance Company amounted to \$53 and \$57,341 for the years ended December 30, 2023 and 2022, respectively.

NOTE L - SUBSEQUENT EVENTS

Subsequent to the year end, the insurance carrier the Plan contracted with to purchase annuity contracts made an adjustment to the contract, resulting in an additional amount due of \$552,656. This amount was paid directly by the plan sponsor to the insurance carrier in February 2024. Consequently, the Plan has recognized a receivable and a payable for the year ended December 30, 2023, reflecting this transaction. No monies for this were funded through the trust.

As of the date the financial statements were available to be issued, the Plan was being audited by the Pension Benefit Guaranty Corporation in regard to the Plan termination. All information requests have been responded to and no issues have been discovered thus far. The Plan is waiting for further information requests or completion of the audit process.

In addition , the Plan was named in a lawsuit in August 2024 initiated by a beneficiary of a participant. At this time, Plan management has not responded to the lawsuit, as legal counsel is currently reviewing the details of the case. Plan management, along with legal counsel, believes that they have adhered to the terms of the Plan document and do not perceive any merit to the claims outlined in the lawsuit.

The Plan has evaluated subsequent events through October 11, 2024, the date the financial statements were available to be issued.

SUPPLEMENTAL INFORMATION

Blair Strip Steel Company Employees' Pension Plan
 SCHEDULE H, LINE 4j, SCHEDULE OF REPORTABLE TRANSACTIONS
 EMPLOYER IDENTIFICATION NUMBER: 25-0359290
 PLAN NUMBER: 003
 FOR THE YEAR ENDED DECEMBER 30, 2023

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense Incurred with Transaction	(g) Cost of Asset	(h) Current Value on Transaction Date	(i) Net Gain or (Loss)
<u>Single Transactions in Excess of 5% of Plan Net Assets</u>								
First Allmerica Financial Life Insurance Company	Vanguard Variable Insurance Fund-Money Market Fund	\$ 7,681,532	\$ -	\$ -	\$ -	\$ 7,681,532	\$ 7,681,532	\$ -
First Allmerica Financial Life Insurance Company	Goldman Sachs VIT Mid Cap Value Fund	-	849,657	-	-	374,754	849,657	474,903
First Allmerica Financial Life Insurance Company	Goldman Sachs VIT Growth Opportunities Vanguard Variable	-	1,165,854	-	-	464,616	1,165,855	701,239
First Allmerica Financial Life Insurance Company	Insurance Fund-Capital Growth Portfolio Vanguard Variable	-	2,683,682	-	-	843,550	2,683,682	1,840,132
First Allmerica Financial Life Insurance Company	Insurance Fund-Equity Index	-	2,353,416	-	-	860,229	2,353,416	1,493,187

See independent auditors report.

2022 Schedule SB, Line 26
Schedule of Active Participant Data

Attained Age	Years of Credited Service									Total
	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	
0 to 24	0	0	0	0	0	0	0	0	0	0
25 to 29	0	0	0	0	0	0	0	0	0	0
30 to 34	0	0	0	0	0	0	0	0	0	0
35 to 39	0	0	0	0	0	0	0	0	0	0
40 to 44	0	0	0	0	0	0	0	0	0	0
45 to 49	0	0	2	1	1	0	0	0	0	4
50 to 54	0	0	0	4	0	0	0	0	0	4
55 to 59	0	1	0	4	3	0	0	0	0	8
60 to 64	0	1	0	3	2	0	0	1	0	7
65 to 69	0	0	0	1	1	0	0	0	0	2
70 to 99	0	0	0	0	0	0	0	0	0	0
Total	0	2	2	13	7	0	0	1	0	25

2022 Schedule SB, Part V
Statement of Actuarial Assumptions and Methods

Twenty-Four Month Segment Rates	December 2021	December 2022
First Segment Rate	3.32%	4.75%
Second Segment Rate	4.79%	5.18%
Third Segment Rate	5.47%	5.92%

Valuation Mortality Table (Static mortality table for valuations in 2022)	<u>Pre-retirement</u>	<u>Post-retirement</u>
Males	Male RP-2000 Combined	Male RP-2000 Combined
Females	Female RP-2000 Combined	Female RP-2000 Combined

Assumed Retirement Age

Active Hourly Participants are assumed to retire on the first day of the month coinciding with or next following the later of: (a) attainment of age 65; and (b) completion of 5 Years of Participation.

Active Salary Participants are assumed to retire on the first day of the month coinciding with or next following the later of (a) attainment of age 65 and (b) completion of 5 Years of Participation.

Deferred Vested Participants are assumed to retire on the first day of the month coinciding with or next following attainment of age 65.

Expense Loading None

Disability Rates None

Salary Scale Not applicable.

Marital Assumption 75% of Participants are assumed to be married.

Spouse Age Difference Male spouses are assumed to be two years older than female spouses.

Asset Valuation Method Market Value plus contribution receivable for the prior Plan Year.

Actuarial Cost Method Unit Credit

2022 Schedule SB, Part V
Statement of Actuarial Assumptions and Methods
 (continued)

Withdrawal Rates	Age	Rate	Age	Rate
	20	5.438%	36	2.087%
	21	5.408%	37	1.833%
	22	5.334%	38	1.587%
	23	5.221%	39	1.351%
	24	5.073%	40	1.128%
	25	4.894%	41	0.918%
	26	4.690%	42	0.725%
	27	4.464%	43	0.550%
	28	4.222%	44	0.396%
	29	3.966%	45	0.265%
	30	3.702%	46	0.159%
	31	3.431%	47	0.079%
	32	3.159%	48	0.027%
	33	2.886%	49	0.001%
	34	2.616%	50+	0.000%
	35	2.349%		

The following data were used for the valuation:

Participant data Supplied by the Employer as of December 31,
2022.

Asset data Supplied by the Employer as of December 31,
2022.

2022 Form 5500
Schedule H, Line 4j
Schedule of Reportable Transactions

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
Identity of Party Involved	Description of Asset	Purchase Price	Selling Price	Lease Rental	Expense Incurred with Transaction	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain or (Loss)
Series of Transactions in Excess of 5% of the Current Value of Plan Assets								
FirstAllmerica	GS VIT Growth Opportunities	-0-	1,165,855	-0-	-0-	464,616	1,165,855	701,239
FirstAllmerica	GS VIT Mid Cap	-0-	849,657	-0-	-0-	374,754	849,657	474,903
FirstAllmerica	GS VIT Strategic International Equity	-0-	628,922	-0-	-0-	470,066	628,922	158,856
FirstAllmerica	Van VIF Capital Growth	-0-	2,683,682	-0-	-0-	843,550	2,683,682	1,840,132
FirstAllmerica	Van VIF Equity Index	-0-	2,353,416	-0-	-0-	860,229	2,353,416	1,493,187
FirstAllmerica	Van VIF Money Market	7,681,532	-0-	-0-	-0-	7,681,532	7,681,532	-0-
FirstAllmerica	Van VIF Money Market	7,355,673	7,355,673	-0-	-0-	7,355,673	7,355,673	-0-
FirstAllmerica	Fixed Account 3%	-0-	5,967,427	-0-	-0-	5,967,427	5,967,427	-0-

2022 Form 5500
Schedule H, Line 4j
Schedule of Reportable Transactions

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
Identity of Party Involved	Description of Asset	Purchase Price	Selling Price	Lease Rental	Expense Incurred with Transaction	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain or (Loss)
Single Transaction within the Plan Year in Excess of 5% of the Current Value of Plan Assets								
FirstAllmerica	GS VIT Growth Opportunities	-0-	1,165,855	-0-	-0-	464,616	1,165,855	701,239
FirstAllmerica	GS VIT Mid Cap	-0-	849,657	-0-	-0-	374,754	849,657	474,903
FirstAllmerica	Van VIF Capital Growth	-0-	2,683,682	-0-	-0-	843,550	2,683,682	1,840,132
FirstAllmerica	Van VIF Equity Index	-0-	2,353,416	-0-	-0-	860,229	2,353,416	1,493,187
FirstAllmerica	Van VIF Money Market	7,681,532	-0-	-0-	-0-	7,681,532	7,681,532	-0-
FirstAllmerica	Van VIF Money Market	7,355,673	7,355,673	-0-	-0-	7,355,673	7,355,673	-0-
FirstAllmerica	Fixed Account 3%	-0-	5,967,427	-0-	-0-	5,967,427	5,967,427	-0-

**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

2022

This Form is Open to Public Inspection

For calendar plan year 2022 or fiscal plan year beginning 12/31/2022 and ending 12/30/2023

▶ **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 BLAIR STRIP STEEL COMPANY EMPLOYEES' PENSION PLAN	B Three-digit plan number (PN) ▶ <u>003</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF BLAIR STRIP STEEL COMPANY	D Employer Identification Number (EIN) 25-0359290
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input type="checkbox"/> 100 or fewer <input checked="" type="checkbox"/> 101-500 <input type="checkbox"/> More than 500

Part I	Basic Information		
1	Enter the valuation date:	Month <u>12</u> Day <u>31</u> Year <u>2022</u>	
2	Assets:		
	a Market value	2a	14,528,819
	b Actuarial value	2b	14,528,819
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	93	1,778,090
	b For terminated vested participants	11	413,935
	c For active participants	25	12,667,472
	d Total	129	14,859,497
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>		
	a Funding target disregarding prescribed at-risk assumptions	4a	
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b	
5	Effective interest rate	5	5.34%
6	Target normal cost		
	a Present value of current plan year accruals	6a	0
	b Expected plan-related expenses	6b	0
	c Total (line 6a + line 6b)	6c	0

Statement by Enrolled Actuary

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

SIGN HERE	Signature of actuary Julius Smetona, F.S.A., E.A. Type or print name of actuary DeSales Associates Firm name	<u>06/09/2024</u> Date <u>2305589</u> Most recent enrollment number <u>216-595-3940</u> Telephone number (including area code)
	P.O. Box <u>241548</u>	
	<u>Cleveland OH 44124</u> Address of the firm	

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions

For Paperwork Reduction Act Notice, see the Instructions for Form 5500 or 5500-SF. **Schedule SB (Form 5500) 2022 v. 220413**

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)	432,840	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	432,840	0
10	Interest on line 9 using prior year's actual return of <u>-8.91</u> %	-38,566	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>4.86</u> %		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d - line 12)	394,274	0

Part III Funding Percentages			
14	Funding target attainment percentage	14	95.12%
15	Adjusted funding target attainment percentage	15	95.12%
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	109.34%
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		
09/11/2023	21,057	0					
09/30/2023	507,079	0					
02/24/2024	552,656	0					
			Totals ▶	18(b)	1,080,792	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	1,028,579

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

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

21 Discount rate:				
a Segment rates:	1st segment: 4.75%	2nd segment: 5.18%	3rd segment: 5.92%	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code)				21b 0
22 Weighted average retirement age				22 65
23 Mortality table(s) (see instructions)	<input checked="" type="checkbox"/> Prescribed - combined <input type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute			

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.....	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.....	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
26 Demographic and benefit information	
a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment...	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....	27

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6c)	31a	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	724,952	61,327	
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	61,327	
	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	61,327	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37	1,028,579	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	967,252	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances.....	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37).....	39	0	
40 Unpaid minimum required contributions for all years	40	0	

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

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

2022 Schedule SB, Line 22
Description of Weighted-Average Retirement Age

Normal Retirement Date under the terms of the Plan is the later of: (a) attainment of age 65; and (b) the fifth anniversary of Participation Date. All participants are assumed to retire at their Normal Retirement Date. The weighted-average retirement age is 65.

2022 Schedule SB, Part V
Summary of Plan Provisions

Effective Date	December 31, 1950
Fiscal Year	January 1 to December 31
Plan Year	Twelve-month period commencing December 31 and ending December 30.
Participation Date Hourly Participants	First day of the month on which an employee is compensated for services on an hourly basis and is not included in a group whose benefits are collectively bargained. No hourly employees hired after July 1, 2010, are eligible to enter the Plan.
Participation Date Salary Participants	The first day of the Plan Year in which a Year of Service is completed. No salary employees hired after July 1, 2010, are eligible to enter the Plan.
Year of Service Hourly Participants	A Year of Service is credited whenever an employee completes 1,000 Hours of Service during a Plan Year. Prior to August 1, 1975, full and partial Years of Service were also credited based on the number of days of Credited Service an employee earned during a calendar year, with credit for a full year being granted for 230 days of Credited Service, three-quarters of a year being granted for at least 180 but no more than 229 days of Credited Service, one-half for at least 120 but no more than 179 days of Credited Service, and one-fourth for at least 60 but no more than 119 days of Credited Service. Benefit service for Hourly Participants was frozen effective January 1, 2015.
Year of Service Salary Participants	Twelve consecutive month period beginning with an employee's date of hire and each anniversary thereof during which an employee completes 1,000 Hours of Service. Benefit service for Salary Participants was frozen effective March 31, 2012.

2022 Schedule SB, Part V
Summary of Plan Provisions
(continued)

Credited Service Hourly Participants
(for benefit accrual)

Credited Service on and before **December 31, 1974**, shall equal the sum of the following: a full year for each calendar year in which the Employee has 230 or more days of Credited Service, three-quarters of a year for each calendar year in which an employee has at least 180 but no more than 229 days of Credited Service, one-half of a year for each calendar year in which an Employee has at least 120 but no more than 179 days of Credited Service, and one-fourth of a year for each calendar year in which an Employee has at least 60 but no more than 119 days of Credited Service

Credited Service Hourly Participants
(for benefit accrual)

Credited Service on and after **January 1, 1975**, shall equal the sum of the following: a full year for each calendar year in which the Employee has 200 or more days of Credited Service, three-quarters of a year for each calendar year in which an employee has at least 150 but no more than 199 days of Credited Service, one-half of a year for each calendar year in which an Employee has at least 100 but no more than 149 days of Credited Service, and one-fourth of a year for each calendar year in which an Employee has at least 50 but no more than 99 days of Credited Service. **Benefit service for Hourly Participants was frozen effective January 1, 2015.**

Accrued Benefit Hourly Participants:

A Participant's earned Normal Retirement Benefit at any date. **Benefit accruals for Hourly Participants was frozen effective January 1, 2015.**

Accrued Benefit Salary Participants:

Normal Retirement Benefit multiplied by a fraction whose numerator is Years of Service at date of determination and whose denominator is projected Years of Service at Normal Retirement Date. **Benefit accruals for Salary Participants were frozen effective March 31, 2012.**

Normal Retirement Date:

The first of the month coincident with or next following the later of (a) attainment of age 65 and (b) the fifth anniversary of Participation Date.

2022 Schedule SB, Part V
Summary of Plan Provisions
(continued)

Normal Retirement Benefit Hourly Participants:	\$56.25 per month multiplied by Years of Service up to 30 years plus \$75 per month multiplied by Years of Service in excess of 30 years, if any. Benefit accruals for Hourly Participants were frozen effective January 1, 2015.
Normal Retirement Benefit Salary Participants	8.0% of Average Monthly Earnings reduced by 1/25 th for each year that a participant's total Years of Service is less than 25 at Normal Retirement Date. Benefit accruals for Salary Participants were frozen effective March 31, 2012.
Early Retirement Benefit	Unreduced immediate benefit upon the earliest of: <ul style="list-style-type: none">• 15 Years of Service and attainment of age 62;• 15 Years of Service, attainment of age 55, and age plus Years of Service is at least 70;• 15 Years of Service and age plus Years of Service is at least 80; or 30 Years of Service.
Death Benefit	Pre-retirement spouse benefit payable to surviving spouse if surviving spouse has been married to the participant for at least one year as of the date of death. Minimum benefit payable to surviving spouse equals 50% of the benefit that would have been payable had the participant terminated just prior to death and survived to the earliest retirement age and elected a 50% Joint & Survivor Annuity. For Hourly Participants only, additional benefits are payable to spouses of (1) active participants who completed at least 15 Years of Service or (2) active or inactive participants who would have been eligible for early retirement.
Disability Benefit Hourly Participants	None.
Disability Benefit Salary Participants	Unreduced Accrued Benefit while disabled continuing until death or recovery. If alive at Normal Retirement Date, unreduced Accrued Benefit payable for life.
Vesting Schedule Hourly Participants	100% vested after 5 Years of Service
Vesting Schedule Salary Participants	100% vested after 3 Years of Service

2022 Schedule SB, Part V
Summary of Plan Provisions
(continued)

Normal Form of Benefit Hourly Participants	If single, a monthly life annuity with 60 payments certain. If married, an unreduced monthly 50% joint & survivor annuity with 60 payments certain.
Normal Form of Benefit Salary Participants	Life annuity with ten-years certain if single, 50% joint & survivor annuity if married.

2022 Form 5500
Schedule H, Line 4i
Schedule of Assets (Held at End of Year)

(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
First Allmerica Financial Life Insurance Company				
	Fixed Interest Fund	Fixed Account 3%	0.00	0.00
	Total:			0.00
First Allmerica Financial Life Insurance Company				
	Pooled Separate Account	GS VIT Growth Opportunities	0.00	0.00
	Pooled Separate Account	GS VIT Mid Cap	0.00	0.00
	Pooled Separate Account	GS VIT Strategic International Equity	0.00	0.00
	Pooled Separate Account	Van VIF Capital Growth	0.00	0.00
	Pooled Separate Account	Van VIF Equity Index	0.00	0.00
	Pooled Separate Account	Van VIF Money Market	0.00	0.00
	Total:			0.00
	Total Assets:			0.00

2022 Schedule SB, Line 32
Schedule of Amortization Bases

Date Shortfall Amortization Base <u>Established</u>	<u>Initial Balance</u>	<u>Initial Amortization Period</u>	<u>Remaining Amortization Period</u>	<u>Outstanding Balance as of December 31, 2022</u>	<u>Shortfall Amortization Installment</u>
12/31/2022	724,952	15 years	15 years	<u>724,952</u>	<u>61,327</u>
Shortfall Amortization Charge:				724,952	61,327