

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

Complete all entries in accordance with the instructions to the Form 5500.

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

- A This return/report is for: [] a multiemployer plan [] a multiple-employer plan... [X] a single-employer plan...
B This return/report is: [] the first return/report [] the final return/report...
C If the plan is a collectively-bargained plan, check here... [X]
D Check box if filing under: [] Form 5558 [] automatic extension...
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here... []

Part II Basic Plan Information—enter all requested information

1a Name of plan: RETIREES OF ANCHOR ACQUISITION,LLC HEALTH CARE PLAN
1b Three-digit plan number (PN): 501
1c Effective date of plan: 05/01/2009
2a Plan sponsor's name (employer, if for a single-employer plan): VEBA COMMITTEE,RETIREES OF ANCHOR ACQUISITION,LLC HEALTH CARE TRUST
2b Employer Identification Number (EIN): 27-6239920
2c Plan Sponsor's telephone number: 412-201-2242
2d Business code (see instructions): 813930

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.

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes rows for employer/plan sponsor and DFE.

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Form 5500 (2024) v. 240311

3a Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor VEBA COMMITTEE, RETIREES OF ANCHOR ACQUISITION, LLC HEALTH CARE TRUST 60 BOULEVARD OF THE ALLIES 5TH FL PITTSBURGH, PA 15222	3b Administrator's EIN 27-6239920 3c Administrator's telephone number 412-201-2242																						
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN																						
5 Total number of participants at the beginning of the plan year	5 245																						
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width:100%;"></td><td style="width:10%;"></td></tr> <tr><td>6a(1)</td><td style="text-align: right;">0</td></tr> <tr><td>6a(2)</td><td style="text-align: right;">0</td></tr> <tr><td>6b</td><td style="text-align: right;">249</td></tr> <tr><td>6c</td><td style="text-align: right;">11</td></tr> <tr><td>6d</td><td style="text-align: right;">260</td></tr> <tr><td>6e</td><td></td></tr> <tr><td>6f</td><td></td></tr> <tr><td>6g(1)</td><td></td></tr> <tr><td>6g(2)</td><td></td></tr> <tr><td>6h</td><td></td></tr> </table>			6a(1)	0	6a(2)	0	6b	249	6c	11	6d	260	6e		6f		6g(1)		6g(2)		6h	
6a(1)	0																						
6a(2)	0																						
6b	249																						
6c	11																						
6d	260																						
6e																							
6f																							
6g(1)																							
6g(2)																							
6h																							
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7																						

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

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:
 4A

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

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

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2024 Form M-1 annual report. If the plan was not required to file the 2024 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 C (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>	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.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
--	--	---

For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

A Name of plan RETIREEES OF ANCHOR ACQUISITION,LLC HEALTH CARE PLAN	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 VEBA COMMITTEE,RETIREEES OF ANCHOR ACQUISITION,LLC HEALTH CARE TRUST	D Employer Identification Number (EIN) 27-6239920	

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

SEGAL SELECT INSURANCE SERVICES INC

46-0619194

(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

(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

(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

(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

(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

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

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

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

MCELHANEY & ASSOCIATES, LLC

38-3806684

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	NONE	10450	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)

CENTRAL DATA SERVICES, INC.

25-1352803

(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?
13	NONE	6000	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"/>

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
--	--	--

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan RETIRES OF ANCHOR ACQUISITION,LLC HEALTH CARE PLAN	B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 VEBA COMMITTEE,RETIRES OF ANCHOR ACQUISITION,LLC HEALTH CARE TRUST	D Employer Identification Number (EIN) 27-6239920

Part I	Asset and Liability Statement
---------------	--------------------------------------

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

		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	10545	21211
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	50000	25000
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	675	150
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	114860	35759
(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)	583108	608592
(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)	968886	981755
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)		

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)		
e Buildings and other property used in plan operation.....	1e	2905	3406
f Total assets (add all amounts in lines 1a through 1e).....	1f	1730979	1675873
Liabilities			
g Benefit claims payable.....	1g	212710	3600
h Operating payables.....	1h	1380	1250
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	214090	4850
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	1516889	1671023

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)	75000	
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		75000
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	2521	
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		2521
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)	3749	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	50955	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		54704
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	281257	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	269734	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		11523
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	82170	
(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)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		-7958
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		217960

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	34949	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		34949
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)	6000	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	10450	
(5) Investment advisory and investment management fees	2i(5)	4767	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)	1704	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	5956	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		28877
j Total expenses. Add all expense amounts in column (b) and enter total	2j		63826

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		154134
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) 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: **MCELHANEY & ASSOCIATES, LLC**

(2) EIN: **38-3806684**

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		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.)		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.)		X	
e Was this plan covered by a fidelity bond?	X		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		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?		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?		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.)	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.)	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?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
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.			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? Yes No
If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

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

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

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

RETIRES OF ANCHOR ACQUISITION, LLC
HEALTH CARE PLAN
FINANCIAL STATEMENTS
YEARS ENDED DECEMBER 31, 2024 and 2023

June 20, 2025

RETIREES OF ANCHOR ACQUISITION, LLC
HEALTH CARE PLAN

TABLE OF CONTENTS

	<u>Page no.</u>
AUDITOR'S REPORT.....	1 - 2
FINANCIAL STATEMENTS	
Statement of Net Assets Available for Benefits.....	3
Statement of Changes in Net Assets Available for Benefits	4
Statement of Plan's Benefit Obligations.....	5
Statement of Changes in Plan's Benefit Obligations	6
Notes to Financial Statements.....	7 - 10
SUPPLEMENTARY INFORMATION	
Schedule of Assets Held for Investment Purposes.....	11 - 16
Schedule of Reportable Transactions	17

McELHANEY & ASSOCIATES, LLC

Certified Public Accountants

1725 Washington Road • Suite 509 • Pittsburgh, PA 15241
(412) 831-3812 • Fax (412) 831-6139 • mcelhaneyandassociates@verizon.net

F.E. (BUD) MCELHANEY, JR., CPA

MATTHEW E. DAVIN, JR., CPA

INDEPENDENT AUDITOR'S REPORT

**VEBA Committee
Retirees of Anchor Acquisition, LLC
Health Care Trust
Pittsburgh, PA**

Opinion

We have audited the accompanying financial statements of Retirees of Anchor Acquisition, LLC Health Care Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits and the statements of plan's benefit obligations as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits and the statements of changes in plan's benefit obligations for the years then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the statements of net assets available for benefits and the statements of plan's benefit obligations of Retirees of Anchor Acquisition, LLC Health Care Plan as of December 31, 2024 and 2023, and the statements of changes in net assets available for benefits and the statements of changes in plan's benefit obligations for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

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 Retirees of Anchor Acquisition, LLC Health Care 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 audit opinion.

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.

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 Retirees of Anchor Acquisition, LLC Health Care Plan's ability to continue as a going concern for one year after the date 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

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 generally accepted auditing standards 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 generally accepted auditing standards, 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 Retirees of Anchor Acquisition, LLC Health Care 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 Retirees of Anchor Acquisition, LLC Health Care Plan's ability to continue as a going concern for a reasonable period of time.

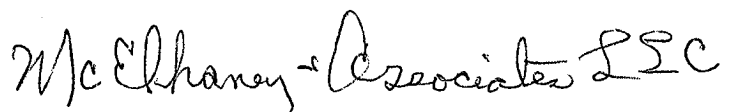
We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

Supplemental Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of assets held for investment purposes as of December 31, 2024 and reportable transactions for the year then ended are presented for purposes of additional analysis and are not a required part of the financial statements but are 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 has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion, the information in the accompanying schedules is fairly stated, in all material respects, in relation to the financial statements as a whole, and the form and content are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.



McElhaney & Associates, LLC

Pittsburgh, Pennsylvania
June 20, 2025

RETIREES OF ANCHOR ACQUISITION, LLC
HEALTH CARE PLAN
STATEMENT OF NET ASSETS AVAILABLE FOR PLAN BENEFITS
DECEMBER 31,

	<u>2024</u>	<u>2023</u>
ASSETS		
INVESTMENTS - FAIR VALUE		
Cash Equivalents	\$ 35,759	\$ 114,860
Common Stocks	608,592	583,108
Mutual Funds	<u>981,755</u>	<u>968,886</u>
	1,626,106	1,666,854
Accrued Interest and Dividends	<u>150</u>	<u>675</u>
TOTAL INVESTMENTS	1,626,256	1,667,529
RECEIVABLES		
Employer Contributions Receivable	25,000	50,000
CASH	21,211	10,545
PREPAID EXPENSES		
Insurance	<u>3,406</u>	<u>2,905</u>
TOTAL ASSETS	1,675,873	1,730,979
LIABILITIES		
ACCOUNTS PAYABLE	<u>1,250</u>	<u>1,380</u>
NET ASSETS AVAILABLE FOR PLAN BENEFITS	<u>\$ 1,674,623</u>	<u>\$ 1,729,599</u>

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

McELHANEY & ASSOCIATES, LLC

RETIREES OF ANCHOR ACQUISITION, LLC
HEALTH CARE PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR PLAN BENEFITS
YEAR ENDED DECEMBER 31,

	<u>2024</u>	<u>2023</u>
ADDITIONS TO PLAN ASSETS ATTRIBUTED TO:		
INVESTMENT INCOME		
Interest and Dividend Income	\$ 57,225	\$ 51,852
Appreciation (Depreciation) in Investments	<u>85,735</u>	<u>126,382</u>
	142,960	178,234
Investment Fees	<u>(4,767)</u>	<u>(4,620)</u>
TOTAL INVESTMENT INCOME	138,193	173,614
CONTRIBUTIONS		
Employer Contributions	<u>75,000</u>	<u>100,000</u>
TOTAL ADDITIONS	213,193	273,614
DEDUCTIONS FROM PLAN ASSETS ATTRIBUTED TO:		
BENEFITS		
Self-Insured	244,059	248,100
ADMINISTRATIVE EXPENSES		
Third Party Administrator	6,000	6,000
Legal Fees	1,704	977
Audit Fee	10,450	9,500
Insurance	4,574	3,966
PCORI Fee	792	735
Bank Fee	77	86
Mailing and Postage	<u>513</u>	<u>227</u>
TOTAL ADMINISTRATIVE EXPENSES	<u>24,110</u>	<u>21,491</u>
TOTAL DEDUCTIONS	<u>268,169</u>	<u>269,591</u>
NET INCREASE (DECREASE)	(54,976)	4,023
NET ASSETS AVAILABLE FOR PLAN BENEFITS:		
Beginning of Year	<u>1,729,599</u>	<u>1,725,576</u>
End of Year	<u>\$ 1,674,623</u>	<u>\$ 1,729,599</u>

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

RETIREES OF ANCHOR ACQUISITION, LLC
HEALTH CARE PLAN
STATEMENT OF PLAN'S BENEFIT OBLIGATIONS
DECEMBER 31

	<u>2024</u>	<u>2023</u>
AMOUNTS CURRENTLY PAYABLE (Claims payable, claims incurred but not reported)	\$ 3,600	\$ 212,710
POSTRETIREMENT BENEFIT OBLIGATIONS, NET OF AMOUNTS CURRENTLY PAYABLE	-	-
	_____	_____
PLAN'S TOTAL BENEFIT OBLIGATIONS	<u>\$ 3,600</u>	<u>\$ 212,710</u>

The VEBA Committee has complete discretionary authority to interpret this Plan and determine eligibility for participation and entitlement to benefits.

Neither the participant nor any other person has or will have a vested or non-forfeitable right to receive benefits under the Plan.

The VEBA Committee reserves the right to amend, modify, discontinue and/or terminate all or any part of the Plan at any time and for any reason and without the consent of any Plan Participant.

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

RETIREES OF ANCHOR ACQUISITION, LLC
HEALTH CARE PLAN
STATEMENT OF CHANGES IN PLAN'S BENEFIT OBLIGATIONS
YEAR ENDED DECEMBER 31,

	<u>2024</u>	<u>2023</u>
AMOUNTS CURRENTLY PAYABLE		
Balance at Beginning of Year	\$ 212,710	\$ 246,900
Claims Incurred	34,949	213,910
Claims Paid	<u>(244,059)</u>	<u>(248,100)</u>
Balance at End of Year	3,600	212,710
 POSTRETIREMENT BENEFIT OBLIGATIONS, NET OF AMOUNTS CURRENTLY PAYABLE		
	<u>-</u>	<u>-</u>
 PLAN'S TOTAL BENEFIT OBLIGATIONS AT END OF YEAR		
	<u>\$ 3,600</u>	<u>\$ 212,710</u>

The VEBA Committee has complete discretionary authority to interpret this Plan and determine eligibility for participation and entitlement to benefits.

Neither the participant nor any other person has or will have a vested or non-forfeitable right to receive benefits under the Plan.

The VEBA Committee reserves the right to amend, modify, discontinue and/or terminate all or any part of the Plan at any time and for any reason and without the consent of any Plan Participant.

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

RETIREES OF ANCHOR ACQUISITION, LLC
HEALTH CARE PLAN
NOTES TO THE FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

NOTE 1 - DESCRIPTION OF THE PLAN

The Trust was established, pursuant to a collective bargaining agreement, effective April 20, 2007, and continues to be maintained pursuant to a successor collective bargaining agreement that is effective through September 30, 2025. It funds the Plan's medical premium reimbursement benefits for certain retired employees of Anchor Hocking, LLC and its predecessor, Anchor Hocking CG Operating Company, LLC.

For a comprehensive description of coverage and benefits, see the Summary Plan Description.

From October 1, 2019 to September 30, 2022, the Company contribution was \$25,000 per calendar quarter. As per the agreement for October 1, 2022 to September 30, 2025, the Company contribution will continue to be \$25,000 per calendar quarter.

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

The financial statements have been prepared using the accrual basis of accounting, in accordance with accounting principles generally accepted in the United State of America. Significant accounting policies are summarized below.

Date of Management's Review of Subsequent Events - Subsequent events were evaluated through the date of the Independent Auditor's Report, which is the date the financial statements were available to be issued, and was determined that there are no subsequent events that require disclosure.

Estimates - The preparation of financial statements in conformity with generally accepted accounting principles requires the plan administrator to make estimates and assumptions that affect certain amounts and disclosures. Accordingly, actual results may differ from those estimates.

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 Committee determines the appropriateness of the Plan's investment offerings and monitors investment performance. The trustees also determine the Plan's valuation policies. See Note 3 for 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 includes the plan's gains and losses on investments bought and sold as well as held during the year.

Income Tax Status - The plan obtained its latest determination letter in 2014, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code (IRC). The Plan has been amended since receiving the determination letter. Plan management and Plan's tax counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income taxes has been included in the Plan's financial statements.

Accounting principles generally accepted in the United States of America require the plan administrator to evaluate tax positions taken by the Plan and recognize a tax liability for any uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by tax authorities; however, there are currently no audits for any tax periods in progress.

RETIREES OF ANCHOR ACQUISITION, LLC
HEALTH CARE PLAN
NOTES TO THE FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Plan Benefit Obligations - The Retirees of Anchor Acquisition, LLC Health Care Trust (the VEBA) was established to provide retiree health and welfare benefits for certain hourly retirees of the Anchor Hocking, LLC and its predecessor, Anchor Hocking CG Operating Company, LLC.

The Plan provides a medical premium reimbursement benefit of \$100 per month per participant or surviving spouse, not to exceed \$1,200 for any calendar year. Eligibility begins in the first month following the month in which the participant retires.

Postretirement Benefits - The VEBA Committee has complete discretionary authority to interpret this Plan and determine eligibility for participation and entitlement to benefits.

Neither the participant nor any other person has or will have a vested or non-forfeitable right to receive benefits under the Plan.

The VEBA Committee reserves the right to amend, modify, discontinue and/or terminate all or any part of the Plan at any time and for any reason and without the consent of any Plan Participant.

NOTE 3 - FAIR VALUE MEASUREMENTS

The Plan's investments are reported at fair value in the accompanying statement of net assets available for benefits. The methods used to measure fair value may produce an amount that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The fair value measurements accounting literature establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority, Level 2 inputs consist of observable inputs other than quoted prices for identical assets, and Level 3 inputs are unobservable and have the lowest priority. The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. Level 2 inputs were used only when Level 1 inputs were not available. There have been no changes in the methodologies used at December 31, 2024 and 2023.

Level 1 Fair Value Measurements - The fair value of mutual funds is based on quoted net asset values of the shares held by the Fund at year-end. The fair values of common stocks are based on the closing price reported on the active market where the individual securities are traded.

Level 2 Fair Value Measurements - The fair values of certain corporate bonds and U.S. government securities for which quoted market prices are not available are based on yields currently available on comparable securities of issuers with similar credit ratings.

Level 3 Fair Value Measurements - For those assets with fair value measured using Level 3 inputs, the Fund determines the fair value measurement using available current market conditions and other applicable third party information.

RETIREES OF ANCHOR ACQUISITION, LLC
HEALTH CARE PLAN
NOTES TO THE FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

NOTE 3 - FAIR VALUE MEASUREMENTS (Continued)

The following tables set forth, by level within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2024 and 2023.

Assets at Fair Value as of December 31, 2024

	Fair Value Measurements at The End of the Reporting Period Using:			
	Fair Value	Quoted Prices In Active Markets for Identical Assets Level 1	Significant Other Observable Inputs Level 2	Significant Unobservable Inputs Level 3
Cash Equivalents	\$ 35,759	\$ 35,759	\$ -	\$ -
Common Stocks	608,592	608,592	-	-
Mutual Funds	981,755	981,755	-	-
	<u>\$ 1,626,106</u>	<u>\$ 1,626,106</u>	<u>\$ -</u>	<u>\$ -</u>

Assets at Fair Value as of December 31, 2023

	Fair Value Measurements at The End of the Reporting Period Using:			
	Fair Value	Quoted Prices In Active Markets for Identical Assets Level 1	Significant Other Observable Inputs Level 2	Significant Unobservable Inputs Level 3
Cash Equivalents	\$ 114,860	\$ 114,860	\$ -	\$ -
Common Stocks	583,108	583,108	-	-
Mutual Funds	968,886	968,886	-	-
	<u>\$ 1,666,854</u>	<u>\$ 1,666,854</u>	<u>\$ -</u>	<u>\$ -</u>

Investments that represent 5% or more of the total plan assets are as follows:

	December 31,	
	2024	2023
BlackRock FDS II	\$ 154,778	\$ 163,778
Dodge & Cox Income Fd (Mutual Funds)	\$ 398,123	\$ 409,295
Doubleline Total Return Bond (Mutual Funds)	\$ 382,943	\$ 395,813

RETIREES OF ANCHOR ACQUISITION, LLC
HEALTH CARE PLAN
NOTES TO THE FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

NOTE 4 - RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of net assets available for benefits per the accompanying financial statements to the Form 5500.

	<u>December 31, 2024</u>	<u>December 31, 2023</u>
Net Assets Available for Benefits per Form 5500	\$ 1,671,023	\$ 1,516,889
Benefit Obligations Payable at Year End	<u>3,600</u>	<u>212,710</u>
Net Assets Available for Benefits Per Financial Statements	<u>\$ 1,674,623</u>	<u>\$ 1,729,599</u>

The following is a reconciliation of benefits paid for participants per the accompanying financial statements to the Form 5500 for the year ended:

	<u>December 31, 2024</u>	<u>December 31, 2023</u>
Benefits Paid for Participants Per the Financial Statements	\$ 244,059	\$ 248,100
Add: Obligations Payable at End of Year	3,600	212,710
Less: Obligations Payable at Beginning of Year	<u>(212,710)</u>	<u>(246,900)</u>
Benefits Paid for Participants Per Form 5500	<u>\$ 34,949</u>	<u>\$ 213,910</u>

NOTE 5 - CONCENTRATION OF CREDIT RISK

The Plan maintains its cash account at a financial institution in which balances may, at times, exceed federally insured limits.

NOTE 6 - RISKS AND UNCERTAINTIES

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

NOTE 7 – PRIORITIES UPON TERMINATION

Under certain conditions, the Plan may be terminated. Upon termination, the assets then remaining should be subject to the applicable provisions of the Plan then in effect and should be used until exhausted to pay benefits to participants in the order of their entitlement.

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

Department of the Treasury Internal Revenue Service

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).

2024

Department of Labor Employee Benefits Security Administration

Complete all entries in accordance with the instructions to the Form 5500.

Pension Benefit Guaranty Corporation

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

- A This return/report is for: [] a multiemployer plan [] a multiple-employer plan... [x] a single-employer plan [] a DFE... B This return/report is: [] the first return/report [] the final return/report... C If the plan is a collectively-bargained plan, check here... [x] D Check box if filing under: [] Form 5558 [] automatic extension [] the DFVC program... E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here... []

Part II Basic Plan Information—enter all requested information

1a Name of plan: RETIREES OF ANCHOR ACQUISITION, LLC HEALTH CARE PLAN
1b Three-digit plan number (PN): 501
1c Effective date of plan: 05/01/2009
2a Plan sponsor's name (employer, if for a single-employer plan): VEBA COMMITTEE, RETIREES OF ANCHOR ACQUISITION, LLC HEALTH CARE TRUST
2b Employer Identification Number (EIN): 27-6239920
2c Plan Sponsor's telephone number: 412-201-2242
2d Business code (see instructions): 813930

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.

Table with 4 columns: SIGN HERE, Signature, Date, and Name. Row 1: Robert M Witherell, 6/20/2025. Row 2: Signature of employer/plan sponsor. Row 3: Signature of DFE.

McELHANEY & ASSOCIATES, LLC

RETIREES OF ANCHOR ACQUISITION, LLC
HEALTH CARE PLAN

REPORTABLE (5%) TRANSACTIONS

YEAR ENDED DECEMBER 31, 2024

Federal I.D. - 27-6239920
Plan No. - 501

FORM 5500, Schedule H, Part IV, Question J

I Individual Transactions:

<u>(a) Identity Party Involved</u>	<u>(b) Description of asset (include interest rate and maturity in case of a loan)</u>	<u>(c) Purchase Price</u>	<u>(d) Selling Price</u>	<u>(e) Lease Rental</u>	<u>(f) Expenses incurred with transaction</u>	<u>(g) Cost of asset</u>	<u>(h) Current value of asset on transaction date</u>	<u>(i) Net gain or (loss)</u>
- None -								

II Series of Transactions:

<u>Description of Investment</u>	<u>Total number of purchases</u>	<u>Total number of sales</u>	<u>Total value of purchases</u>	<u>Total value of sales</u>	<u>Net gain or loss</u>
- None -					

SUPPLEMENTARY INFORMATION

McELHANEY & ASSOCIATES, LLC

RETIREES OF ANCHOR ACQUISITION, LLC
HEALTH CARE TRUST

ASSETS HELD FOR INVESTMENT PURPOSES

DECEMBER 31, 2024

Federal I.D. -27-6239920
Plan No. - 501

FORM 5500, SCHEDULE H, PART IV, QUESTION I

(c) Description of investment including maturity date,
rate of interest, collateral, par or maturity value

<u>(a) (b) Identity of issuer, borrower, lessor or similar party</u>	<u>Description</u>	<u>Collateral</u>	<u>Maturity Date</u>	<u>Rate of Interest</u>	<u>Par/Shares or Maturity Value</u>	<u>(d) Cost</u>	<u>(e) Current Value</u>
Cash Equivalents							
Fifth Third Banksafe Trust	Money Market	N/A	N/A	Variable	35,759	\$ 35,759	\$ 35,759
Common Stocks (See attached pages 12-15)							
						520,433	608,592
Mutual Funds (See attached page 16)							
						<u>995,113</u>	<u>981,755</u>
						<u>\$ 1,551,305</u>	<u>\$ 1,626,106</u>

McELHANEY & ASSOCIATES, LLC

RETIREES OF ANCHOR ACQUISITION, LLC
HEALTH CARE PLAN

ASSETS HELD FOR INVESTMENT PURPOSES

DECEMBER 31, 2024

Federal I.D. -27-6239920
Plan No. - 501

FORM 5500, SCHEDULE H. PART IV, QUESTION I

(a)	(b & c)	(e)	(d)
Identity & Description			
	COMMON STOCK		
10.0000	ACN ACCENTURE PLC CLASS A CUSIP - G1151C101	\$3,517.90	\$3,443.08
11.0000	ETN EATON CORP PLC SHS SEDOL B8KQN82 ISIN IE00B8KQN827 CUSIP - G29183103	\$3,650.57	\$3,059.99
3.0000	LIN LINDE PLC COM ISIN# IE000S9YS762 SEDOL# BNZHB81 CUSIP - G54950103	\$1,256.01	\$1,232.13
19.0000	ABT ABBOTT LABS CUSIP - 002824100	\$2,149.09	\$2,222.15
59.0000	GOOGL ALPHABET INC CAP STK CL A CUSIP - 02079K305	\$11,168.70	\$8,241.71
50.0000	AMZN AMAZON.COM INC CUSIP - 023135106	\$10,969.50	\$7,597.00
31.0000	AEP AMERICAN ELEC PWR INC CUSIP - 025537101	\$2,859.13	\$2,552.56
73.0000	AAPL APPLE INC CUSIP - 037833100	\$18,280.66	\$14,054.69
15.0000	AMAT APPLIED MATLS INC CUSIP - 038222105	\$2,439.45	\$2,431.05
40.0000	ANET ARISTA NETWORKS INC CUSIP - 040413205	\$4,421.20	\$2,974.54
10.0000	BRK B BERKSHIRE HATHAWAY INC DE CL B CUSIP - 084670702	\$4,532.80	\$3,635.60
6.0000	BLK BLACKROCK INC CUSIP - 09290D101	\$6,150.66	\$3,931.78
1.0000	BKNG BOOKING HLDGS INC CUSIP - 09857L108	\$4,968.42	\$3,547.22
30.0000	AVGO BROADCOM INC CUSIP - 11135F101	\$6,955.20	\$3,348.75
11.0000	CVX CHEVRON CORPORATION CUSIP - 166764100	\$1,593.24	\$1,640.76
38.0000	KO COCA COLA CO CUSIP - 191216100	\$2,365.88	\$2,338.70
8.0000	CMI CUMMINS INC CUSIP - 231021106	\$2,788.80	\$2,352.48
12.0000	DHR DANAHER CORP CUSIP - 235851102	\$2,754.60	\$3,201.02

McELHANEY & ASSOCIATES, LLC

RETIREES OF ANCHOR ACQUISITION, LLC
HEALTH CARE PLAN

ASSETS HELD FOR INVESTMENT PURPOSES

DECEMBER 31, 2024

Federal I.D. -27-6239920
Plan No. - 501

FORM 5500, SCHEDULE H, PART IV, QUESTION I

(a)	(b & c)	(e)	(d)
Identity & Description			
	COMMON STOCK		
44.0000	DIS DISNEY WALT CO CUSIP - 254687106	\$4,899.40	\$4,585.15
27.0000	XOM EXXON MOBIL CORP CUSIP - 30231G102	\$2,904.39	\$2,864.65
14.0000	META META PLATFORMS INC CL A CUSIP - 30303M102	\$8,197.14	\$5,904.39
8.0000	GS GOLDMAN SACHS GROUP CUSIP - 38141G104	\$4,580.96	\$3,331.00
11.0000	HD HOME DEPOT INC CUSIP - 437076102	\$4,278.89	\$3,812.05
26.0000	HON HONEYWELL INTL INC CUSIP - 438516106	\$5,873.14	\$5,392.14
7.0000	ISRG INTUITIVE SURGICAL INC CUSIP - 46120E602	\$3,653.72	\$3,059.27
352.0000	IVV ISHARES CORE S&P 500 ETF CUSIP - 464287200	\$207,215.36	\$178,550.86
29.0000	JPM JPMORGAN CHASE & CO CUSIP - 46625H100	\$6,951.59	\$4,932.90
5.0000	LLY LILLY (ELI) & CO CUSIP - 532457108	\$3,860.00	\$2,914.60
19.0000	MRVL MARVELL TECHNOLOGY INC CUSIP - 573874104	\$2,098.55	\$1,398.01
10.0000	MA MASTERCARD INC CUSIP - 57636Q104	\$5,265.70	\$4,265.10
6.0000	MCD MCDONALDS CORP CUSIP - 580135101	\$1,739.34	\$1,779.06
44.0000	MSFT MICROSOFT CORP CUSIP - 594918104	\$18,546.00	\$16,545.76
36.0000	NEE NEXTERA ENERGY INC CUSIP - 65339F101	\$2,580.84	\$2,186.64
18.0000	NKE NIKE INC CUSIP - 654106103	\$1,362.06	\$1,954.26
140.0000	NVDA NVIDIA CORP CUSIP - 67066G104	\$18,800.60	\$6,933.08
2.0000	ORLY O REILLY AUTOMOTIVE INC CUSIP - 67103H107	\$2,371.60	\$1,900.16
15.0000	PNC PNC FINANCIAL SERVICES GROUP CUSIP - 693475105	\$2,892.75	\$2,420.77
5.0000	PH PARKER HANNIFIN CORP CUSIP - 701094104	\$3,180.15	\$2,629.07
24.0000	PYPL PAYPAL HLDGS INC CUSIP - 70450Y103	\$2,048.40	\$1,939.72

McELHANEY & ASSOCIATES, LLC

RETIREES OF ANCHOR ACQUISITION, LLC
HEALTH CARE PLAN

ASSETS HELD FOR INVESTMENT PURPOSES

DECEMBER 31, 2024

Federal I.D. -27-6239920
Plan No. - 501

FORM 5500, SCHEDULE H, PART IV, QUESTION I

(a)	(b & c)		(e)	(d)
Identity & Description				
COMMON STOCK				
29.0000	PG	PROCTER & GAMBLE C CUSIP - 742718109	\$4,861.85	\$4,249.66
17.0000	PLD	PROLOGIS INC CUSIP - 74340W103	\$1,796.90	\$2,266.10
9.0000	CRM	SALESFORCE, INC. CUSIP - 79466L302	\$3,008.97	\$2,368.26
3.0000	NOW	SERVICENOW INC CUSIP - 81762P102	\$3,180.36	\$2,327.95
12.0000	SHW	SHERWIN WILLIAMS C CUSIP - 824348106	\$4,079.16	\$3,742.80
14.0000	TSLA	TESLA, INC CUSIP - 88160R101	\$5,653.76	\$3,478.72
18.0000	TXN	TEXAS INSTRS INC CUSIP - 882508104	\$3,375.18	\$3,091.70
10.0000	TMO	THERMO FISHER SCIEI CUSIP - 883556102	\$5,202.30	\$5,541.75
35.0000	UBER	UBER TECHNOLOGIES CUSIP - 90353T100	\$2,111.20	\$2,968.58
16.0000	UNP	UNION PAC CORP CUSIP - 907818108	\$3,648.64	\$4,002.73
10.0000	UNH	UNITEDHEALTH GROU CUSIP - 91324P102	\$5,058.60	\$5,264.70
85.0000	WMT	WALMART INC CUSIP - 931142103	\$7,679.75	\$4,466.75
92.0000	WFC	WELLS FARGO & COMP CUSIP - 949746101	\$6,462.08	\$4,813.54
25.0000	WELL	WELLTOWER INC COM CUSIP - 95040Q104	\$3,150.75	\$2,330.94
56.0000	WMB	WILLIAMS COS INC CUSIP - 969457100	\$3,030.72	\$2,852.43
12.0000	ZTS	ZOETIS INC CUSIP - 98978V103	\$1,955.16	\$2,368.44
1,476.4370	FSSNX	FIDELITY SMALL CAP CUSIP - 316146182	\$40,867.78	\$37,039.10
1,185.9110	FSMDX	FIDELITY MID CAP IND PREM CUSIP - 316146265	\$40,048.21	\$35,518.04

McELHANEY & ASSOCIATES, LLC

RETIREES OF ANCHOR ACQUISITION, LLC
HEALTH CARE PLAN

ASSETS HELD FOR INVESTMENT PURPOSES

DECEMBER 31, 2024

Federal I.D. -27-6239920
 Plan No. - 501

FORM 5500, SCHEDULE H, PART IV, QUESTION I

(a)	(b & c)	(e)	(d)
Identity & Description			
COMMON STOCK			
600.0940	FSPSX FIDELITY INTERNATIONAL IN FUND CUSIP - 315911727	\$28,528.47	\$30,802.80
579.3940	HLMIX HARDING LOEVNER INTL EQU CUSIP - 412295107	\$14,200.95	\$15,035.28
382.9860	ODVIX INVESCO DEVELOPING MARKETS FUND - CLASS R6 CUSIP - 00143W859	\$14,568.79	\$14,798.79
TOTAL COMMON STOCK		<u>\$ 520,432.91</u>	<u>\$ 608,591.97</u>

McELHANEY & ASSOCIATES, LLC

RETIREES OF ANCHOR ACQUISITION, LLC
HEALTH CARE PLAN

ASSETS HELD FOR INVESTMENT PURPOSES

DECEMBER 31, 2024

Federal I.D. -27-6239920
 Plan No. - 501

FORM 5500, SCHEDULE H, PART IV, QUESTION I

(a)	(b & c)	(e)	(d)
Identity & Description			
MUTUAL FUNDS			
32,158.5950	DODIX DODGE & COX INCOME FD CUSIP - 256210105	\$398,123.41	\$405,338.31
44,168.7940	DBLTX DOUBLELINE TOTAL RETURN CUSIP - 258620103	\$382,943.44	\$389,714.35
4,496.6010	SMSDX ALPS SMITH SHORT DURATIC BD INST CUSIP - 31761R351	\$45,910.30	\$46,000.22
16,344.0360	BSIIX BLACKROCK FDS II STRG OPF CUSIP - 09260B382	\$154,778.02	\$154,060.46
TOTAL MUTUAL FUNDS		<u>\$ 981,755.17</u>	<u>\$ 955,113.34</u>