

<p>Form 5500</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p>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>▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p>OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: 24pt; font-weight: bold;">2023</p> <hr/> <p>This Form is Open to Public Inspection</p>
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Part I Annual Report Identification Information
 For calendar plan year 2023 or fiscal plan year beginning 10/01/2023 and ending 09/30/2024

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

a single-employer plan a DFE (specify) _____

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

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

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

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

special extension (enter description)

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

Part II Basic Plan Information—enter all requested information

<p>1a Name of plan <u>EASTERN ALLOYS, INC. PENSION PLAN AND TRUST AGREEMENT</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>002</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>EASTERN ALLOYS, INC.</u></p> <p><u>P.O. BOX 317</u> <u>HENRY HENNING DRIVE</u> <u>MAYBROOK, NY 12543</u></p>	<p>1c Effective date of plan <u>07/01/1967</u></p> <p>2b Employer Identification Number (EIN) <u>14-1484939</u></p> <p>2c Plan Sponsor's telephone number <u>845-427-2151</u></p> <p>2d Business code (see instructions) <u>331400</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.	07/15/2025	JOSEPH WYDA
	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 checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	118
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.....	6a(1)	8
	6a(2)	8
	6b	59
	6c	26
	6d	93
	6e	0
	6f	93
	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:
1A 1I

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

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

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

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

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2023 Form M-1 annual report. If the plan was not required to file the 2023 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

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> 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 10/01/2023 and ending 09/30/2024

▶ **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>EASTERN ALLOYS, INC. PENSION PLAN AND TRUST AGREEMENT</u>	B Three-digit plan number (PN) ▶	<u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>EASTERN ALLOYS, INC.</u>	D Employer Identification Number (EIN) <u>14-1484939</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>10</u> Day <u>01</u> Year <u>2023</u>		
2	Assets:		
	a Market value	2a	<u>9378588</u>
	b Actuarial value	2b	<u>9378588</u>
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	<u>59</u>	<u>6261626</u>
	b For terminated vested participants	<u>51</u>	<u>2484499</u>
	c For active participants	<u>8</u>	<u>477984</u>
	d Total	<u>118</u>	<u>9224109</u>
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)		
	a Funding target disregarding prescribed at-risk assumptions	4a	
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b	
5	Effective interest rate	5	<u>5.17 %</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 Target normal cost	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>06/18/2025</u> Date
	<u>NOOR RAJAH</u> Type or print name of actuary	<u>23-07192</u> Most recent enrollment number
	<u>OPTIMIZING FOUNDATIONS</u> Firm name	<u>917-275-3802</u> Telephone number (including area code)
	<u>P.O. BOX 81 ROSWELL, GA 30077</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)	2625	592304
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)	2625	592304
10	Interest on line 9 using prior year's actual return of <u>12.43</u> %	326	73623
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		183651
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>5.34</u> %		9807
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		193458
d	Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	2951	511448
13	Balance at beginning of current year (line 9 + line 10 + line 11d - line 12)	0	154479

Part III Funding Percentages			
14	Funding target attainment percentage	14	100.00 %
15	Adjusted funding target attainment percentage	15	101.67 %
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	88.08 %
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	
Totals ▶			18(b)	0	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	0

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

Part V Assumptions Used to Determine Funding Target and Target Normal Cost			
21 Discount rate:			
a Segment rates:	1st segment: 4.75 %	2nd segment: 5.00 %	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code).....			21b 2
22 Weighted average retirement age			22 65
23 Mortality table(s) (see instructions)	<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	0	0	
b Waiver amortization installment	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount			33
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....			34 0
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0
36 Additional cash requirement (line 34 minus line 35).....			36 0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....			37 0
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)			38a 0
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. <input type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input type="checkbox"/> 2021			

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> 2023 This Form is Open to Public Inspection.
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For calendar plan year 2023 or fiscal plan year beginning **10/01/2023** and ending **09/30/2024**

A Name of plan EASTERN ALLOYS, INC. PENSION PLAN AND TRUST AGREEMENT	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 EASTERN ALLOYS, INC.	D Employer Identification Number (EIN) 14-1484939	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

OPPENHEIMER & CO., INC.

13-5657518

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21	NONE	102223	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:

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> 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 10/01/2023 and ending 09/30/2024	
A Name of plan EASTERN ALLOYS, INC. PENSION PLAN AND TRUST AGREEMENT	B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 EASTERN ALLOYS, INC.	D Employer Identification Number (EIN) 14-1484939

Part I	Asset and Liability Statement
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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	385340	5583
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	7529	3436
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	538993	124948
(2) U.S. Government securities	1c(2)	199220	185368
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	1416506	1017220
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	82830	95505
(B) Common	1c(4)(B)	2753280	3174632
(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)	2647317	3177887
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	1347573	1427980

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	9378588	9212559
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	9378588	9212559

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)		
(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)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	4855	
(B) U.S. Government securities	2b(1)(B)	5271	
(C) Corporate debt instruments	2b(1)(C)	42031	
(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)		52157
(2) Dividends:			
(A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	65641	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	37194	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		102835
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(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)		
(B) Other	2b(5)(B)		
(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)		1825345
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		1980337

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	2044143	
(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)		2044143
f Corrective distributions (see instructions).....	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances.....	2i(1)		
(2) Contract administrator fees.....	2i(2)		
(3) Recordkeeping fees.....	2i(3)		
(4) IQPA audit fees.....	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	102223	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		102223
j Total expenses. Add all expense amounts in column (b) and enter total	2j		2146366

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-166029
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: PKF O'CONNOR DAVIES LLP

(2) EIN: 27-1728945

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 540138.

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> 2023 This Form is Open to Public Inspection.
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For calendar plan year 2023 or fiscal plan year beginning 10/01/2023 and ending 09/30/2024

A Name of plan <u>EASTERN ALLOYS, INC. PENSION PLAN AND TRUST AGREEMENT</u>	B Three-digit plan number (PN) ▶	<u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>EASTERN ALLOYS, INC.</u>	D Employer Identification Number (EIN) <u>14-1484939</u>	

Part I	Distributions
---------------	----------------------

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>14-1794356</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	0

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

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

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: <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) and (b):

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

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

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

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

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

Part VII IRS Compliance Questions

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

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

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 03 / 30 / 2018 (MM/DD/YYYY) and the Opinion Letter serial number J501783A.

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

Financial Statements

September 30, 2024 and 2023

Independent Auditors' Report

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

Opinion

We have audited the accompanying financial statements of Eastern Alloys, Inc. Pension Plan and Trust Agreement (the "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 as of September 30, 2024 and 2023, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

In our opinion, the financial statements present fairly, in all material respects, the net assets available for benefits of the Plan as of September 30, 2024 and 2023, and the changes in its net assets available for benefits for the years then ended in accordance with accounting principles generally accepted in the United States of America ("U.S. GAAP").

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 Auditors' Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our 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 U.S. GAAP, 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 the Plan's ability to continue as a going concern within 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.

**Trustees of the
Eastern Alloys, Inc. Pension Plan
and Trust Agreement**
Page 2

Auditors' 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 auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with 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 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 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 Schedule Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental Schedule H, Part IV, Line 4i – Schedule of Assets (Held at End of Year) as of September 30, 2024 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 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 GAAS.

**Trustees of the
Eastern Alloys, Inc. Pension Plan
and Trust Agreement**
Page 3

In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, including the 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 information in the accompanying schedule 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.

PKF O'Connor Davies, LLP

July 15, 2025

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

Statements of Net Assets Available for Benefits

	September 30,	
	2024	2023
ASSETS		
Investments, at Fair Value		
Corporate debt securities	\$ 1,017,220	\$ 1,416,506
U.S. government securities	185,368	199,220
Common stocks	3,174,632	2,753,280
Preferred stocks	95,505	82,830
Mutual funds	3,177,887	2,647,317
Alternative investments	1,427,980	1,347,573
Money market funds	124,948	538,993
Total Investments	9,203,540	8,985,719
Non interest bearing cash	5,583	385,340
Accrued interest receivable	3,436	7,529
Total Assets	9,212,559	9,378,588
LIABILITIES	-	-
Net Assets Available For Benefits	\$ 9,212,559	\$ 9,378,588

See notes to financial statements

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

Statements of Changes in Net Assets Available for Benefits

	Year Ended September 30,	
	2024	2023
ADDITIONS		
Employer contributions	\$ -	\$ 300,000
Investment Income		
Net appreciation in fair value of investments	1,825,345	896,203
Interest and dividends	154,992	160,855
Total Investment Income	1,980,337	1,057,058
Total Additions	1,980,337	1,357,058
DEDUCTIONS		
Benefits paid to participants	2,044,143	581,178
Administrative expenses	102,223	87,325
Total Deductions	2,146,366	668,503
Net (Decrease) Increase	(166,029)	688,555
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of year	9,378,588	8,690,033
End of year	\$ 9,212,559	\$ 9,378,588

Eastern Alloys, Inc. Pension Plan and Trust Agreement

Notes to Financial Statements
September 30, 2024 and 2023

1. Description of Plan

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

General

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

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

Pension Benefits

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

Due to a Plan amendment effective December 1, 2023, the Plan allowed lump sum payments for a three-month window from March 1, 2024 to May 31, 2024. During the three-month period 25 participants took lump sum payments totaling approximately \$1,465,000.

Death and Disability Benefits

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

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

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

Eastern Alloys, Inc. Pension Plan and Trust Agreement

Notes to Financial Statements
September 30, 2024 and 2023

2. Summary of Significant Accounting Policies

Basis of Accounting and Use of Estimates

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

Fair Value Measurements

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

Investment Valuation and Income Recognition

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

Certain alternative investment values have been estimated using the NAV as reported by the management of the respective alternative investment fund. U.S. GAAP guidance provides for the use of NAV as a “Practical Expedient” for estimating fair value of alternative investments.

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

Eastern Alloys, Inc. Pension Plan and Trust Agreement

Notes to Financial Statements
September 30, 2024 and 2023

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

Actuarial Present Value of Accumulated Plan Benefits

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

The significant actuarial assumptions underlying the actuarial present value of accumulated Plan benefits as of September 30, 2024, were as follows:

Retirement age	65
Long term investment rate of return	5.50%
Mortality	2024 Applicable

The significant actuarial assumptions changes from the prior year valuation were the change in the mortality table changing from the 2023 Applicable table to the 2024 Applicable table.

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

Payment of Benefits

Benefit payments to participants are recorded upon distribution.

Administrative Expenses

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

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

Notes to Financial Statements
September 30, 2024 and 2023

2. Summary of Significant Accounting Policies (continued)

Funding Policy

The Company contributes such amounts as are necessary on an actuarial basis to provide the Plan with assets sufficient to meet the benefits to be paid to the Plan's participants. For the years ended September 30, 2024 and 2023, the Plan has met the minimum funding requirements of ERISA.

Subsequent Events Evaluation by Management

Management has evaluated subsequent events for disclosure and/or recognition in the financial statements through the date that the financial statements were available to be issued, which date is July 15, 2025.

3. Actuarial Present Value of Accumulated Plan Benefits

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

	<u>2024</u>	<u>2023</u>
Actuarial Present Value of Accumulated Plan Benefits		
Vested benefits of participants and beneficiaries receiving payments	\$ 4,252,030	\$ 5,218,947
Other vested benefits	<u>3,060,648</u>	<u>3,756,642</u>
Actuarial Present Value of Accumulated Plan Benefits	<u>\$ 7,312,678</u>	<u>\$ 8,975,589</u>

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

	<u>2024</u>	<u>2023</u>
Actuarial Present Value of Accumulated Plan Benefits, Beginning of Year	<u>\$ 8,975,589</u>	<u>\$ 8,968,250</u>
Increase (Decrease) During the Year Attributable to:		
Increase due to the passage of time	437,443	477,271
Benefits paid	(2,044,143)	(581,178)
Gain and accrual	<u>(56,211)</u>	<u>111,246</u>
Net Increase (Decrease)	<u>(1,662,911)</u>	<u>7,339</u>
Actuarial Present Value of Accumulated Plan Benefits, End of Year	<u>\$ 7,312,678</u>	<u>\$ 8,975,589</u>

**Eastern Alloys, Inc. Pension Plan
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Notes to Financial Statements
September 30, 2024 and 2023

4. Investments

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

2024				
Asset Category	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Observable Inputs (Level 2)	Other Investments Measured at NAV*	Total
Corporate debt securities	\$ -	\$ 1,017,220	\$ -	\$ 1,017,220
U.S. government securities	185,368	-	-	185,368
Common stocks	3,174,632	-	-	3,174,632
Preferred stocks	95,505	-	-	95,505
Mutual funds	3,177,887	-	-	3,177,887
Alternative investments	-	-	1,427,980	1,427,980
Money market funds	124,948	-	-	124,948
Total	<u>\$ 6,758,340</u>	<u>\$ 1,017,220</u>	<u>\$ 1,427,980</u>	<u>\$ 9,203,540</u>
2023				
Asset Category	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Observable Inputs (Level 2)	Other Investments Measured at NAV*	Total
Corporate debt securities	\$ -	\$ 1,416,506	\$ -	\$ 1,416,506
U.S. government securities	199,220	-	-	199,220
Common stocks	2,753,280	-	-	2,753,280
Preferred stocks	82,830	-	-	82,830
Mutual funds	2,647,317	-	-	2,647,317
Alternative investments	-	-	1,347,573	1,347,573
Money market funds	538,993	-	-	538,993
Total	<u>\$ 6,221,640</u>	<u>\$ 1,416,506</u>	<u>\$ 1,347,573</u>	<u>\$ 8,985,719</u>

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

As of September 30, 2024 and 2023, the Plan had non interest bearing cash that amounted to \$5,583 and \$385,340. These amounts are not included in investments.

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

Notes to Financial Statements
September 30, 2024 and 2023

4. Investments (continued)

Alternative investments

The Xanthus Fund is a private equity fund. It's investments include long and short positions primarily in equity securities and total return swaps of U.S. and non-U.S. companies. Equity securities include common and preferred stock and other securities having equity characteristics, including convertible debt securities, stock options, warrants and rights.

The Electron Global Fund is a hedge fund. It's investments are primarily in publicly traded equity securities in the global utility sector, utility service and fuel providers, utility equipment manufacturers and related sectors.

Certain relevant details for investments that transact at the net asset value as a practical expedient for fair value are as follows at September 30:

	2024			
	Fair Value	Unfunded Commitments	Redemption Frequency (If currently eligible)	Redemption Notice Period
Private equity fund	\$ 709,392	\$ -	Semi-annually	180 days
Hedge fund	718,588	-	Monthly	30 days
Total	\$ 1,427,980	\$ -		
	2023			
	Fair Value	Unfunded Commitments	Redemption Frequency (If currently eligible)	Redemption Notice Period
Private equity fund	\$ 735,511	\$ -	Semi-annually	180 days
Hedge fund	612,062	-	Monthly	30 days
Total	\$ 1,347,573	\$ -		

5. Plan Termination

Although the Company has not expressed an intent to do so, the Plan can be terminated by the Company in certain limited situations. If the Plan is terminated the net assets of the Plan will be distributed to the participants in an order of priority determined in accordance with ERISA and its applicable regulations, and with the plan document.

Eastern Alloys, Inc. Pension Plan and Trust Agreement

Notes to Financial Statements
September 30, 2024 and 2023

5. Plan Termination (*continued*)

Certain benefits under the Plan are insured by the Pension Benefit Guaranty Corporation (“PBGC”) if the Plan is terminated. Generally, the PBGC guarantees most vested, normal-age retirement benefits, early retirement benefits, and certain disability and survivor’s pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan’s termination, subject to a statutory ceiling on the amount of an individual’s monthly benefit.

Whether all participants receive the benefits should the Plan be terminated at some future time will depend on the sufficiency at that time, of the Plan’s net assets to provide these benefits, the priority of those benefits to be paid, and the level and type benefits guaranteed by the PBGC at the time. Some benefits may be fully or partially provided for by the existing assets and the PBGC guaranty, while other benefits may not be provided for at all.

6. Related Party Transactions

Certain Plan investments are managed by Oppenheimer & Company Inc., the custodian as defined by the Plan, and, therefore, these transactions qualify as exempt party-in-interest transactions under ERISA. Fees paid by the Plan to Oppenheimer & Company Inc. for investment management services and other fees amounted to \$102,223 and \$87,325 for the years ended September 30, 2024 and 2023.

7. Tax Status

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

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

Eastern Alloys, Inc. Pension Plan and Trust Agreement

Notes to Financial Statements
September 30, 2024 and 2023

8. Risks and Uncertainties

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

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

The global and domestic economic uncertainty has resulted in significant volatility in financial markets. This volatility has affected, and may continue to affect, the value of the Plan's net assets available for benefits. The effects of economic and market conditions subsequent to September 30, 2024 are not reflected in these financial statements and future effects on the Plan's net assets available for benefits cannot be predicted.

* * * * *

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

Supplemental Schedule

September 30, 2024

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

Schedule Pursuant to Department of Labor Requirements
September 30, 2024

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

EIN #: 14-1484939
Plan #: 002

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
CORPORATE DEBT SECURITIES				
	Amazon Com Inc.	Maturity Date 6/3/2030 at 1.50%	\$ 19,416	\$ 20,982
	American Express Co.	Maturity Date 3/4/2027 at 2.55%	13,549	14,477
	Bank Montreal Medium	Maturity Date 05/01/2025 at 1.85%	15,781	16,730
	Bank of America Corp.	Maturity Date 10/22/2026 at 4.25%	25,005	24,984
	Bank of America Corp.	Maturity Date 07/22/2028 at 4.948%	24,513	25,442
	Bank of America Corp.	Maturity Date 08/15/2025 at 3.5%	50,168	49,274
	Bank of America Corp.	Maturity Date 01/22/2025 at 4%	49,943	49,849
	Boeing Corp.	Maturity Date 05/01/2034 at 3.6%	51,388	42,640
	Capital One Financial Corp.	Maturity Date 03/09/2027 at 3.75%	24,455	24,675
	Capital One Financial Corp.	Maturity Date 10/30/2024 at 3.3%	24,086	25,000
	Caterpillar Inc.	Maturity Date 09/19/2029 at 2.60%	7,262	7,486
	Chubb Ina Holdgs Inc.	Maturity Date 9/15/2030 at 1.375%	18,792	20,565
	Church & Dwight Co Inc.	Maturity Date 12/15/2031 at 2.30%	18,728	20,082
	Citigroup Inc.	Maturity Date 5/24/2028 at 4.658%	22,333	23,184
	Citigroup Inc.	Maturity Date 09/29/2027 at 4.45%	25,005	25,025
	Comcast Corp.	Maturity Date 2/15/2031 at 1.50%	6,362	6,745
	Comcast Corp.	Maturity Date 10/15/2025 at 3.95	14,516	14,962
	Comcast Corp.	Maturity Date 01/15/2031 at 1.95%	49,005	43,379
	Disney Walt Co.	Maturity Date 09/01/2029 at 2.00%	19,297	20,898
	Duke Energy Ohio Inc.	Maturity Date 02/01/2029 at 3.65%	21,242	22,506
	Emerson Elec Co.	Maturity Date 12/21/2031 at 2.20%	14,984	15,795
	ESC Lehman Brothers Holdings Inc.	Maturity Date 2/5/2021 at 6.25%	35	35
	Florida Pwr & LT Co.	Maturity Date 2/3/2032 at 2.45%	19,034	20,315
	Ford Motor Co Del	Maturity Date 2/12/2032 at 3.25%	50,877	42,543
	General Motors Financial Co Inc.	Maturity Date 04/20/2031 at 2.9%	50,005	42,825
	Goldman Sachs Group Inc	Maturity Date 1/26/2027 at 3.85%	21,837	22,795
	Goldman Sachs Group Inc.	Maturity Date 01/23/2025 at 3.5%	24,980	24,887
	Home Depot Inc.	Maturity Date 9/14/2027 at 2.80%	7,470	7,772
	Home Depot Inc.	Maturity Date 6/15/2029 at 2.95%	14,196	15,267
	John Deere Capital Corp.	Maturity Date 1/20/2028 at 4.75%	8,017	8,188
	John Deere Capital Corp.	Maturity Date 09/15/2032 at 4.35%	16,343	17,106
	JP Morgan Chase & Co.	Maturity Date 7/25/2028 at 4.851%	24,471	25,405
	Mid-America Apts LP	Maturity date 03/15/34 at 5.00%	9,853	10,201
	Morgan Stanley	Maturity Date 1/20/2027 at 3.625%	23,644	24,757
	Netflix Inc.	Maturity date 08/15/34 at 4.90%	10,282	10,333
	Nike Inc.	Maturity Date 03/27/2030 at 2.85%	21,459	22,590
	Nvidia Corp.	Maturity Date 06/15/2028 at 1.55%	20,610	22,180
	Prologis LP	Maturity Date 1/15/2032 at 2.25%	6,513	6,873
	Target Corp.	Maturity Date 02/15/2030 at 2.35%	19,689	21,113
	Toronto Dominion Bank	Maturity Date 1/6/2026 at .75%	14,942	16,286
	Toyota MTR CR Corp.	Maturity Date 06/18/2026 at 1.125%	21,341	22,880
	Truist Finl Corp.	Maturity Date 8/3/2027 at 1.125%	21,279	22,965
	Union Pac Corp.	Maturity Date 2/05/2027 at 2.15%	22,687	23,965
	Carried Forward		945,394	945,961

See independent auditors' report

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

Schedule Pursuant to Department of Labor Requirements
September 30, 2024

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

EIN #: 14-1484939
Plan #: 002

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
CORPORATE DEBT SECURITIES				
	Brought Forward		\$ 945,394	\$ 945,961
	United Parcel Svcs Inc.	Maturity Date 4/1/2030 at 4.45%	23,654	24,461
	Waste Mgmt Inc Del	Maturity Date 06/01/2029 at 2.00%	21,063	22,883
	Wells Fargo & Co.	Maturity Date 1/24/2029 at 4.15%	22,568	23,915
	Total Corporate Debt Securities		<u>1,012,679</u>	<u>1,017,220</u>
U.S. GOVERNMENT SECURITIES				
	U.S. Treasury Bill	Maturity Date 03/31/2027 at 2.50%	58,821	61,366
	U.S. Treasury Bill	Maturity Date 9/30/28 at 1.25%	55,861	59,365
	U.S. Treasury Bill	Maturity Date 01/31/30 at 3.50%	62,779	64,637
	Total Government Securities		<u>177,461</u>	<u>185,368</u>
COMMON STOCKS				
		SHARES		
	Abbott Labs	87	6,111	9,919
	Abbvie Inc.	120	20,956	23,698
	Accenture Plc Ireland Shs Class A	54	10,900	19,088
	Acuity Brands Inc.	44	5,709	12,117
	Adobe Systems Inc.	50	5,237	25,889
	Advanced Energy Industries Inc.	74	4,889	7,788
	Advanced Micro Devices Inc.	139	13,971	22,807
	Air Lease Corp Class A	137	5,422	6,205
	Albany Intl Corp. Class A	81	4,723	7,197
	Alexandria Real Estate Eq Inc.	54	6,835	6,413
	AllState Corp.	136	16,728	25,792
	Ally Financial Inc.	312	7,411	11,104
	Amazon Com. Inc.	375	19,462	69,874
	Amentum Holdings Inc.	138	4,451	4,451
	Analog Devices Inc.	126	14,328	29,001
	Apple Inc.	350	32,809	81,550
	Asml Holding	29	20,394	24,164
	AT&T Inc.	1,047	17,305	23,034
	Atmos Energy Corp.	53	5,527	7,352
	Avnet Inc.	174	6,202	9,450
	Bath & Body Works Inc.	153	5,693	4,884
	Berkshire Hathaway Inc.	104	19,468	47,867
	Blackstone Inc.	158	16,203	24,195
	Borgwarner Inc.	90	3,884	3,266
	Broadcom Inc.	200	6,163	34,500
	Cabot Corp.	77	4,090	8,606
	Cadence Design System Inc.	51	11,509	13,823
	Carried Forward		<u>296,380</u>	<u>564,034</u>

See independent auditors' report

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

Schedule Pursuant to Department of Labor Requirements
September 30, 2024

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

EIN #: 14-1484939
Plan #: 002

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
	COMMON STOCKS	SHARES		
	Brought Forward		\$ 296,380	\$ 564,034
	Cbre Group Inc. Class A	107	5,390	13,319
	Cencora Inc.	80	6,754	18,006
	Charles Riv Labs Intl Inc.	30	4,154	5,909
	Chevron Corp.	138	14,166	20,323
	Chevron Corp. New	296	34,203	43,592
	Chipotle Mexican Grill Inc.	500	13,164	28,810
	Citigroup Inc.	1,065	51,858	66,669
	Comcast Corp.	386	20,434	16,123
	Conmed Corp	64	5,226	4,603
	Conocophillips	191	18,068	20,108
	Crowdstrike Holdings Inc	52	16,552	14,584
	CVS Health Corp.	329	23,026	20,688
	D R Horton Inc.	57	2,802	10,874
	Danone Sponsored ADR	2,637	34,342	38,500
	Darden Restaurants Inc.	33	3,347	5,416
	Darling Ingredients Inc.	173	4,602	6,429
	Deere & Co.	23	8,946	9,599
	Dexcom Inc.	191	9,390	12,805
	Diamondback Energy Inc.	83	5,211	14,309
	Digi Intl Inc.	242	5,054	6,662
	Dollar Tree Inc.	148	16,375	10,407
	Dominion Energy Inc.	401	18,543	23,174
	Dow Inc.	356	18,484	19,448
	Eastgroup Pptys Inc.	41	4,643	7,660
	Eastman Chem Co.	51	4,945	5,709
	ELF Beauty Inc.	84	15,459	9,159
	Eli Lilly & Co.	26	3,251	23,034
	Emerson Elec Co.	191	18,465	20,890
	Entegris Inc.	72	3,342	8,102
	Eog Res Inc.	99	11,558	12,170
	Equitable Holdings Inc.	609	12,354	25,596
	Fairfax Financial Holdings LTD.	28	7,519	35,235
	Fedex Corp.	169	31,016	46,252
	Fidelity Natl Information Services	162	10,507	13,568
	Firstcash Holdings Inc.	58	4,468	6,658
	Flex Ltd Ord	446	4,034	14,910
	Gallagher Arthur & Co.	85	16,635	23,916
	Gatx Corp.	63	4,453	8,344
	General Motors Co.	1,038	31,066	46,544
	Genuine Parts Co.	60	9,024	8,381
	Carried Forward		829,210	1,310,519

See independent auditors' report

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

Schedule Pursuant to Department of Labor Requirements
September 30, 2024

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

EIN #: 14-1484939
Plan #: 002

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
	COMMON STOCKS	SHARES		
	Brought Forward		\$ 829,210	\$ 1,310,519
	Global Payments Inc.	87	9,579	8,911
	Heartland Finl Usa Inc.	112	4,797	6,350
	Hershey Co.	42	8,903	8,055
	Home Depot Inc.	38	7,470	15,398
	Honeywell Intl Inc.	62	9,688	12,816
	Huntington Ingalls Inds Inc.	27	6,380	7,138
	Insulet Corp.	51	13,489	11,870
	Intel Corp.	455	12,537	10,674
	Intercontinental Exchange Inc.	160	16,598	25,702
	International Business Machines Corp.	103	13,792	22,771
	Intuit	27	11,100	16,767
	Intuitive Surgical Inc. Com New	74	12,916	36,354
	Jacobs Solutions Inc.	138	19,714	18,064
	Johnson & Johnson Corp.	245	29,473	39,705
	JPMorgan Chase & Co.	219	18,373	46,178
	Kla Corp.	41	3,866	31,751
	Kraft Heinz Co.	599	21,729	21,031
	Las Vegas Sands Corp.	284	11,484	14,297
	Lennar Corp. Class A	180	13,227	33,746
	Liberty Global PLC.	2,600	58,373	56,186
	Liberty Latin America Ltd.	84	2,501	797
	Lkq Corp.	125	6,664	4,990
	Lowe's Cos Inc.	110	11,060	29,794
	LPL Financial Holdings Inc.	22	4,827	5,118
	Lululemon Athletic Inc.	43	14,802	11,668
	Magna International Inc.	1,195	56,261	49,043
	Marvell Technology Inc.	175	9,689	12,621
	Masco Corp.	119	4,767	9,989
	Mastercard Inc. Class A	162	26,675	79,995
	Medpace Holdings Inc.	24	6,640	8,011
	MercadoLibre Inc.	12	10,195	24,624
	Merck & Co Inc.	342	26,785	38,838
	Meta Platforms Inc.	50	20,531	28,622
	Microsoft Corp.	335	35,480	144,151
	Middleby Corp.	57	8,049	7,930
	Moodys Corp.	32	7,124	15,187
	Moog Inc.	59	4,426	11,919
	Murphy Oil Corp.	584	11,475	19,705
	National Fuel Gas Co.	382	18,328	23,153
	Netflix Inc.	37	19,643	26,243
	Carried Forward		1,438,620	2,306,681

See independent auditors' report

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

Schedule Pursuant to Department of Labor Requirements
September 30, 2024

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

EIN #: 14-1484939
Plan #: 002

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
	COMMON STOCKS	SHARES		
	Brought Forward		\$ 1,438,620	\$ 2,306,681
	Nextracker Inc.	89	1,997	3,336
	Nov Inc.	370	5,249	5,909
	Nvidia Corp.	568	2,785	68,978
	Palantir Technologies Inc.	300	8,115	11,160
	Palo Alto Networks Inc.	65	11,554	22,217
	Pebblebrook Hotel Trust	285	3,437	3,771
	Performance Food Group Co.	119	6,985	9,326
	Pinnacle Finl Partners Inc.	81	6,703	7,936
	Popular Inc.	83	6,217	8,322
	Power Corp CDA	1,743	34,063	54,803
	Raymond James Finl Inc.	52	3,408	6,368
	Reinsurance Grp Of America	55	7,563	11,983
	Renaissancere Hldgs Ltd.	30	4,710	8,172
	Rtx Corp.	156	11,683	18,901
	S&P Global Inc.	14	3,246	7,233
	Salesforce Com. Inc.	121	7,742	33,119
	Sanmina Corp.	126	3,914	8,625
	Schneider National Inc.	254	5,941	7,249
	Scotts Miracle-Gro Co.	64	5,428	5,549
	Sealed Air Corp.	170	6,762	6,171
	Sensata Technologies Holding PLC	387	14,936	13,878
	Servicenow Inc.	79	12,032	70,657
	Snap On Inc.	25	3,941	7,243
	Sonoco Prods Co.	82	4,517	4,480
	Stag Indl Inc.	147	4,043	5,746
	Stifel Finl Corp.	96	4,081	9,014
	Stryker Corp.	78	13,974	28,178
	Sun Communities Inc	63	7,407	8,514
	Synopsys Inc.	18	2,657	9,115
	Tapestry Inc.	245	8,494	11,510
	Te Connectivity Plc.	194	29,292	29,292
	Texas Instruments Inc.	93	9,375	19,211
	The Trade Desk Inc.	180	14,214	19,737
	Thor Inds Inc.	346	26,776	38,022
	Timken Co.	64	3,094	5,395
	Trinet Group	36	3,245	3,491
	Tyson Foods Inc.	370	20,892	22,037
	Uber Technologies Inc.	210	11,058	15,784
	United Bankshares Inc. West Va	228	7,554	8,459
	United Therapeutics Corp. Del	73	12,992	26,160
	Carried Forward		1,800,696	2,971,732

See independent auditors' report

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

Schedule Pursuant to Department of Labor Requirements
September 30, 2024

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

EIN #: 14-1484939
Plan #: 002

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
COMMON STOCKS		SHARES		
	Brought Forward		\$ 1,800,696	\$ 2,971,732
	Unitedhealth Group Inc.	36	9,316	21,048
	Veeva Systems Inc	103	6,094	21,617
	Visa Inc.	194	19,325	53,341
	Vishay Intertechnology Inc.	713	16,302	13,483
	Vodafone Group PLC.	4,358	67,980	43,667
	Vornado Realty Trust Sh Ben Int Reit	301	6,445	11,858
	Webster Finl Corp.	93	4,356	4,334
	Wesbanco Inc.	166	5,379	4,943
	Wex Inc.	39	7,746	8,178
	Wolverine World Wide Inc	298	4,574	5,191
	Zoetis Inc	78	<u>13,771</u>	<u>15,240</u>
	Total Common Stocks		<u>1,961,984</u>	<u>3,174,632</u>
PREFERRED STOCKS		SHARES		
	Arch Cap Group Ltd	1,000	25,555	20,440
	AT&T Inc	1,000	25,615	21,010
	Charles Schwab	1,000	25,590	22,330
	JPMorgan Chase & Co.	1,500	<u>37,910</u>	<u>31,725</u>
	Total Preferred Stocks		<u>114,670</u>	<u>95,505</u>
MUTUAL FUNDS		SHARES		
	Baron Growth	1,654	114,174	179,981
	Blackrock Health Science	2,701	121,302	208,889
	Driehaus Emerging Mkts GR Fund	8,640	308,811	342,845
	Eaton Vance Atlanta Capital SMID-Cap Fund	5,996	172,051	265,883
	Genter Dividend Income Fund	25,961	431,134	578,661
	Goldman Sachs Account ETF	1,230	123,065	123,357
	Harding Loevner Intl Equity Port Institutional Class	23,780	486,195	686,066
	Lyrical US Value Equity	18,971	316,442	508,227
	Polen Growth Fund	5,483	195,931	258,087
	SPDR Bloomberg Barclays 1-3 Moth	282	<u>25,829</u>	<u>25,891</u>
	Total Mutual Funds		<u>2,294,934</u>	<u>3,177,887</u>
ALTERNATIVE INVESTMENTS				
	Electron Global Fund	365.000 Units	425,000	718,588
	Xanthus Fund	.04% ownership interest	<u>250,000</u>	<u>709,392</u>
	Total Alternative Investments		<u>675,000</u>	<u>1,427,980</u>

See independent auditors' report

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

Schedule Pursuant to Department of Labor Requirements
September 30, 2024

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

EIN #: 14-1484939
Plan #: 002

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
	MONEY MARKET FUND			
*	Advantage Primary Liquid Fund	124,948	<u>124,948</u>	<u>124,948</u>
			<u>\$ 6,361,676</u>	<u>\$ 9,203,540</u>

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

Structured Attachment

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

**Schedule SB, line 26a
Schedule of Active Participant Data**

2023

**This Form is Open to
Public Inspection**

Name of Plan	Eastern Alloys, Inc. Pension Plan and Trust Agreement						
Plan Year Begin Date	10/01/2023	Plan Year End Date	09/30/2024	EIN	14-1484939	PN	002

Attained Age	YEARS OF CREDITED SERVICE					
	Under 1			1 to 4		
	No.	Average		No.	Average	
Compensation		Cash Balance	Compensation		Cash Balance	
Under 25						
25 to 29						
30 to 34						
35 to 39						
40 to 44						
45 to 49						
50 to 54						
55 to 59						
60 to 64						
65 to 69						
70 and up						

Attained Age	YEARS OF CREDITED SERVICE					
	5 to 9			10 to 14		
	No.	Average		No.	Average	
Compensation		Cash Balance	Compensation		Cash Balance	
Under 25						
25 to 29						
30 to 34						
35 to 39						
40 to 44						
45 to 49						
50 to 54						
55 to 59						
60 to 64						
65 to 69						
70 and up						

Attained Age	YEARS OF CREDITED SERVICE					
	15 to 19			20 to 24		
	No.	Average		No.	Average	
		Compensation	Cash Balance		Compensation	Cash Balance
Under 25						
25 to 29						
30 to 34						
35 to 39						
40 to 44						
45 to 49						
50 to 54				1		
55 to 59				1		
60 to 64						
65 to 69						
70 and up						

Attained Age	YEARS OF CREDITED SERVICE					
	25 to 29			30 to 34		
	No.	Average		No.	Average	
		Compensation	Cash Balance		Compensation	Cash Balance
Under 25						
25 to 29						
30 to 34						
35 to 39						
40 to 44						
45 to 49						
50 to 54						
55 to 59	2			1		
60 to 64	1			1		
65 to 69						
70 and up						

Attained Age	YEARS OF CREDITED SERVICE					
	35 to 39			40 and up		
	No.	Average		No.	Average	
		Compensation	Cash Balance		Compensation	Cash Balance
Under 25						
25 to 29						
30 to 34						
35 to 39						
40 to 44						
45 to 49						
50 to 54						
55 to 59						
60 to 64				1		
65 to 69						
70 and up						

Schedule SB, Part V – Statement of Actuarial Assumptions/Methods
Eastern Alloys, Inc. Pension Plan and Trust Agreement
14-1484939/002

Statement of actuarial assumptions and methods

Plan Sponsor

Eastern Alloys, Inc.

EIN/PN

14-1484939/002

Interest Rate Basis

- Applicable month August 2023
- Interest rate basis 3-Segment Rates

Interest Rates

- | | Reflecting
Corridors |
|--|---------------------------------|
|--|---------------------------------|

Lump Sum Rates

- | | Reflecting
Corridors |
|--|---------------------------------|
|--|---------------------------------|

Lump sum based on 417(e) assumptions

Prior plan year PPA effective interest rate is 5.34% based on the August 2022 3-Segment Rates.

ASC 960 (plan accounting) interest rate: 5.50%

Schedule SB, Part V – Statement of Actuarial Assumptions/Methods
Eastern Alloys, Inc. Pension Plan and Trust Agreement
14-1484939/002

Assumed Cost of Living Adjustments

None.

Inclusion Date

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

Mortality

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

For Lump sums, 2023 applicable 417(e) mortality table unisex.

Retirement Decrements (per 100 employees)

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

Disability Rates

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

Turnover Rates

None

Schedule SB, Part V – Statement of Actuarial Assumptions/Methods
Eastern Alloys, Inc. Pension Plan and Trust Agreement
14-1484939/002

Compensation Increases

None since the plan is Frozen.

Future Increases in Social Security

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

Future Increases in Maximum Benefits and Plan Compensation Limitations

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

Form of Payment

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

Marriage

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

Employees

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

Plan Compensation

Plan is frozen.

Asset Method

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

Schedule SB, Part V – Statement of Actuarial Assumptions/Methods
Eastern Alloys, Inc. Pension Plan and Trust Agreement
14-1484939/002

Participant Data

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

Benefits not Included in Valuation

None.

PBGC Premium Funding Target

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

Changes in Assumptions and Methods since Last Actuarial Valuation

The segment interest rates used to calculate the funding target and target normal cost were updated from an applicable month of August 2022 to August 2023 as prescribed. The applicable IRS-published MAP-21 corridors were reflected for the 2023 plan year and the applicable IRS-published HATFA corridors were reflected for the 2023 plan year.

The mortality assumption was updated as prescribed.

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

Form 5500

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).

2023

Department of Labor
Employee Benefits Security
Administration

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

This Form is Open to Public Inspection

Pension Benefit Guaranty Corporation

Part I Annual Report Identification Information

For calendar plan year 2023 or fiscal plan year beginning 10/01/2023 and ending 09/30/2024

- A** This return/report is for:
 - a multiemployer plan
 - a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
 - a single-employer plan
 - a DFE (specify) _____
- B** This return/report is:
 - the first return/report
 - the final return/report
 - an amended return/report
 - a short plan year return/report (less than 12 months)
- C** If the plan is a collectively-bargained plan, check here.
- D** Check box if filing under:
 - Form 5558
 - automatic extension
 - the DFVC program
 - special extension (enter description)
- E** If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.

Part II Basic Plan Information—enter all requested information

1a Name of plan EASTERN ALLOYS, INC. PENSION PLAN AND TRUST AGREEMENT	1b Three-digit plan number (PN) ▶ 002 1c Effective date of plan 07/01/1967
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) EASTERN ALLOYS, INC. P.O. BOX 317 HENRY HENNING DRIVE MAYBROOK NY 12543	2b Employer Identification Number (EIN) 14-1484939 2c Plan Sponsor's telephone number 845-427-2151 2d Business code (see instructions) 331400

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE			Joseph Wyda
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			Joseph Wyda
	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

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

Form 5500 (2023)
v. 2300728

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	118
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.....	6a(1)	8
	6a(2)	8
	6b	59
	6c	26
	6d	93
	6e	0
	6f	93
	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:
1A 1I

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

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

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

a Pension Schedules

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

b General Schedules

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

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <hr/> <small>Department of Labor Employee Benefits Security Administration</small> <hr/> <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> 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 10/01/2023 and ending 09/30/2024

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

A Name of plan EASTERN ALLOYS, INC. PENSION PLAN AND TRUST AGREEMENT	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF EASTERN ALLOYS, INC.	D Employer Identification Number (EIN) 14-1484939	
E Type of plan: <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>10</u> Day <u>01</u> Year <u>2023</u>			
2 Assets:	2a		
a Market value.....		9,378,588	
b Actuarial value.....	2b	9,378,588	
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.....	59	6,261,626	6,261,626
b For terminated vested participants.....	51	2,484,499	2,484,499
c For active participants.....	8	477,984	477,984
d Total.....	118	9,224,109	9,224,109
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	5.17%	
6 Target normal cost			
a Present value of current plan year accruals.....	6a	0	
b Expected plan-related expenses.....	6b	0	
c Target normal cost.....	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	<u>Noor</u> Signature of actuary	<u>06/18/2025</u> Date
	<u>Noor Rajah</u> Type or print name of actuary	<u>2307192</u> Most recent enrollment number
	<u>Optimizing Foundations</u> Firm name	<u>917-275-3802</u> Telephone number (including area code)
	<u>P.O. Box 81</u> <u>Roswell GA 30077</u> Address of the firm	

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

21 Discount rate:

a Segment rates:	1st segment: 4.75 %	2nd segment: 5.00 %	3rd segment: 5.74 %	<input type="checkbox"/> N/A, full yield curve used
-------------------------	------------------------	------------------------	------------------------	---

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

22 Weighted average retirement age **22** 65

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

Part VI Miscellaneous Items

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

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

26 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

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

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

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

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....	0	0	0
36 Additional cash requirement (line 34 minus line 35).....			0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....			0

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

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

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

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

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

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

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

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

Weighted Average Retirement Age: 65

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

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

Summary of Plan Provisions

Plan Effective Date	July 1, 1967
Plan Year	From October 1, 2023 to September 30, 2024
Eligibility	All employees not excluded by class are eligible to enter on the beginning of the month coincident with or following the completion of the following requirements: 1 year of service Minimum age 21
Normal Retirement Age	All participants are eligible to retire with their full retirement benefit on the later of the following: Attainment of age 65 Completion of 5 years of participation from entry date
Normal Retirement Benefit	Upon normal retirement each participant will be entitled to a benefit payable in the normal form equal to the following: The accrued benefit as of September 30, 2005. The maximum monthly benefit is the lesser of \$22,083.33 and 100% of the highest 3-year average salary, subject to service requirements. The benefit is based on average salary during the highest 5 consecutive years of service from date of hire.
Early Retirement Age	Attainment of age 55 Completion of 10 years of service from hire date
Early Retirement Benefit	Actuarial Equivalence
Normal Form of Benefit	A benefit payable for the life of the participant
Accrued Benefit	A fraction, not exceeding one, of the normal retirement benefit, calculated based on average salary on the calculation date. The numerator of the fraction is equal to the participant's credited years earned on the calculation date, and the denominator is equal to the participant's total projected credited years at normal retirement, up to a maximum of 1 credited years. Credited years are plan years from the first day of the plan year containing date of entry excluding the following: Years after September 30, 2005 Years before the effective date Years with less than 1,000 hours

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

Termination Benefit

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

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

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

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

Top-Heavy Minimum Benefit

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

2% of average compensation times credited years

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

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

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

Top-Heavy Normal Form

A benefit payable for the life of the participant

Top-Heavy Vesting

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

Credited Years	Vested Percent
1	0
2	0
3	100

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

- Years with less than 1,000 hours

Top-Heavy Status

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

Schedule SB, Part V – Summary of Plan Provisions
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Death Benefit

Actuarial Equivalent of the accrued benefit earned to date
of death

2023 FORM 5500
(ANNUAL RETURN/REPORT OF EMPLOYEE BENEFIT PLAN)

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

REQUIRED ATTACHMENTS TO SCHEDULE H
(FINANCIAL INFORMATION)

Question 4i – Schedule of Assets Held for Investments

In accordance with the Instructions for the 2023 Form 5500, Annual Return/Report of Employee Benefit Plan (the “Return”), the required attachment for Schedule H (Financial Information), question 4i, Schedule of Assets Held for Investments Purposes at End of Year (the “Schedule”), is included at the end of the audited financial statements for the Plan. Please refer to the Accountant’s Opinion, attached to the Return, for the Schedule.