

<p style="text-align: center;">Form 5500</p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p style="font-size: small;">This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</p> <p>▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: large; font-weight: bold; text-align: center;">2024</p> <hr/> <p style="text-align: center; font-weight: bold;">This Form is Open to Public Inspection</p>
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Part I Annual Report Identification Information
 For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A This return/report is for: a multiemployer plan a multiple-employer plan (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>L.B. FOSTER COMPANY MERGED RETIREMENT PLAN</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>L.B. FOSTER COMPANY</u></p> <p><u>415 HOLIDAY DRIVE</u> <u>PITTSBURGH, PA 15220-2729</u></p>	<p>1c Effective date of plan <u>01/01/1969</u></p> <p>2b Employer Identification Number (EIN) <u>25-1324733</u></p> <p>2c Plan Sponsor's telephone number <u>412-928-3491</u></p> <p>2d Business code (see instructions) <u>423990</u></p>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/02/2025	BRIAN KELLY
	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	181
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)	18
	6a(2)	0
	6b	0
	6c	0
	6d	0
	6e	0
	6f	0
	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:
1B 1I 1A 1H

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2024 Form M-1 annual report. If the plan was not required to file the 2024 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE 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> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

▶ **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>L.B. FOSTER COMPANY MERGED RETIREMENT PLAN</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>L.B. FOSTER COMPANY</u>	D Employer Identification Number (EIN) <u>25-1324733</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>01</u> Day <u>01</u> Year <u>2024</u>		
2	Assets:		
	a Market value	2a	<u>4001782</u>
	b Actuarial value	2b	<u>4153396</u>
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	<u>110</u>	<u>4473058</u>
	b For terminated vested participants	<u>53</u>	<u>913230</u>
	c For active participants	<u>18</u>	<u>435367</u>
	d Total	<u>181</u>	<u>5821655</u>
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>		
	a Funding target disregarding prescribed at-risk assumptions	4a	
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b	
5	Effective interest rate	5	<u>5.11 %</u>
6	Target normal cost		
	a Present value of current plan year accruals	6a	<u>0</u>
	b Expected plan-related expenses	6b	<u>38524</u>
	c Target normal cost	6c	<u>38524</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>09/29/2025</u> Date
	<u>HSIAO-TUNG S. LEU</u> Type or print name of actuary	<u>23-06706</u> Most recent enrollment number
	<u>GALLAGHER</u> Firm name	<u>415-395-9300</u> Telephone number (including area code)
	<u>595 MARKET STREET SUITE 2100 SAN FRANCISCO, CA 94105</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)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of <u>12.81</u> %	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		0
b(1)	Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.18</u> %		0
b(2)	Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c	Total available at beginning of current plan year to add to prefunding balance		0
d	Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages			
14	Funding target attainment percentage	14	71.34 %
15	Adjusted funding target attainment percentage	15	71.34 %
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	67.69 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	68.73 %

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		
01/16/2024	2249	0					
04/11/2024	100000	0					
07/15/2024	156000	0					
11/18/2024	1797835	0					
11/21/2024	8600	0					
			Totals ▶	18(b)	2064684	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	1981709

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: 4.96 %	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code)			21b 0
22 Weighted average retirement age			22 65
23 Mortality table(s) (see instructions) <input type="checkbox"/> Prescribed - combined <input checked="" 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.....	<input checked="" type="checkbox"/> Yes <input 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	38524	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	1668259	189798	
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	228322	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement			0
36 Additional cash requirement (line 34 minus line 35)	36	228322	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	1981709	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	1753387	
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 checked="" 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> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

A Name of plan L.B. FOSTER COMPANY MERGED RETIREMENT PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 L.B. FOSTER COMPANY	D Employer Identification Number (EIN) 25-1324733	

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

MSCS FIN.SVCS.DIV.OF BROADRIDGE BUS

33-1151291

(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)

GALLAGHER BENEFIT SERVICES, INC.

3600 AMERICAN BLVD. W, SUITE 500
BLOOMINGTON, MN 55431

36-4291971

(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?
11 14	NONE	271600	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)

MILL CREEK CAPITAL ADVISORS, LLC.

41-2212501

(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?
27 28 51	NONE	15882	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)

MATRIX TRUST COMPANY

75-3182674

(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 15	NONE	12668	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"/>

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)

SCHNEIDER DOWNS & CO., INC

25-1408703

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	NONE	12502	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: TODD M. KORDECKI	b EIN: 25-1750131
c Position: SIGNING ACTUARY	
d Address: FOUR GATEWAY CENTER 444 LIBERTY AVE. - SUITE 605 PITTSBURGE, PA 15222-1222	e Telephone: 412-394-9983

Explanation: TODD KORDECKI FROM ACRISURE IS NO LONGER THE ENROLLED ACTUARY FOR THIS PLAN. AN ENROLLED ACTUARY FROM GALLAGHER BENEFIT SERVICES, INC. WAS ASSIGNED TO BE THE ENROLLED ACTUARY FOR THIS PLAN.

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.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan L.B. FOSTER COMPANY MERGED RETIREMENT PLAN	B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 L.B. FOSTER COMPANY	D Employer Identification Number (EIN) 25-1324733

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

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

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	97751	0
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	6817	197
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	159251	199
(2) U.S. Government securities	1c(2)	447347	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	390952	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	2919462	0
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	0	0

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	4021580	396
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h	19590	396
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	19590	396
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	4001990	0

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)	2064684	
(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)		2064684
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	33651	
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F).....	2b(1)(G)		33651
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	87864	
(D) Total dividends. Add lines 2b(2)(A), (B), and (C).....	2b(2)(D)		87864
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	148409	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	148409	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		0
(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)		0

		(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)		148409
c Other income	2c		16483
d Total income. Add all income amounts in column (b) and enter total.....	2d		2351091

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	2176551	
(2) To insurance carriers for the provision of benefits	2e(2)	3845599	
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		6022150
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)	241600	
(3) Recordkeeping fees	2i(3)	6808	
(4) IQPA audit fees	2i(4)	12502	
(5) Investment advisory and investment management fees	2i(5)	15882	
(6) Bank or trust company trustee/custodial fees	2i(6)	5860	
(7) Actuarial fees	2i(7)	30000	
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses.....	2i(11)	18279	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		330931
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		6353081

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		-4001990
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: SCHNEIDER DOWNS & CO., INC

(2) EIN: 25-1408703

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		5000000
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 0.

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 547828.

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> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan <u>L.B. FOSTER COMPANY MERGED RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶	<u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>L.B. FOSTER COMPANY</u>	D Employer Identification Number (EIN) <u>25-1324733</u>	

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	0
---	---	---

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 23-3060382 47-0322111

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	86
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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.)
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4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? Yes No N/A

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

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

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 ___/___/____ (MM/DD/YYYY) and the Opinion Letter serial number _____.

INDEPENDENT AUDITOR’S REPORT

To the Participants and Plan Administrator of the
L.B. Foster Company Merged Retirement Plan
Pittsburgh, Pennsylvania

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

We have audited the financial statements of the L.B. Foster Company Merged Retirement Plan (Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2024 (in liquidation) and 2023 (ongoing), and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

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

Management has obtained certifications from a qualified institution as of and for the years ended December 31, 2024 and 2023, stating that the certified investment information, as described in Note 4 to the financial statements, is complete and accurate.

Opinion

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

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

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (U.S. GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of 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 ERISA Section 103(a)(3)(C) audit opinion.

Emphasis of Matter - Plan Termination and Liquidation Basis of Accounting

As further discussed in Note 1 to the financial statements, the board of directors of the Plan approved a plan of liquidation on May 23, 2024, and management determined liquidation is imminent. As a result, the Plan changed its basis of accounting from the going-concern basis of accounting used in presenting the 2023 financial statements to the liquidation basis of accounting used in presenting the 2024 financial statements. Our opinion is not modified with respect to this matter.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with auditing standards generally accepted in the United States of America 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 auditing standards generally accepted in the United States of America, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.

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

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

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

Other Matter - Supplemental Schedules Required by ERISA

The supplemental schedule of assets (held at end of year) and schedule of reportable transactions as of and for the year ended December 31, 2024 (in Liquidation) are presented for the purpose of additional analysis and are not a required part of the financial statements but are supplementary information required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves and other additional procedures in accordance with auditing standards generally accepted in the United States of America. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, including their form and content, are presented in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion:

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

Schneider Downs & Co, Inc.

Pittsburgh, Pennsylvania
September 25, 2025

L.B. Foster Merged Retirement Plan
EIN/PN: 25-13241733/002

Schedule SB, line 26 – Schedule of Active Participant Data

Attained Age	Years of Credited Service											
	Under 1	1 - 4	5 - 9	10 - 14	15 - 19	20 - 24	25 - 29	30 - 34	35 - 39	40 & up		
Under 25	0	0	0	0	0	0	0	0	0	0	0	0
25 - 29	0	0	0	0	0	0	0	0	0	0	0	0
30 - 34	0	0	0	0	0	0	0	0	0	0	0	0
35 - 39	0	0	0	0	0	0	0	0	0	0	0	0
40 - 44	0	0	0	0	1	1	0	0	0	0	0	2
45 - 49	0	0	0	0	0	2	1	0	0	0	0	3
50 - 54	0	0	0	0	0	0	1	2	0	0	0	3
55 - 59	0	0	0	0	0	1	2	3	0	0	0	6
60 - 64	0	0	0	0	0	0	0	1	0	1	1	2
65 - 69	0	0	0	0	0	0	0	0	0	2	2	2
70 & up	0	0	0	0	0	0	0	0	0	0	0	0
Total	0	0	0	0	1	4	4	6	0	3	3	18

L.B. Foster Company Merged Retirement Plan

EIN#: 25-1324733 Plan#: 002

Schedule SB, Part V

Actuarial Assumptions, Methods, and Models

Actuarial Assumptions

Valuation Date	January 1, 2024																														
Funding Interest Rates	ARPA Adjusted Segment Rates – January 2024																														
Segment 1	4.75%																														
Segment 2	4.96%																														
Segment 3	5.59%																														
Effective Rate	5.11%																														
	Unadjusted Segment Rates – January 2024																														
Segment 1	4.37%																														
Segment 2	4.96%																														
Segment 3	4.95%																														
Effective Rate	4.90%																														
Expected Rate of Return	7.00%																														
Mortality																															
Funding	IRS 2024 Generational Mortality																														
Retirement rates	100% at age 65 or valuation date if later. Benefits for those beyond age 65 are adjusted for late retirement.																														
Disability rates	None assumed																														
Termination rates	Plan 002: Sarason's T-5 less 51 GAT																														
	<table><thead><tr><th>Age</th><th>Male</th><th>Female</th></tr></thead><tbody><tr><td>25</td><td>7.80%</td><td>7.80%</td></tr><tr><td>30</td><td>7.32%</td><td>7.32%</td></tr><tr><td>35</td><td>6.41%</td><td>6.41%</td></tr><tr><td>40</td><td>5.35%</td><td>5.35%</td></tr><tr><td>45</td><td>4.33%</td><td>4.33%</td></tr><tr><td>50</td><td>3.21%</td><td>3.21%</td></tr><tr><td>55</td><td>1.98%</td><td>1.98%</td></tr><tr><td>60</td><td>1.65%</td><td>1.65%</td></tr><tr><td>65</td><td>0.00%</td><td>0.00%</td></tr></tbody></table>	Age	Male	Female	25	7.80%	7.80%	30	7.32%	7.32%	35	6.41%	6.41%	40	5.35%	5.35%	45	4.33%	4.33%	50	3.21%	3.21%	55	1.98%	1.98%	60	1.65%	1.65%	65	0.00%	0.00%
Age	Male	Female																													
25	7.80%	7.80%																													
30	7.32%	7.32%																													
35	6.41%	6.41%																													
40	5.35%	5.35%																													
45	4.33%	4.33%																													
50	3.21%	3.21%																													
55	1.98%	1.98%																													
60	1.65%	1.65%																													
65	0.00%	0.00%																													
	Plan 008 and Portec - None assumed (all Portec participants are inactive).																														
Form of Payment	Life Annuity, actual form elected for retirees																														

L.B. Foster Company Merged Retirement Plan

EIN#: 25-1324733 Plan#: 002

Schedule SB, Part V

Actuarial Assumptions, Methods, and Models

Percent Married

85%

Age Difference

Males are assumed to be 4 years older than females.

Administrative Expenses

Expected non-investment related administrative expenses are included in the target normal cost. Expected costs are assumed to equal the current year's estimated PBGC premium plus the prior year's expenses (excluding one-time, non-recurring, fees and the prior year's PBGC premium). The amount for 2024 is \$38,524.

Changes in Assumptions Since Prior Valuation

The segment rates and mortality assumption for funding purpose were updated as required by law.

The administrative expense assumption was changed from \$149,000 to \$38,524 to reflect expected expenses during the plan year.

Methods

Actuarial Value of Assets

Actuarial Value, as determined by IRS Notice 2009-22, and smoothed over a 24-month period.

Actuarial Cost Method

Unit Credit

Changes in Methods

Todd Kordecki from Acrisure is no longer the Enrolled Actuary for this Plan. An Enrolled Actuary from Gallagher Benefit Services, Inc. was assigned to be the Enrolled Actuary for this Plan. In addition, a new valuation software was used for the 2024 valuation results. Automatic approval for the change in valuation software is provided under IRS Revenue Procedure 2017-56.

Models

Actuarial Valuation Method

Liabilities shown in this report were determined using actuarial valuation software designed for the specific purposes of modeling pension plan liabilities and costs. In our opinion, the software is appropriate and produces reasonable results for this purpose. The results in this report are based on various inputs into the software model, including the plan provisions and assumptions shown in this report, and participant information provided to us by L.B. Foster Company and financial information provided to us by Matrix Trust Company. While the results have been tested and reviewed for overall accuracy and consistency, we have relied upon the validity of the underlying software coding in preparing this report.

Published Demographic Tables

The demographic tables described above are standard published tables developed by organizations with the required expertise.

L.B. Foster Company Merged Retirement Plan

EIN#: 25-1324733 Plan#: 002

Schedule SB, Part V

Actuarial Assumptions, Methods, and Models

Assumption Rationale

Interest Rate

For funding purposes, the interest rates are prescribed by statute.

Expected Rate of Return

The expected return is provided by L.B. Foster Company. We believe a 7.0% interest rate is reasonable based on the results of Gallagher's assumed rate of return model using the Plan's current asset allocation.

Mortality

The mortality table and projection scale are mandated by the IRS for 2024 funding valuations.

Retirement and Termination

Assumptions used by prior actuary. Actual experience will be monitored against the assumption to ensure it remains reasonable.

Supplemental Schedule
L.B. Foster Company
Merged Retirement Plan

EIN #25-1324733

Plan #002

Schedule H, Line 4j - Schedule of Reportable Transactions

December 31, 2024 (in Liquidation)

(a) Identify of party involved	(b) Description of asset	(c) Purchase price	(d) Selling price	(e) Lease rental	(f) Expense incurred with transaction	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain or (loss)
<u>Category I - Transactions in Excess of 5%</u>								
Hartford Multifactor Develop	Exchange Traded Funds	\$ —	\$ 246,585	\$ —	\$ —	\$ 234,075	\$ 246,585	\$ 12,510
iShares Core Intl Stock ETF	Exchange Traded Funds	—	386,630	—	—	344,132	386,630	42,498
iShares Core MSCI EAFE ETF	Exchange Traded Funds	350,281	—	—	—	350,281	350,281	—
iShares Core MSCI EAFE ETF	Exchange Traded Funds	—	364,677	—	—	350,281	364,677	14,396
US Treasury Note/Bond	U.S. Government Securities	—	234,511	—	—	240,471	234,511	(5,960)
Vanguard Growth ETF	Exchange Traded Funds	—	775,904	—	—	376,518	775,904	399,386
Vanguard Value ETF	Exchange Traded Funds	—	745,019	—	—	486,957	745,019	258,062
Wilmington U.S. Government Money Market Fund	Money Market Funds	—	3,055,222	—	—	3,055,222	3,055,222	—
Wilmington U.S. Government Money Market Fund	Money Market Funds	—	778,914	—	—	778,914	778,914	—
Wilmington U.S. Government Money Market Fund	Money Market Funds	—	845,040	—	—	845,040	845,040	—
Wilmington U.S. Government Money Market Fund	Money Market Funds	—	845,040	—	—	845,040	845,040	—
Wilmington U.S. Government Money Market Fund	Money Market Funds	—	350,000	—	—	350,000	350,000	—
Wilmington U.S. Government Money Market Fund	Money Market Funds	—	3,713,783	—	—	3,713,783	3,713,783	—
<u>Category III - Series of Transactions in Excess of 5%</u>								
Hartford Multifactor Develop	Exchange Traded Funds:							
	1 Sale	—	246,585	—	—	234,075	246,585	12,510
iShares Core Intl Stock ETF	Exchange Traded Funds:							
	2 Sales	—	390,630	—	—	347,866	390,630	42,764
iShares Core MSCI EAFE ETF	Exchange Traded Funds:							
	1 Buy	350,281	—	—	—	350,281	350,281	—
	1 Sale	—	364,677	—	—	350,281	364,677	14,396
iShares US Treasury Bond ETF	Exchange Traded Funds:							
	2 Sales	—	200,115	—	—	208,064	200,115	(7,949)

(a) Identify of party involved	(b) Description of asset	(c) Purchase price	(d) Selling price	(e) Lease rental	(f) Expense incurred with transaction	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain or (loss)
US Treasury Note/Bond	U.S. Government Securities:							
	1 Sale	—	234,511	—	—	240,471	234,511	(5,960)
Vanguard Growth ETF	Exchange Traded Funds:							
	1 Buy	82,352	—	—	—	82,352	82,352	—
	1 Sale	—	775,904	—	—	376,518	775,904	399,386
Vanguard Value ETF	Exchange Traded Funds:							
	1 Buy	112,504	—	—	—	112,504	112,504	—
	1 Sale	—	745,019	—	—	486,957	745,019	258,062
Wilmington U.S. Government Money Market Fund	Money market funds:							
	75 Buys	5,035,445	—	—	—	5,035,345	5,035,345	—
	17 Sales	—	5,147,862	—	—	5,147,862	5,147,862	—

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> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

▶ **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 L.B. FOSTER COMPANY MERGED RETIREMENT PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF L.B. FOSTER COMPANY	D Employer Identification Number (EIN) 25-1324733	
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>01</u>	Day <u>01</u>	Year <u>2024</u>
2 Assets:			
a Market value	2a	4,001,782	
b Actuarial value	2b	4,153,396	
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	110	4,473,058	4,473,058
b For terminated vested participants	53	913,230	913,230
c For active participants	18	435,367	435,367
d Total	181	5,821,655	5,821,655
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	5.11%	
6 Target normal cost			
a Present value of current plan year accruals	6a	0	
b Expected plan-related expenses	6b	38,524	
c Target normal cost	6c	38,524	

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>09/29/2025</u> Date
	<u>Hsiao-Tung S. Leu</u> Type or print name of actuary	<u>2306706</u> Most recent enrollment number
	<u>Gallagher</u> Firm name	<u>415-395-9300</u> Telephone number (including area code)
	<u>595 Market Street Suite 2100 San Francisco CA 94105</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 V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:				
a Segment rates:	1st segment: 4.75 %	2nd segment: 4.96 %	3rd segment: 5.59 %	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code).....				21b 0
22 Weighted average retirement age				22 65
23 Mortality table(s) (see instructions)	<input type="checkbox"/> Prescribed - combined	<input checked="" 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 checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.	<input checked="" type="checkbox"/> Yes	<input 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	38,524	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	1,668,259	189,798	
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	228,322	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement			0
36 Additional cash requirement (line 34 minus line 35).....	36	228,322	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37	1,981,709	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	1,753,387	
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 checked="" type="checkbox"/> 2020 <input type="checkbox"/> 2021
--

L.B. Foster Merged Retirement Plan
EIN/PN: 25-13241733/002

Schedule SB, line 19 – Discounted Contribution Amounts

Date	Amount	Plan Year	Days Discounted at Effective Rate of 5.11%	Discounted Value
1/16/2024	2,249	2024	15	2,244
4/11/2024	100,000	2024	101	98,634
7/15/2024	156,000	2024	196	151,892
11/18/2024	1,797,835	2024	322	1,720,711
11/21/2024	8,600	2024	325	8,228
Total	2,064,684			1,981,709

**L.B. Foster Merged Retirement Plan
EIN/PN: 25-13241733/002**

Schedule SB, line 22 – Description of Weighted Average Retirement Age

(1) Age	(2) Expected Active Headcount	(3) Retirement Rate	(4) Expected Retirements (2)*(3)	(5) Weighted Age (1)*(4)
65.0000	14.7782	1.0000	14.7782	960.5809
66.0000	1.0000	1.0000	<u>1.0000</u>	<u>66.0000</u>
Total			15.7782	1,026.5809
Weighted Average Retirement Age = 1,026.5809 / 15.7782				65.00
Rounded Weighted Average Retirement Age				65

L. B. Foster Company Merged Retirement Plan

Financial Statements

and

Supplementary Financial Information

**as of December 31, 2024 (in Liquidation) and 2023 (Ongoing) and
for the years ended December 31, 2024 (in Liquidation) and 2023 (Ongoing) and**

Independent Auditor's Report Thereon

L.B. Foster Company
Merged Retirement Plan

Financial Statements
and Supplemental Schedules

December 31, 2024 (in Liquidation) and 2023 (Ongoing) and the
Years Ended December 31, 2024 (in Liquidation) and 2023 (Ongoing)

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INDEPENDENT AUDITOR'S REPORT

To the Participants and Plan Administrator of the
L.B. Foster Company Merged Retirement Plan
Pittsburgh, Pennsylvania

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

We have audited the financial statements of the L.B. Foster Company Merged Retirement Plan (Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2024 (in liquidation) and 2023 (ongoing), and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

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

Management has obtained certifications from a qualified institution as of and for the years ended December 31, 2024 and 2023, stating that the certified investment information, as described in Note 4 to the financial statements, is complete and accurate.

Opinion

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

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

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (U.S. GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of 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 ERISA Section 103(a)(3)(C) audit opinion.

Emphasis of Matter - Plan Termination and Liquidation Basis of Accounting

As further discussed in Note 1 to the financial statements, the board of directors of the Plan approved a plan of liquidation on May 23, 2024, and management determined liquidation is imminent. As a result, the Plan changed its basis of accounting from the going-concern basis of accounting used in presenting the 2023 financial statements to the liquidation basis of accounting used in presenting the 2024 financial statements. Our opinion is not modified with respect to this matter.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with auditing standards generally accepted in the United States of America 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 auditing standards generally accepted in the United States of America, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.

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

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

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

Other Matter - Supplemental Schedules Required by ERISA

The supplemental schedule of assets (held at end of year) and schedule of reportable transactions as of and for the year ended December 31, 2024 (in Liquidation) are presented for the purpose of additional analysis and are not a required part of the financial statements but are supplementary information required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves and other additional procedures in accordance with auditing standards generally accepted in the United States of America. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, including their form and content, are presented in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion:

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

Schneider Downs & Co, Inc.

Pittsburgh, Pennsylvania
September 25, 2025

L.B. Foster Company
Merged Retirement Plan

Statements of Net Assets Available for Benefits

	December 31,	
	2024 (in Liquidation)	2023 (Ongoing)
Assets		
Investments, at fair value	\$ 199	\$ 3,917,012
Receivables		
Employer contribution receivable	—	97,751
Accrued interest receivable	197	6,817
Total receivables	197	104,568
Liabilities		
Accrued expenses	396	19,590
Net assets available for benefits	<u>\$ —</u>	<u>\$ 4,001,990</u>

See accompanying notes.

L.B. Foster Company
Merged Retirement Plan

Statements of Changes in Net Assets Available for Benefits

	Years ended December 31,	
	2024 (in Liquidation)	2023 (Ongoing)
Additions to net assets attributable to:		
Investment income:		
Net appreciation in fair value of investments	\$ 164,892	\$ 386,325
Interest and dividends	121,515	110,558
Net investment income (loss)	286,407	496,883
Employer contributions	2,064,684	370,145
Total income	2,351,091	867,028
Deductions from net assets attributable to:		
Annuity contract payments	3,845,599	—
Benefits paid to participants	2,176,551	454,912
Administrative expenses	330,931	206,329
Total deductions	6,353,081	661,241
Net (decrease) increase in net assets available for benefits	(4,001,990)	205,787
Net assets available for benefits, beginning of year (ongoing)	4,001,990	3,796,203
Net assets available for benefits, end of year (in liquidation)	<u>\$ —</u>	<u>\$ 4,001,990</u>

See accompanying notes.

L.B. Foster Company
Merged Retirement Plan
Notes to Financial Statements
December 31, 2024 (in Liquidation) and 2023 (Ongoing)

1. Description of Plan

The following description of the L.B. Foster Company Merged Retirement Plan (the "Plan") is provided for general information purposes. Participants should refer to the Summary Plan Description for a more complete description of the Plan's provisions.

General

The Plan was a noncontributory defined benefit pension plan. The Plan was provided to nonunion hourly employees of L.B. Foster Company (the "Company") at certain operating locations who had attained age 21 and completed at least 1,000 hours of service. Effective December 31, 2006, the Plan was amended to freeze participation and accrued benefits under the Plan. The L.B. Foster Company Investment Committee (the "Committee"), appointed by the Board of Directors of the Company, collectively served as the Plan's administrator and named fiduciary, and controlled and managed the operation and administration of the Plan. Matrix Trust Company ("Matrix") served as the custodian of the Plan.

The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA") as amended.

Plan Termination

During 2024, the Company's Board of Directors approved the termination of the Plan. A Notice of Intention to Terminate (NOIT) was sent to all participants in July 2024. As such, the Statement of Net Assets Available for Benefits as of December 31, 2024 and the Statement of Changes in Net Assets Available for Benefits for the year ended December 31, 2024 are presented under the liquidation basis of accounting. The effective date of the termination was August 7, 2024. The transfer of plan assets and obligations to insurers occurred in October 2024. Participants were given the option of receiving a lump sum distribution or annuity payments. Lump sum payments amounted to \$1,742,370 and are shown in benefits paid to participants on the Statement of Changes in Net Assets Available for Benefits (in Liquidation).

On November 13, 2024, the Company entered into an annuity buyout agreement with an insurance company totaling \$3,953,828, for the insurance company to assume the obligation to make further annuity payments to certain retirees and reduce future administrative costs to the Plan. The initial payment to the insurance company was adjusted by \$108,229, which was received by the Plan in December 2024. A net amount of \$3,845,599 is shown as annuity contract payments on the Statement of Changes in Net Assets Available for Benefits for the year ended December 31, 2024 (in Liquidation).

During 2024, the Company contributed \$2,064,684 to the Plan. \$1,806,435 of contributions were made in order for the termination to occur. \$258,249 of contributions were made during the normal course of Plan operations. Subsequent termination of the Plan occurred on August 26, 2025, where all remaining funds were disbursed.

Pension Benefits

The Plan provided for normal retirement benefits upon reaching age 65 and had provisions for early retirement and deferred retirement benefits. Benefits under the Plan were determined based upon years of credited service through December 31, 2006 (maximum of 35 years), as defined by the Plan, multiplied by a monthly benefit unit. Benefits were payable in the form of a joint and survivor annuity, a straight life annuity, or a certain life annuity.

Death and Disability Benefits

If an active employee died at age 55 or older, a death benefit equal to the value of the employee's accumulated pension benefit was paid to the employee's beneficiary. Active employees who became totally disabled received annual disability benefits that are equal to the equivalent normal retirement benefit they had accumulated as of the time they became disabled. Disability benefits were paid until normal retirement age, at which time disabled participants received the normal retirement benefit computed as though they had been employed to normal retirement age, and their annual compensation remained the same as the time they became disabled.

Vesting

The Plan was frozen in 2006 to new participants, and as of December 31, 2024 and 2023, all participants are fully vested.

2. Summary of Significant Accounting Policies

Basis of Accounting

The financial statements of the Plan are prepared under the liquidation basis of accounting as of and for the year ended December 31, 2024. The financial statements are prepared under the accrual basis of accounting as of December 31, 2023.

Use of Estimates

The preparation of financial statements in conformity with U.S. GAAP requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosures of contingent assets

and liabilities, and the actual present value of accumulated plan benefits at the date of the financial statements, and changes therein. Actual results could differ from those estimates.

Valuation of Investments and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Committee determines the Plan's valuation policies utilizing information provided by the investment advisors and custodian. See Note 6 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Net appreciation in the fair value of investments includes the Plan's gains and losses on investments bought and sold as well as held during the year. Dividend income is recorded on the ex-dividend date and interest income is accrued as earned.

Benefit Payments

Benefit payments to participants are recorded upon distribution.

Administrative Expenses

The Plan's expenses are paid either by the Plan or the Company, as provided by the plan document. Expenses that are paid directly by the Company are excluded from these financial statements. Certain expenses incurred in connection with the general administration of the Plan that are paid by the Plan are recorded as deductions in the accompanying Statements of Changes in Net Assets Available for Benefits. In addition, certain investment related expenses are included in net appreciation of fair value of investments presented in the accompanying Statements of Changes in Net Assets Available for Benefits.

Subsequent Events

The Plan has evaluated subsequent events and has concluded that all events that would require recognition or disclosure through September 25, 2025 are appropriately reflected in these financial statements.

3. Funding Policy

The Plan's funding policy is for the Company to contribute an amount which will meet or exceed the annual ERISA minimum funding requirement. No participant contributions are permitted. The minimum funding requirements of ERISA were met for 2024 and 2023.

4. Information Certified by the Custodian

The plan administrator has elected the method of annual reporting compliance permitted by ERISA Section 103(a)(3)(c) 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA for 2024 (in Liquidation) and 2023 (Ongoing). Accordingly, Matrix, the custodian of the Plan has certified to the completeness and accuracy of all investments reported in the accompanying Statements of Net Assets Available for Benefits as of December 31, 2024 (in Liquidation) and 2023 (Ongoing) and the supplemental Schedule of Assets (Held at End of Year) as of December 31, 2024 (in Liquidation), the related investment income (loss) reported in the Statements of Changes in Net Assets Available for Benefits for the years ended December 31, 2024 (in Liquidation) and 2023 (Ongoing) and the information reported in the supplemental Schedule of Reportable Transactions for the year ended December 31, 2024 (in Liquidation). Management has obtained and agreed to the information certified as complete and accurate by Matrix.

5. Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those future periodic payments that are attributable under the Plan's provisions to service rendered by employees. Accumulated plan benefits include benefits expected to be paid to (1) retired or terminated employees or beneficiaries, (2) beneficiaries of employees who have died, and (3) participating employees or their beneficiaries. Benefits for retired or terminated employees or their beneficiaries are based on employees' years of credited service through the benefit freeze date relevant to each of the merged in plans, multiplied by a benefit factor through the respective freeze date. The accumulated plan benefits for active employees are based upon historical average years of credited service through the respective freeze date, multiplied by a benefit factor. Benefits payable under all circumstances, such as retirement, death, disability, and termination of employment, are included to the extent they are deemed attributable to employee services rendered to the valuation date. Benefits to be provided through annuity contracts excluded from plan assets are excluded from accumulated plan benefits.

The Plan's independent actuary has estimated the actuarial present value of accumulated plan benefits. The calculation applies actuarial assumptions to adjust the accumulated plan benefits earned by the participants to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, withdrawal, or retirement) between the valuation date and the expected date of payment.

Significant actuarial assumptions are determined by the Company. The assumptions used in the end of year valuation for 2024 did not change from 2023:

Discount rate	4.90%
Mortality rate	IRS 2024 Generational Mortality table and the Separate Annuitant and Non-Annuitant IRS Static Mortality Table for 2023
Retirement age	Age 65

The assumed rate of interest used to value the present value of accumulated plan benefits was 4.90% for the years ended December 31, 2024 and December 31, 2023. The mortality tables used to value the present value of accumulated plan benefits are based on current IRS prescribed tables. The actuarial present value of accumulated plan benefits as follows:

	Years ended December 31,	
	2024 (in Liquidation)	2023 (Ongoing)
Vested benefits:		
Participants currently receiving benefits	\$ —	\$ 4,522,852
Terminated-vested participants	—	948,922
Active participants	—	457,193
Total actuarial present value of accumulated plan benefits	<u>\$ —</u>	<u>\$ 5,928,967</u>

Changes in actuarial present value of accumulated plan benefits are summarized as follows:

Actuarial present value of accumulated plan benefits, January 1, 2024	\$ 5,928,967
Increase (decrease) attributable to:	
Benefits accumulated and actuarial gains and losses	(197,336)
Annuity contract payments	(3,845,599)
Benefits paid	(2,176,551)
Increase for interest due to the decrease in the discount period	290,519
Change in actuarial assumptions	—
Net decrease	<u>(5,928,967)</u>
Actuarial present value of accumulated plan benefits, December 31, 2024	<u>\$ —</u>

6. Fair Value Measurements

The Plan applies the provisions of ASC 820, to its financial assets carried in the financial statements at fair value on a recurring basis. ASC 820 defines fair value as the exchange price that would be received to sell an asset in an orderly transaction between market participants at the measurement date. ASC 820 also establishes a fair value hierarchy and requires categorization of assets measured at fair value into one of three levels based on the inputs used in the valuation. Assets are classified in their entirety based on the lowest level of input significant to the fair value measurement. The three levels are defined as:

- Level 1 – Observable inputs based on quoted prices (unadjusted) in active markets for identical assets.
- Level 2 – Observable inputs, other than those included in Level 1, based on quoted prices for similar assets in active markets or quoted prices for identical assets in inactive markets.
- Level 3 – Unobservable inputs that reflect an entity's own assumptions about the inputs a market participant would use in pricing the asset based on the best information available in the circumstances.

There have been no changes in the methodologies used at December 31, 2024 and 2023, nor have there been any transfers between levels during the years presented. The following is a description of the investments and valuation methodologies used for assets measured at fair value:

Money market funds

These investments are valued at the quoted net asset value of shares held by the Plan at year end. These are classified within Level 1 of the valuation hierarchy.

Corporate bonds

Corporate bonds are valued using pricing models maximizing the use of observable inputs for similar securities. This includes basing value on yields currently available on comparable securities of issuers with similar credit ratings. When quoted prices are not available for identical or similar bonds, the bond is valued under a discounted cash flows approach that maximizes observable inputs, such as current yields of similar instruments, but includes adjustments for certain risks that may not be observable, such as credit and liquidity risks or a broker quote if available. These are classified within Level 2 of the valuation hierarchy.

U.S. Government securities

These investments are valued at the closing price reported on the active market on which the individual securities are traded. These are classified within Level 2 of the valuation hierarchy.

Mutual funds

Mutual funds are publicly traded investments and are valued daily at the closing price reported on the active market on which the funds are traded. These are classified within Level 1 of the valuation hierarchy.

Fair value hierarchy

Financial assets carried at fair value are classified in the tables below:

	12/31/2024 (in Liquidation)		
	Level 1	Level 2	Total
Money Markets	\$ 199	—	\$ 199
Total Assets at Fair Value	\$ 199	\$ —	\$ 199

	12/31/2023 (Ongoing)		
	Level 1	Level 2	Total
Mutual Funds	\$ 2,919,462	\$ —	\$ 2,919,462
Money Markets	159,251	—	159,251
Corporate Bonds	—	390,952	390,952
U.S. Government Securities	—	447,347	447,347
Total Assets at Fair Value	\$ 3,078,713	\$ 838,299	\$ 3,917,012

7. Related Party and Party in Interest Transactions

The Plan's investments are administered under a contract with Matrix, the custodian of the Plan. Contributions are held and managed by the custodian, who invests cash received, interest, and dividend income and makes distributions to participants. These transactions qualify as party in interest transactions which are exempt from the prohibited transactions rules of ERISA.

As described in Note 2, the Plan paid certain expenses related to plan operations and investment activity to various service providers. Additionally, certain administrative functions of the Plan are performed by officers or employees of the Company. No such officer or employee receives compensation from the Plan.

8. Tax Status

The Internal Revenue Service ("IRS") has determined and informed the Company by a letter dated July 14, 2011, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code ("IRC"). The Plan has been amended since receiving the determination letter. However, the plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC.

U.S. GAAP requires plan management to evaluate uncertain tax positions taken by the Plan. The financial statement effects of a tax position are recognized when the position is more likely than not, based on the technical merits, to be sustained upon examination by the IRS. The plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2024 and 2023, there are no uncertain positions taken or expected to be taken. The Plan has recognized no interest or penalties related to uncertain tax positions. The earliest year open to U.S. Federal examination is 2021. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

On August 6, 2024 the Company filed a Form 5310 Application for Determination Upon Termination with the Internal Revenue Service. As of the filing date of these financial statements, the Company has not received a formal determination letter relative to the termination.

Supplemental Schedule

L.B. Foster Company
Merged Retirement Plan

EIN #25-1324733 Plan #002

Schedule H, Line 4i – Schedule of Assets
(Held at End of Year)

December 31, 2024 (in Liquidation)

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment	(d) Cost	(e) Current Value
Money market funds				
	Federated Government Obligations Money Market Sweep	Interest-bearing cash	\$ 199	\$ 199
		Total investments	<u>\$ 199</u>	<u>\$ 199</u>

Supplemental Schedule
L.B. Foster Company
Merged Retirement Plan

EIN #25-1324733

Plan #002

Schedule H, Line 4j - Schedule of Reportable Transactions

December 31, 2024 (in Liquidation)

(a) Identify of party involved	(b) Description of asset	(c) Purchase price	(d) Selling price	(e) Lease rental	(f) Expense incurred with transaction	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain or (loss)
<u>Category I - Transactions in Excess of 5%</u>								
Hartford Multifactor Develop	Exchange Traded Funds	\$ —	\$ 246,585	\$ —	\$ —	\$ 234,075	\$ 246,585	\$ 12,510
iShares Core Intl Stock ETF	Exchange Traded Funds	—	386,630	—	—	344,132	386,630	42,498
iShares Core MSCI EAFE ETF	Exchange Traded Funds	350,281	—	—	—	350,281	350,281	—
iShares Core MSCI EAFE ETF	Exchange Traded Funds	—	364,677	—	—	350,281	364,677	14,396
US Treasury Note/Bond	U.S. Government Securities	—	234,511	—	—	240,471	234,511	(5,960)
Vanguard Growth ETF	Exchange Traded Funds	—	775,904	—	—	376,518	775,904	399,386
Vanguard Value ETF	Exchange Traded Funds	—	745,019	—	—	486,957	745,019	258,062
Wilmington U.S. Government Money Market Fund	Money Market Funds	—	3,055,222	—	—	3,055,222	3,055,222	—
Wilmington U.S. Government Money Market Fund	Money Market Funds	—	778,914	—	—	778,914	778,914	—
Wilmington U.S. Government Money Market Fund	Money Market Funds	—	845,040	—	—	845,040	845,040	—
Wilmington U.S. Government Money Market Fund	Money Market Funds	—	845,040	—	—	845,040	845,040	—
Wilmington U.S. Government Money Market Fund	Money Market Funds	—	350,000	—	—	350,000	350,000	—
Wilmington U.S. Government Money Market Fund	Money Market Funds	—	3,713,783	—	—	3,713,783	3,713,783	—
<u>Category III - Series of Transactions in Excess of 5%</u>								
Hartford Multifactor Develop	Exchange Traded Funds:							
	1 Sale	—	246,585	—	—	234,075	246,585	12,510
iShares Core Intl Stock ETF	Exchange Traded Funds:							
	2 Sales	—	390,630	—	—	347,866	390,630	42,764
iShares Core MSCI EAFE ETF	Exchange Traded Funds:							
	1 Buy	350,281	—	—	—	350,281	350,281	—
	1 Sale	—	364,677	—	—	350,281	364,677	14,396
iShares US Treasury Bond ETF	Exchange Traded Funds:							
	2 Sales	—	200,115	—	—	208,064	200,115	(7,949)

(a) Identify of party involved	(b) Description of asset	(c) Purchase price	(d) Selling price	(e) Lease rental	(f) Expense incurred with transaction	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain or (loss)
US Treasury Note/Bond	U.S. Government Securities:							
	1 Sale	—	234,511	—	—	240,471	234,511	(5,960)
Vanguard Growth ETF	Exchange Traded Funds:							
	1 Buy	82,352	—	—	—	82,352	82,352	—
	1 Sale	—	775,904	—	—	376,518	775,904	399,386
Vanguard Value ETF	Exchange Traded Funds:							
	1 Buy	112,504	—	—	—	112,504	112,504	—
	1 Sale	—	745,019	—	—	486,957	745,019	258,062
Wilmington U.S. Government Money Market Fund	Money market funds:							
	75 Buys	5,035,445	—	—	—	5,035,345	5,035,345	—
	17 Sales	—	5,147,862	—	—	5,147,862	5,147,862	—

L.B. Foster Company Merged Retirement Plan

EIN#: 25-1324733 Plan#: 002
 Schedule SB, Part V
 Summary of Plan Provisions

Plan Year January 1st to December 31st

Plan 002

Effective Date of Plan January 1, 1969. Last Restatement on January 14, 2011. Plan amended on December 31, 2006 at which time benefit accruals for all active participants were frozen.

Eligibility All persons employed by L.B. Foster Company on an hourly rate basis

Participation January 1 or July 1 following the attainment of age 21 and completion of one year of service

Accrued Benefit Normal Retirement Benefit based on frozen benefit accruals as of December 31, 2006.

Normal Retirement Date First day of the month coinciding with or next following age 65 and 5 years of participation

Early Retirement Date First day of the month coinciding with or next following attainment of age 55 and completion of at least 20 Years of Vesting Service and 10 Years of Participation.

Vesting 100% after 5 years, or upon death while employed

Normal Form of Benefit Life Annuity

Benefit Service On or after January 1, 1976:

Hours of Service	Years of Benefit Service
Less than 1,000	0.0
1,000 but less than 1,080	0.5
1,080 but less than 1,260	0.6
1,260 but less than 1,440	0.7
1,440 but less than 1,620	0.8
1,620 but less than 1,800	0.9
1,800 or more	1.0

Benefit Service were frozen as of December 31, 2006.

Special rules apply for certain periods of time for employees at the Niles, OH facility

Normal Retirement Benefit Benefit accrual formula:

- a. Doraville, Parkersburg, Langfield, Seneca and Ephrata:
 \$10 x Benefit Service prior to January 1, 1989, plus
 \$14 x Benefit Service (max 35 years) after January 1, 1989
- b. Niles and Birmingham
 \$14 x Benefit Service earned after April 1, 1990 (max 35 years)

Benefit accruals are frozen as of December 31, 2006.

L.B. Foster Company Merged Retirement Plan

EIN#: 25-1324733 Plan#: 002

Schedule SB, Part V

Summary of Plan Provisions

Early Retirement Benefit Accrued Benefit reduced by 6% for each year prior to Normal Retirement (prorated for partial years)

Late Retirement Benefit Benefits are postponed until actual retirement and benefit suspension notices are provided. Frozen benefits are increased by a factor based on the number of years postponed beyond Normal Retirement Date. The factors are prorated for partial years.

	Years Beyond Normal Retirement									
	1	2	3	4	5	6	7	8	9	10
Factor	1.06	1.12	1.19	1.26	1.34	1.42	1.50	1.59	1.69	1.79

Death Benefit If a married Participant who has not commenced benefit payments dies after 5 years of Vesting Service, the Participant's surviving spouse shall be eligible for a surviving spouse's benefit. The benefit will equal 50% of the pension the participant would have received upon retirement at the later of attained age or the earliest time at which the participant would have satisfied the requirements for early payment and then elected the Joint and 50% to Survivor form.

Normal Form of Benefit Life Annuity

Optional payment forms 50%, 66 2/3%, 75%, or 100% joint and survivor annuity; 5, 10, or 15 year certain and life annuity; all optional forms are actuarially equivalent to the normal form; lump sum of small benefits with values not exceeding \$5,000.

Actuarial Equivalence 1984 Unisex Mortality Table and the IRC 417(e) interest rates in November of preceding plan year.

L.B. Foster Company Merged Retirement Plan

EIN#: 25-1324733 Plan#: 002
Schedule SB, Part V
Summary of Plan Provisions

Plan 008

Effective Date of Plan July 1, 1978. Last Restatement on January 1, 2011, adopted January 14, 2011. Most recent amendment dated August 20, 2014. Benefit accruals are frozen as of December 31, 2016.

Eligibility All hourly union employees at Bedford, PA* hired on or before March 11, 2008

Participation First of the month following the attainment of age 21.

Accrued Benefit Normal Retirement Benefit based on frozen benefit accruals as of December 31, 2016.

Normal Retirement Date First day of the month coinciding with or next following age 65 and 5 years of participation

Early Retirement Date Age 60 and 15 Years of Service

Vesting 100% after 5 years

Benefit Service On or after January 1, 1976:

Hours of Service	Years of Benefit Service
Less than 1,000	0.0
1,000 but less than 1,080	0.5
1,080 but less than 1,260	0.6
1,260 but less than 1,440	0.7
1,440 but less than 1,620	0.8
1,620 but less than 1,800	0.9
1,800 or more	1.0

Benefit Service were frozen as of December 31, 2016.

Normal Retirement Benefit Benefit accrual formula (Bedford, PA*):
\$16.00 times Benefit Service prior to 3/11/2008, plus
\$17.00 times Benefit Service after 3/10/2008 but before 3/11/2009, plus
\$18.00 times Benefit Service after 3/10/2009 but before 1/1/2014, plus
\$22.00 times Benefit Service after 12/31/2013 but before 1/1/2017.
Maximum years of Benefit Service is 40.
Benefit accruals are frozen as of December 31, 2016.

* Pomery, OH location was previously covered with its own benefit formula.

L.B. Foster Company Merged Retirement Plan

EIN#: 25-1324733 Plan#: 002
 Schedule SB, Part V
 Summary of Plan Provisions

Early Retirement Benefit

Accrued Benefit multiplied by factor, based on the following table (prorated for partial years):

		Years before Normal Retirement				
		1	2	3	4	5
Factor		0.93	0.86	0.80	0.73	0.66

Late Retirement Benefit

Benefits are postponed until actual retirement and benefit suspension notices are provided. Frozen benefits are increased by a factor based on the number of years postponed beyond Normal Retirement Date. The factors are prorated for partial years.

		Years Beyond Normal Retirement									
		1	2	3	4	5	6	7	8	9	10
Factor		1.06	1.12	1.19	1.26	1.34	1.42	1.50	1.59	1.69	1.79

Disability Benefit

\$180/month paid immediately; 10 years of service required; disability must occur prior to Normal Retirement Date and eligible for Social Security Disability. Benefit ceases at earliest of Normal Retirement Date, death or recovery.

Death Benefit

If a married Participant who has not commenced benefit payments dies after 5 years of Vesting Service, the Participant's surviving spouse shall be eligible for a surviving spouse's benefit. The benefit will equal 50% of the pension the participant would have received upon retirement at the later of attained age or the earliest time at which the participant would have satisfied the requirements for early payment and then elected the Joint and 50% to Survivor form.

Normal Form of Benefit

Life Annuity

Optional payment forms

50%, 66 2/3%, 75%, or 100% joint and survivor annuity; 5, 10, or 15 year certain and life annuity; all optional forms are actuarially equivalent to the normal form; lump sum of small benefits with values not exceeding \$5,000.

Actuarial Equivalence

1984 Unisex Mortality Table and the IRC 417(e) interest rates in November of preceding plan year.

L.B. Foster Company Merged Retirement Plan

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Schedule SB, Part V
Summary of Plan Provisions

Portec Plan

The Portec Rail Products, Inc. Retirement Plan consists of the following Supplements covering specific participating groups. Detailed plan provisions for Supplements A and B follow. Supplement C through E cover closed plants.

Supplement	Participating Group
Supplement A	Portec Rail Products Salaried Employees Participating Group
Supplement B	Portec Rail Products Hourly Participating Group
Supplement C	Railway Products Division – Memphis Hourly Participating Group
Supplement D	Railway Products Division – Troy Hourly Participating Group
Supplement E	RMC Hourly Participating Group

The Plan was amended effective January 1, 2002 to provide the following:

- The benefit limitation and early retirement reductions of Section 6.10(a) of the Plan document shall be changed to the extent permitted by the Economic Growth and Tax Relief Reconciliation Act of 2001 (EGTRRA) for participants who have one hour of service after January 1, 2002.
- Section 6.10(b) shall no longer be effective for participants with one hour of service after January 1, 2000.
- Section 4(f) of Supplement 1 is amended to incorporate the changes to IRC Section 401(a)(17) permitted by EGTRRA.
- Benefit payments will commence at age 65 for participants who work beyond age 65.
- Participants are eligible to defer commencement to the earlier of their actual retirement date or April 1 in the year following attainment of age 70-1/2.
- Effective for benefit commencement dates on or after December 31, 2002, the mortality table for purposes of IRC Section 417(e) is changed to the table described in Revenue Ruling 2001-62.

The plan was amended effective December 31, 2003 to freeze benefit accruals and participation as of that date. No Credited Service will be earned by any participant after December 31, 2003. No person shall be eligible to become a new or rehired Participant after December 31, 2003.

The Plan was amended effective January 1, 2004 to allow for retroactive annuity starting dates.

The Plan was amended effective January 1, 2005 to clarify benefit commencement rules.

The Plan was amended effective March 28, 2005 to make small amount cash-outs under \$5,000 voluntary rather than automatic for participants. Small amount cash-outs for surviving spouses or beneficiaries remain automatic.

The plan was amended and restated effective January 1, 2007 to reflect changes in laws and regulations issued since the time of the last Plan restatement, including the Economic Growth and Tax Relief Reconciliation Act of 2001 (EGTRRA).

The plan was amended effective January 1, 2008 in order to comply with IRS requests and to make other changes to the Plan as required by the Pension Protection Act (PPA).

The plan was amended effective September 15, 2009 to incorporate additional changes required by the Pension Protection Act (PPA) and to incorporate final IRC Section 415 regulations.

The Plan was amended December 2010 to incorporate HEART Act provisions. The entire document was amended and restated effective January 1, 2011.

L.B. Foster Company Merged Retirement Plan

EIN#: 25-1324733 Plan#: 002

Schedule SB, Part V

Summary of Plan Provisions

SUPPLEMENT A

Plan Status	As of December 31, 2003, all benefit accruals under the Plan were frozen, and the Plan was closed to new participants.
Participation	All salaried employees who have attained age 21 and completed a 12-month period of employment of not less than 1,000 hours.
Accrued Benefit	Normal Retirement Benefit based on frozen benefit accruals as of December 31, 2003.
Normal Retirement Date	Age 65
Early Retirement Date	Age 55 and 5 Years of Vesting Service
Disability Retirement Eligibility	Total and permanent disability at any age while employed
Vesting	100% after 5 years of Vesting Service
Vesting Service	One full year for each calendar year of at least 1,000 Hours of Service
Credited Service	Prior to December 10, 1997: The credited service as of December 9, 1997, as determined under the applicable plan as in effect on December 9, 1997. After December 9, 1997: Full and fractional years based on elapsed time method.
Normal Retirement Benefit	<p>The sum of (1), (2), and (3), less (4) where:</p> <p>(1) For Credited Service on or after December 31, 1991, 1.4% of Final Average Earnings plus 0.4% of Final Average Earnings in excess of Covered Compensation multiplied by Credited Service earned after December 31, 1991.</p> <p>(2) For Credited Service on or after December 31, 1981, and before January 1, 1992, 2% of Final Average Earnings (determined as of December 31, 1991) less 1-2/3% of Primary Social Security Benefit (determined as if the participant had terminated on December 31, 1991), multiplied by Credited Service after December 31, 1981 and prior to January 1, 1992.</p> <p>(3) Prior plan benefits based on service before December 31, 1981.</p> <p>(4) Accrued benefit based on pay and service to December 31, 1984.</p> <p>Sum of (2) and (3) less (4) above constitute the accrued benefit as of December 31, 1991. On subsequent dates, this accrued benefit is adjusted by the ratio of Final Average Earnings determined as of such date to Final Average Earnings as of December 31, 1991.</p>
Disability Benefit	Benefit as determined under (1) for normal retirement considering earnings prior to disablement and service to a maximum of five years after disablement but before payments commence. Payments commence at age 65. If disability occurs after completing five years of Vesting Service, payments may commence as early as age 55 reduced as for early retirement.
Early Retirement Benefit	<p>Accrued benefits as of December 31, 1991 are reduced 0.25% for each of the first 36 months, 0.75% for each of the next 36 months, and 0.5% for each additional month that payments commence prior to age 65.</p> <p>The benefit determined under item (1) above is reduced 0.5% for each month</p>

L.B. Foster Company Merged Retirement Plan

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Schedule SB, Part V

Summary of Plan Provisions

	that payment commences prior to age 65.
Death Benefit	<p>If a married (for at least one year) Participant who has not commenced benefit payments dies after 5 years of Vesting Service, the Participant's surviving spouse shall be eligible for a surviving spouse's benefit. The benefit will equal 50% of the pension the participant would have received upon retirement at the later of attained age or the earliest time at which the participant would have satisfied the requirements for early payment and then elected the Joint and 50% to Survivor form.</p> <p>If an unmarried Participant (or married for less than one year) who has not commenced benefit payments dies after 5 years of Credited Service, the benefit amount is payable as a 10-year certain and life annuity (reduced as for early retirement if so eligible or actuarially reduced if not so eligible) payable for ten years. For deaths after January 1, 1994, an actuarially equivalent lump sum is payable.</p>
Normal Form of Benefit	<p>Unmarried: Life Annuity</p> <p>Married: 50% joint and survivor annuity that is actuarially equivalent to a life annuity</p>
Optional payment forms	75%, or 100% joint and survivor annuity; 10 year certain and life annuity; all optional forms are actuarially equivalent to the normal form; lump sum of small benefits with values not exceeding \$5,000.
Actuarial Equivalence	1984 Unisex Mortality Table and the IRC 417(e) interest rates in November of preceding plan year.

L.B. Foster Company Merged Retirement Plan

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Schedule SB, Part V

Summary of Plan Provisions

Prior Plan Benefits

Portec Division: The sum of the following multiplied by 1.0989:

- (1) 1% of a participant's Average Monthly Earnings during the ten calendar years ending December 31, 1956, multiplied by Credited Service prior to January 1, 1957.
- (2) 1% of a participant's total Earnings subject to Social Security tax subsequent to December 31, 1956, and prior to January 1, 1971.
- (3) 50% of the aggregate amount of a participant's contributions made to the plan after December 31, 1956, and prior to January 1, 1971, provided that the participant elected to contribute 4% of earnings in excess of the social security tax base.
- (4) 1% of a participant's Final Average Earnings as of December 31, 1991, multiplied by Credited Service after December 31, 1970, but before January 1, 1982.

However, the annual pension on a single-life basis for a participant who contributed to the plan after December 31, 1970, and who does not withdraw such contributions is equal to the greater of:

- (1) The amount determined under subparagraphs (1) through (4) above.
- (2) The amount determined under subparagraphs (1) through (4) above plus an amount for credited service after December 31, 1970, equal to the sum of (a) 1% of the participant's total earnings subject to social security tax subsequent to December 31, 1970, and prior to the earlier of the day following the participant's normal retirement date or the date employment with the employer is terminated, and (b) 50% of the aggregate amount of the participant's contributions made to the plan after December 31, 1970, and prior to the earlier of the day following the participant's normal retirement date and the date employment with the employer is terminated.

RMC Division: 1.9% of final average monthly pay times years of service, minus \$4 times service (maximum offset of \$120), subject to a maximum of 60% of final average monthly pay.

L.B. Foster Company Merged Retirement Plan

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Schedule SB, Part V
Summary of Plan Provisions

SUPPLEMENT B

Plan Status As of December 31, 2003, all benefit accruals under the Plan were frozen, and the Plan was closed to new participants.

Participation Hourly-paid employees become participants as of their date of hire.

Accrued Benefit Normal Retirement Benefit based on frozen benefit accruals as of December 31, 2003.

Normal Retirement Date Age 65

Early Retirement Date Age 55 and 5 Years of Vesting Service

Vesting 100% after 5 years of Vesting Service

Vesting Service Calendar years after January 1, 1989, of at least 1,000 Hours of Service

Credited Service According to schedule below:

Hours of Service	Years of Benefit Service
Less than 1,000	0.0
1,000 but less than 1,080	0.5
1,080 but less than 1,260	0.6
1,260 but less than 1,440	0.7
1,440 but less than 1,620	0.8
1,620 but less than 1,800	0.9
1,800 or more	1.0

Credited Service were frozen as of December 31, 2003.

Normal Retirement Benefit Monthly amount equal to \$30.00 multiplied by Credited Service after December 31, 1988.

Early Retirement Benefit Accrued benefits reduced by 0.6% for each month commencement precedes age 65.

Death Benefit If a married (for at least one year) Participant who has not commenced benefit payments dies after 5 years of Vesting Service, the Participant's surviving spouse shall be eligible for a surviving spouse's benefit. The benefit will equal 50% of the pension the participant would have received upon retirement at the later of attained age or the earliest time at which the participant would have satisfied the requirements for early payment and then elected the Joint and 50% to Survivor form.

Normal Form of Benefit Unmarried: Life Annuity
Married: 50% joint and survivor annuity that is actuarially equivalent to a life annuity

L.B. Foster Company Merged Retirement Plan

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Schedule SB, Part V

Summary of Plan Provisions

Optional payment forms	75%, or 100% joint and survivor annuity; 10 year certain and life annuity; all optional forms are actuarially equivalent to the normal form; lump sum of small benefits with values not exceeding \$5,000.
Actuarial Equivalent	<p>General Actuarial Equivalence: 1984 Unisex Mortality Table and an 8% interest assumption, as modified by the actuarial factors described in Appendix A of Supplement B.</p> <p>Lump Sum Actuarial Equivalence: 1984 Unisex Mortality Table and the IRC 417(e) interest rates in November of preceding plan year.</p>

L.B. Foster Company Merged Retirement Plan

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Schedule SB, Part V

Summary of Plan Provisions

CLOSED PLANTS

The following plants are closed:

<u>Plants</u>	<u>Plant Closing Date</u>	<u>No Further Credited Service After</u>
Railway Products Division-Troy	October 29, 1989	October 29, 1989
RMC Division	November 30, 1989	April 1, 1990

The remaining employees at these plants are either retired and receiving payments or terminated and awaiting payment. Terminated vested participants will be eligible to start receiving benefits as of:

<u>Plant</u>	<u>Normal Retirement</u>	<u>Early Retirement</u>
Railway Products Division-Troy (Supplement D)	Age 65	Age 55 and five years of Vesting Service
RMC Division (Supplement E)	Age 65 and 5 th anniversary of participation	Age 60 and five years of Vesting Service

Supplemental Schedule

L.B. Foster Company
Merged Retirement Plan

EIN #25-1324733 Plan #002

Schedule H, Line 4i – Schedule of Assets
(Held at End of Year)

December 31, 2024 (in Liquidation)

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment	(d) Cost	(e) Current Value
Money market funds				
	Federated Government Obligations Money Market Sweep	Interest-bearing cash	\$ 199	\$ 199
		Total investments	<u>\$ 199</u>	<u>\$ 199</u>

L.B. Foster Merged Retirement Plan
EIN/PN: 25-13241733/002

Schedule SB, line 32 – Schedule of Amortization Bases

Type of Base	Present Value of Remaining Installments as of January 1, 2024	Date Established	Remaining Installments	Shortfall Amortization Installment
Shortfall	\$1,540,039	1/1/2020	11	\$175,921
Shortfall	\$212,169	1/1/2021	12	\$22,713
Shortfall	(\$332,069)	1/1/2022	13	(\$33,540)
Shortfall	\$455,563	1/1/2023	14	\$43,663
Shortfall	(\$207,433)	1/1/2024	15	(\$18,959)
Total	\$1,668,259			\$189,798

L.B. Foster Merged Retirement Plan
EIN/PN: 25-13241733/002

Schedule SB, Line 25 – Change in Method

Todd Kordecki from Acrisure is no longer the Enrolled Actuary for this Plan. An Enrolled Actuary from Gallagher Benefit Services, Inc. was assigned to be the Enrolled Actuary for this Plan. In addition, a new valuation software was used for the 2024 valuation results. Automatic approval for the change in valuation software is provided under IRS Revenue Procedure 2017-56.

L.B. Foster Merged Retirement Plan
EIN/PN: 25-13241733/002

Schedule SB, Line 24 – Change in Actuarial Assumptions

Assumption Changes Since the Last Valuation:

1. The administrative expense assumption was changed from \$149,000 to \$38,524 to reflect expected expenses during the plan year.

No other assumption changes were made for funding purposes other than an annual update for legally prescribed assumptions for segment interest rates and mortality.