

<p>Form 5500</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p>This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</p> <p>▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p>OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: 24pt; font-weight: bold;">2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
---	---	--

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>RETIREMENT PLAN FOR HOURLY PAID EMPLOYEES OF CAMPBELL FOUNDRY COMPANY</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>CAMPBELL FOUNDRY COMPANY</u></p> <p><u>800 BERGEN STREET</u> <u>HARRISON, NJ 07029</u></p>	<p>1c Effective date of plan <u>01/01/1957</u></p> <p>2b Employer Identification Number (EIN) <u>22-0804730</u></p> <p>2c Plan Sponsor's telephone number <u>973-483-5480</u></p> <p>2d Business code (see instructions) <u>331500</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.	09/30/2025	GINA BUTLER
	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	115
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)	2
	6a(2)	2
	6b	46
	6c	43
	6d	91
	6e	14
	6f	105
	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 3H

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

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

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

a Pension Schedules	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
---	--	--

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>RETIREMENT PLAN FOR HOURLY PAID EMPLOYEES OF CAMPBELL FOUNDRY COMPANY</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>CAMPBELL FOUNDRY COMPANY</u>	D Employer Identification Number (EIN) <u>22-0804730</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>2041555</u>
b Actuarial value	2b		<u>2041555</u>
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	<u>64</u>	<u>1282289</u>	<u>1282289</u>
b For terminated vested participants	<u>45</u>	<u>569067</u>	<u>569067</u>
c For active participants	<u>2</u>	<u>125289</u>	<u>125289</u>
d Total	<u>111</u>	<u>1976645</u>	<u>1976645</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>5.10 %</u>
6 Target normal cost			
a Present value of current plan year accruals	6a		<u>6300</u>
b Expected plan-related expenses	6b		<u>0</u>
c Target normal cost	6c		<u>6300</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 <u>FEI XIONG, EA ASA</u> Signature of actuary <u>ALTIGRO PENSION SERVICES, INC.</u> Firm name <u>3 US HIGHWAY 46 WEST</u> <u>FAIRFIELD, NJ 07004</u> Address of the firm	<u>07/09/2025</u> Date <u>23-07575</u> Most recent enrollment number <u>973-439-0200</u> Telephone number (including area code)
--	--

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 _____ %		
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		58709
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>5.16</u> %		3029
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		61738
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	103.28 %
15	Adjusted funding target attainment percentage	15	103.28 %
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	85.52 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls					
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
Totals ▶			18(b)	0	18(c) 0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
a	Contributions allocated toward unpaid minimum required contributions from prior years	19a 0	
b	Contributions made to avoid restrictions adjusted to valuation date	19b 0	
c	Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c 0	
20	Quarterly contributions and liquidity shortfalls:		
a	Did the plan have a "funding shortfall" for the prior year?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
b	If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
c	If line 20a is "Yes," see instructions and complete the following table as applicable:		
Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
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 %	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) Prescribed - combined Prescribed - separate Substitute

Part VI Miscellaneous Items

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

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

26 Demographic and benefit information

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

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

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

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

a Target normal cost (line 6c)	31a	6300
b Excess assets, if applicable, but not greater than line 31a	31b	6300

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

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

34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....	34	0
	Carryover balance	Prefunding balance
35 Balances elected for use to offset funding requirement	0	0
36 Additional cash requirement (line 34 minus line 35)	36	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	0

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

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

39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0
40 Unpaid minimum required contributions for all years	40	0

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

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

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

A Name of plan RETIREMENT PLAN FOR HOURLY PAID EMPLOYEES OF CAMPBELL FOUNDRY COMPANY	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 CAMPBELL FOUNDRY COMPANY	D Employer Identification Number (EIN) 22-0804730	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

BANK OF AMERICA/MERRILL LYNCH

94-1687665

(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 33 51 52 59 60 62	NONE	4376	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan RETIREMENT PLAN FOR HOURLY PAID EMPLOYEES OF CAMPBELL FOUNDRY COMPANY	B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 CAMPBELL FOUNDRY COMPANY	D Employer Identification Number (EIN) 22-0804730

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

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

Assets	(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a 0	216
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions	1b(1) 100000	0
(2) Participant contributions	1b(2) 0	0
(3) Other	1b(3) 0	4918
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1) 62803	71733
(2) U.S. Government securities	1c(2) 291139	274664
(3) Corporate debt instruments (other than employer securities):		
(A) Preferred	1c(3)(A) 58335	96689
(B) All other	1c(3)(B) 61378	78625
(4) Corporate stocks (other than employer securities):		
(A) Preferred	1c(4)(A) 0	0
(B) Common	1c(4)(B) 0	405756
(5) Partnership/joint venture interests	1c(5) 0	0
(6) Real estate (other than employer real property)	1c(6) 481923	0
(7) Loans (other than to participants)	1c(7) 0	0
(8) Participant loans	1c(8) 0	0
(9) Value of interest in common/collective trusts	1c(9) 0	0
(10) Value of interest in pooled separate accounts	1c(10) 0	0
(11) Value of interest in master trust investment accounts	1c(11) 0	0
(12) Value of interest in 103-12 investment entities	1c(12) 0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13) 869	879
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14) 0	0
(15) Other	1c(15) 985917	1089105

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)	0	0
(2) Employer real property.....	1d(2)	0	0
e Buildings and other property used in plan operation.....	1e	0	0
f Total assets (add all amounts in lines 1a through 1e).....	1f	2042364	2022585
Liabilities			
g Benefit claims payable.....	1g	0	0
h Operating payables.....	1h	0	0
i Acquisition indebtedness.....	1i	0	0
j Other liabilities.....	1j	0	0
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	2042364	2022585

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)	0	
(B) Participants.....	2a(1)(B)	0	
(C) Others (including rollovers).....	2a(1)(C)	0	
(2) Noncash contributions.....	2a(2)	0	
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	4704	
(B) U.S. Government securities.....	2b(1)(B)	7981	
(C) Corporate debt instruments.....	2b(1)(C)	5817	
(D) Loans (other than to participants).....	2b(1)(D)	0	
(E) Participant loans.....	2b(1)(E)	0	
(F) Other.....	2b(1)(F)	0	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		18502
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)	0	
(B) Common stock.....	2b(2)(B)	4185	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	36	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		4221
(3) Rents.....	2b(3)		0
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	1775286	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	1742075	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		33211
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)	0	
(B) Other.....	2b(5)(B)	48450	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		48450

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		0
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		-26
c Other income	2c		45566
d Total income. Add all income amounts in column (b) and enter total	2d		149924

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	144938	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		144938
f Corrective distributions (see instructions)	2f		0
g Certain deemed distributions of participant loans (see instructions)	2g		0
h Interest expense	2h		0
i Administrative expenses:			
(1) Salaries and allowances	2i(1)	0	
(2) Contract administrator fees	2i(2)	0	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	20389	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)	4376	
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		24765
j Total expenses. Add all expense amounts in column (b) and enter total	2j		169703

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-19779
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: NISIVOCCIA, LLP

(2) EIN: 22-1914888

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		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		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 556980.

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.
--	---	---

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

A Name of plan <u>RETIREMENT PLAN FOR HOURLY PAID EMPLOYEES OF CAMPBELL FOUNDRY COMPANY</u>	B Three-digit plan number (PN) ▶	<u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>CAMPBELL FOUNDRY COMPANY</u>	D Employer Identification Number (EIN) <u>22-0804730</u>	

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

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

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

1		0
---	--	---

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):
EIN(s): 22-2247582

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....

3		0
---	--	---

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

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

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

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	15a	
b The corresponding number for the second preceding plan year	15b	

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

a Enter the number of employers who withdrew during the preceding plan year	16a	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....	16b	

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

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

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

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

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

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

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

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

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

Part VII IRS Compliance Questions

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

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

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 02 / 28 / 2023 (MM/DD/YYYY) and the Opinion Letter serial number Q705217A.

Retirement Plan for Hourly Paid Employees of Campbell Foundry Company

Financial Statements

December 31, 2024 and 2023



NISIVOCCIA
ASSURANCE · TAX · ADVISORY

**Retirement Plan for Hourly Paid Employees of
Campbell Foundry Company
Table of Contents
December 31, 2024 and 2023**

Independent Auditors' Report	1-4
Financial Statements:	
Statement of Net Assets Available for Benefits	5
Statement of Changes in Net Assets Available for Benefits	6
Notes to Financial Statements	7-16
Supplemental Schedules:	
Schedule I – Schedule H, Line 4i - Schedule of Assets (Held at End of Year)	17-19
Schedule II – Schedule H, Line 4j - Schedule of Reportable Transactions – Series of Transactions	20

Other schedules required by Section 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosures under ERISA, have been omitted because they are not applicable.

Independent Auditors' Report

To the Retirement Committee of the Retirement
Plan for Hourly Paid Employees of
Campbell Foundry Company
Harrison, New Jersey

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

We have performed audits of the financial statements of Retirement Plan for Hourly Paid Employees of Campbell Foundry Company (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statement of net assets available for benefits as of December 31, 2024 and 2023, and the related statement of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements (Financial Statements).

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

Management has obtained certifications from a qualified institution as of and for the years ended December 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 Auditors' 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.

Plan for Hourly Paid Employees of
Campbell Foundry Company

- The information in the accompanying financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. 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 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.

Auditors' Responsibilities for the Audit of the Financial Statements

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

Plan for Hourly Paid Employees of
Campbell Foundry Company

In performing an audit in accordance with GAAS, we:

- 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.
- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

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

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

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

Other Matters

Supplemental Schedules Required by ERISA

The supplemental Schedule of Assets (Held at End of Year) and Schedule of Reportable Transactions as of December 31, 2024, are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

Plan for Hourly Paid Employees of
Campbell Foundry Company

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

Mt. Arlington, New Jersey
August 4, 2025

Nisiroccia LLP

**Retirement Plan for Hourly Paid Employees of
Campbell Foundry Company
Statement of Net Assets Available for Benefits
December 31, 2024 and 2023**

	<u>2024</u>	<u>2023</u>
Assets:		
Investments, at fair value:		
Short-term investment funds	\$ 71,948	\$ 62,803
United States government securities	274,664	291,139
Corporate bonds	175,314	119,713
Corporate stocks	682,017	1,034,988
Mutual funds	810,094	430,443
Other	3,630	
Total investments	<u>2,017,667</u>	<u>1,939,086</u>
Receivables:		
Accrued interest receivable	4,918	3,278
Employer contribution receivable		100,000
Total assets	<u>2,022,585</u>	<u>2,042,364</u>
Net assets available for benefits	<u>\$ 2,022,585</u>	<u>\$ 2,042,364</u>

See Accompanying Notes to Financial Statements

**Retirement Plan for Hourly Paid Employees of
Campbell Foundry Company
Statement of Changes in Net Assets Available for Benefits
For the Years Ended December 31, 2024 and 2023**

	<u>2024</u>	<u>2023</u>
Additions:		
Investment income:		
Net appreciation in fair value of investments	\$ 81,635	\$ 163,667
Dividends	10,282	17,098
Interest	49,979	31,680
Other investment income	300	1
Total investment income	<u>142,196</u>	<u>212,446</u>
Less: administrative expenses	<u>24,766</u>	<u>24,055</u>
	117,430	188,391
Contributions:		
Employer		100,000
Other receipts	7,729	7,678
Total additions	<u>125,159</u>	<u>296,069</u>
Deductions:		
Benefits paid directly to participants	<u>144,938</u>	<u>148,199</u>
Total deductions	<u>144,938</u>	<u>148,199</u>
Net increase (decrease)	(19,779)	147,870
Net assets available for benefits:		
Beginning of the year	<u>2,042,364</u>	<u>1,894,494</u>
End of the year	<u>\$ 2,022,585</u>	<u>\$ 2,042,364</u>

See Accompanying Notes to Financial Statements

**Retirement Plan for Hourly Paid Employees of
Campbell Foundry Company
Notes to Financial Statements
December 31, 2024 and 2023**

1. Description of Plan

The following brief description of the Retirement Plan for Hourly Paid Employees of Campbell Foundry Company (the "Plan") is provided for general information purposes only. Participants should refer to the Plan agreement for more complete information.

General

The Plan is a defined benefit pension plan covering substantially all hourly paid employees of Campbell Foundry Company (the Company). It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

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

Participant's Accounts

Under the Plan provisions, amounts are credited by the Company to the participant's hypothetical accounts. The accounts are allocated compensation credits and investment credits at the end of the quarter. The compensation credits are allocated based on a percentage of the participants' certified compensation as defined in the plan document for that particular quarter. The applicable percentage ranges from 4.72% to 6.81% and is based on the participants' age plus years of credited service (as defined in the plan document) at the end of the quarter. Age and credited service are determined in whole years at the end of the quarter.

Participants' hypothetical accounts also receive investment credits at the end of every quarter. The amount of the investment credit is tied to the average of the annual yields on 30-year treasury securities and is adjusted quarterly. As of December 31, 2024 and 2023, the interest rate was 4.58% and 4.03%, respectively.

Pension Benefits

Benefits are determined based on the participant's hypothetical account balance. Plan participants are eligible for their plan benefit after terminating employment with vested rights. Participants are eligible to receive normal retirement benefits at the later of age 65 or upon completion of 5 years of service. Participants are eligible to receive early retirement benefits at age 62 with 5 years of service. If payment commences prior to age 65, the benefit is reduced by 1/15th for each year. Benefits under the Plan are based on a specified monthly rate times the number of years of credited service to a maximum of 45 years. Participants may elect to receive their pension benefits in the form of a life annuity, qualified joint and survivor annuity or other optional forms of annuities as detailed in the Plan document. If employees terminate before rendering 5 years of service, they forfeit the right to receive the portion of their accumulated plan benefits attributable to the Company's contributions.

**Retirement Plan for Hourly Paid Employees of
Campbell Foundry Company
Notes to Financial Statements
December 31, 2024 and 2023**

During the plan year 2014 an amendment was passed that froze the plan as of December 31, 2014. As such, after December 31, 2014, Participants shall not accrue any additional benefits under the Plan.

Death and Disability Benefits

For participants with 10 years of service, the Plan provides for an annual pension payable for life to a spouse equal to 50% of the amount the participants would have received had they retired early on their date of death and elected a joint and 50% survivor option. If an employee dies after the commencement of pension payments and has a spouse, the standard life annuity benefit is automatically converted to a reduced joint and 50% survivor option unless such conversion is rescinded by the employee. In addition, if the employee was retired after age 62 with ten years of service a lump sum death benefit of \$6,000 is payable. See Note 8 for restrictions and limitations on benefit payments.

Disability benefits are payable to employees with 10 years of service. Benefits are based upon a specified rate per month until such time as the disabled pensioner reaches his or her normal retirement date. The disabled pensioner will then receive the normal pension benefit based on the rates in effect when he or she qualified for a disability pension.

Funding Policy

The Company's funding policy is to make quarterly contributions to the Plan as determined by the Plan's independent actuary. No employee contributions are permitted. The Company's contributions for 2024 and 2023 comply with the minimum funding requirements of ERISA.

2. Summary of Significant Accounting Policies

Basis of Accounting

The accompanying financial statements have been prepared on the accrual basis of accounting.

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's Investment Committee determines the Plan's valuation policies utilizing information provided by its investment advisers, custodians, and insurance company. See Note 5 for a discussion of fair value measurements.

Realized gains and losses on sales of securities represent the difference between the proceeds from the sale and the cost of securities on an average cost basis.

Dividend income is recorded on the ex-dividend date. Income from other investments is recorded on the accrual basis.

**Retirement Plan for Hourly Paid Employees of
Campbell Foundry Company
Notes to Financial Statements
December 31, 2024 and 2023**

In accordance with the policy of stating investments at current value, net realized and unrealized appreciation for the year is reflected in the statement of changes in net assets available for benefits as part of the net investment performance. Participants own units in the Plan's underlying investments which are valued daily by the plan administrator. Accordingly, all earnings of the investments are reported as net investment performance. Purchases and sales of securities are recorded on a trade date basis.

The significant actuarial assumptions used in the valuations as of January 1, 2024 and 2023 are as follows:

Mortality:	
2024	2024 Non-annuitant and Annuitant Rates for Males and Females using Optional Combined Mortality Tables for Small Plans.
2023	2023 Non-annuitant and Annuitant Rates for Males and Females using Optional Combined Mortality Tables for Small Plans.
Interest Rates:	
2024:	
Segment Rates-HATFA:	4.75%/4.96%/5.59%
Effective Rate-HATFA:	5.10%
2023:	
Segment Rates-HATFA:	4.75%/5.00%/5.74%
Effective Rate-HATFA:	5.46%
Salary Increases	Not applicable
Retirement Age:	Age 65, or current age, if greater
Expense Loading:	\$6,300 (non-investment related expenses)
Percentage of Participants with a Spouse	80%

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits. The computations of the actuarial present value of accumulated plan benefits were made as of January 1, 2024 and 2023. Had the valuations been performed as of December 31, there would be no material differences.

**Retirement Plan for Hourly Paid Employees of
Campbell Foundry Company
Notes to Financial Statements
December 31, 2024 and 2023**

Administrative Expenses

A portion of the Plan's administrative expenses are paid by the Company. Expenses paid by the Company for trustee, actuarial and other fees amounted to approximately \$24,766 and \$24,055 during the years ended December 31, 2024 and 2023, respectively.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the amounts of assets and liabilities, revenues and expenses and changes therein, and disclosures of contingent assets and contingent liabilities and the actuarial present value of accumulated plan benefits at the date of financial statements, and changes therein. It is reasonably possible that the Plan's estimates may change in the near term.

Payment of Benefits

Benefit payments to participants are recorded upon distribution.

3. Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Benefits under the Plan are accumulated based on employees' compensation during each year of credit service. The accumulated plan benefits for active employees will equal the accumulation, with interest of the annual benefit accruals as of the benefit information date. Benefits payable under all circumstances-retirement, death, disability and termination of employment, are included, to the extent they are deemed attributable to employee service rendered to the valuation date. Benefits to be provided via annuity contracts excluded from plan assets are excluded from accumulated plan benefits.

The actuarial present value of accumulated plan benefits is determined by an independent actuary, and is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal or retirement) between the valuation date and the expected date of payment.

**Retirement Plan for Hourly Paid Employees of
Campbell Foundry Company
Notes to Financial Statements
December 31, 2024 and 2023**

The following is a summary of the changes in the actuarial present value of accumulated plan benefits at January 1, 2024 and 2023:

Actuarial present value of accumulated plan benefits at January 1, 2023	\$ 2,038,168
Increase (decrease) during the year attributable to:	
Investment interest at 5%	101,908
Net additional benefits accumulated	(15,466)
Benefits paid	(148,199)
Interest on benefits paid at 2.5%	(3,705)
Net decrease	<u>(65,462)</u>
Actuarial present value of accumulated plan benefits at January 1, 2024	<u>\$ 1,972,706</u>

Investment income will be earned at a rate of 5.33% and 5.46% compounded annually at January 1, 2024 and 2023, respectively.

Accumulated plan benefits information of the Plan as of January 1, 2024 is as follows:

Actuarial present value of accumulated plan benefits:	
Vested benefits:	
Participants currently receiving payments	\$ 695,792
Other participants	<u>1,276,914</u>
Total actuarial present value of accumulated plan benefits	<u>\$ 1,972,706</u>

4. Trustee Certification (Unaudited)

Certain information related to investments disclosed in the accompanying financial statements and supplemental schedules, including investments held at December 31, 2024 and 2023, and net appreciation in fair value of investments, interest and dividends for the years ended December 31, 2024 and 2023, was obtained or derived from information supplied to the plan administrator and certified as complete and accurate by Bank of America, N.A. the Trustee of the Plan.

	<u>2024</u>	<u>2023</u>
Statement of Net Assets Available for Benefits:		
Investments, at fair value	\$ 2,017,667	\$ 1,939,086
Statement of Changes in Net Assets Available for Benefits:		
Net appreciation in fair value of investments	81,635	163,667
Dividends	10,282	17,098
Interest	49,979	31,680
Other investment income	300	1

5. Fair Value Measurements

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to measurements involving significant unobservable inputs (level 3 measurements).

The three levels of the fair value hierarchy are as follows:

Level 1: Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2: Inputs to the valuation methodology include:

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

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

Level 3: Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

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

The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2024 and 2023.

US government securities and short-term investment funds: Valued using pricing models maximizing the use of observable inputs for similar securities.

Corporate bonds: 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.

**Retirement Plan for Hourly Paid Employees of
Campbell Foundry Company
Notes to Financial Statements
December 31, 2024 and 2023**

Corporate stocks: Valued at the closing price reported in the active market in which the individual securities are traded.

Mutual funds and other assets: Valued at daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the SEC. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

The preceding methods may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value at the reporting date.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2024:

	December 31, 2024		
	Level 1	Level 2	Total
Assets in the fair value hierarchy:			
Short-term investment funds		\$ 71,948	\$ 71,948
United States government securities		274,664	274,664
Corporate bonds		175,314	175,314
Corporate stocks	\$ 682,017		682,017
Mutual funds	810,094		810,094
Other assets		3,630	3,630
	<u>\$ 1,492,111</u>	<u>\$ 525,556</u>	<u>\$ 2,017,667</u>

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2023:

	December 31, 2023		
	Level 1	Level 2	Total
Assets in the fair value hierarchy:			
Short-term investment funds		\$ 62,803	\$ 62,803
United States government securities		291,139	291,139
Corporate bonds		119,713	119,713
Corporate stocks	\$ 1,034,988		1,034,988
Mutual funds	430,443		430,443
	<u>\$ 1,465,431</u>	<u>\$ 473,655</u>	<u>\$ 1,939,086</u>

**Retirement Plan for Hourly Paid Employees of
Campbell Foundry Company
Notes to Financial Statements
December 31, 2024 and 2023**

6. Party-In-Interest Transactions

Certain Plan investments are shares of mutual funds managed by Bank of America (MLTC). MLTC is the trustee as defined by the Plan and therefore, these transactions qualify as party-in-interest transactions. As described in Note 2, the Company paid certain expenses related to plan operations and investment activity to various service providers. These transactions are party-in-interest transactions under ERISA.

7. Adjusted Funding Target Attainment Percentage (AFTAP)

The funding target attainment percentage of a plan is a measure of how well the plan is funded on a particular date. The funded percentage of the Plan is the ratio of assets of the Trust to benefit liabilities of the Plan. The effects of the funded percentage are defined in a series of ranges: 1) less than 60%, 2) at least 60%, but less than 80%, and 3) 80% or more.

The Pension Protection Act of 2006 requires an annual actuarial certification of the funding level of the Plan. This certification is used to determine if there are any restrictions on the Plan's ability to 1) pay benefits, 2) accrue benefits, and 3) amend the Plan to a higher benefit formula.

The Plan's AFTAP for 2024 and 2023 is 103.28% and 88.21%, respectively. Plans with a funding percentage below 80% are required to implement certain benefit limitations which include: the Plan cannot be amended to increase benefits and lump sum benefits are limited to the lesser of: 50% of the total lump sum or 100% of the maximum PBGC benefit.

8. Plan Termination

While the Company has not expressed any intent to discontinue its contributions, it is free to do so at any time, subject to the provisions of ERISA. The Company has the right to terminate the Plan by delivering to the trustee and administrator written notice of such termination. However, any termination (other than a partial termination or an involuntary termination pursuant to ERISA) must satisfy the requirements and follow the procedures outlined in the Plan document and ERISA for a Standard Termination or a Distress Termination. Should the Plan terminate at some future time, its net assets generally will not be available on a pro rata basis to provide participants' benefits. Whether a particular participant's accumulated plan benefits will be paid depends on both the priority of those benefits and the level of benefits guaranteed by the PBGC at that time. Some benefits may be fully or partially provided for by the then existing assets and the PBGC guaranty while other benefits may not be provided for at all. A reduction in workforce during 2005 resulted in a partial termination of the Plan. The effect of the partial termination is that each affected participant has become 100 percent vested in their accrued benefit.

In the event the Plan terminates, the net assets of the Plan will be allocated, as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated:

1. Benefits attributable to employee contributions, taking into account those paid out before termination.

**Retirement Plan for Hourly Paid Employees of
Campbell Foundry Company
Notes to Financial Statements
December 31, 2024 and 2023**

2. Annuity benefits that former employees or their beneficiaries have been receiving for at least three years, or that employees eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan. The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit that would be payable under Plan provisions in effect at any time during the five years preceding Plan termination.
3. Other vested benefits insured by the Pension Benefit Guaranty Corporation (PBGC) (a U.S. government agency) up to the applicable limitations.
4. All other vested benefits (that is, vested benefits not insured by the PBGC).
5. All nonvested benefits.

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination.

Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide for accumulated benefit obligations and may also depend on the financial condition of the plan sponsor and the level of benefits guaranteed by the PBGC.

9. Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits. However, the plan administrator believes that the Plan is currently designed and being operated in compliance with applicable requirements of the Internal Revenue Code.

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

During March 2023, the Company received notification from the Department of Labor ("DOL") stating that the DOL intended to audit the Retirement Plan for Hourly Paid Employees of Campbell Foundry Company. The investigation was completed, no fines were imposed, and the investigation was conditionally closed on June 20, 2024.

**Retirement Plan for Hourly Paid Employees of
Campbell Foundry Company
Notes to Financial Statements
December 31, 2024 and 2023**

10. Income Tax Status and Plan Amendment

The Plan obtained its latest determination letter on August 10, 2011, in which the Internal Revenue Service states that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue code (IRC). The Plan has been amended since receiving the determination letter. However, the plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the applicable authorities. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

During the plan year 2014 an amendment was passed that froze the plan as of December 31, 2014. As such, after December 31, 2014, Participants shall not accrue any additional benefits under the Plan.

11. Subsequent Events

Management has reviewed subsequent events and transactions that occurred after December 31, 2024, through the date of the independent auditors' report and the date the financial statements were available to be issued, August 4, 2025. The financial statements include all events or transactions, including estimates, required to be recognized in accordance with generally accepted accounting principles.

Plan Termination

The Company made the decision to terminate the Plan, effective July 1, 2025. The termination is subject to regulatory approval and compliance with all applicable legal requirements, including notification to participants and the PBGC. As part of the termination process the Company intends to fully settle all benefit obligations either through lump sum payouts to participants who elect them or through the purchase of annuity contracts from an insurance provider.

**Retirement Plan for Hourly Paid Employees of
Campbell Foundry Company**

EIN: 22-0804730

PN: 002

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

December 31, 2024

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment, Including Maturity Date, Interest Rate, Collateral, Par or Maturity Value	Number of Shares, Units or Principal	(d) Cost	(e) Current Value
*	Bank of America (MLTC)	US Treasury Prin Stirp 0% Feb 15, 2031	25,000	\$ 18,292	\$ 19,119
*	Bank of America (MLTC)	US Treasury Bond 3.125% Feb 15, 2042	20,000	20,225	16,045
*	Bank of America (MLTC)	US Treasury Bond 3.125% Aug 15, 2044	28,000	27,396	21,745
*	Bank of America (MLTC)	US Treasury Bond 2.25% Aug 15, 2049	17,000	16,929	10,525
*	Bank of America (MLTC)	US Treasury Bond 1.125% May 15, 2040	15,000	10,944	9,021
*	Bank of America (MLTC)	US Treasury Bond 1.625% Nov 15, 2050	11,000	9,603	5,736
*	Bank of America (MLTC)	US Treasury Bond 2.25% Feb 15, 2052	12,000	8,514	7,275
*	Bank of America (MLTC)	US Treasury Note 1.25% Aug 15, 2031	16,000	15,002	13,057
*	Bank of America (MLTC)	US Treasury Note 2.75% Apr 30, 2027	27,000	26,521	26,103
*	Bank of America (MLTC)	US Treasury Note 2.875% May 15, 2032	13,000	12,410	11,675
*	Bank of America (MLTC)	US Treasury Note 4.625% Sep 15, 2026	22,000	22,168	22,131
*	Bank of America (MLTC)	US Treasury Note 2.25% Feb 15, 2027	18,000	18,239	17,274
*	Bank of America (MLTC)	US Treasury Note 3.125% Nov 15, 2028	36,000	33,806	34,448
*	Bank of America (MLTC)	US Treasury Note 2.375% May 15, 2029	15,000	15,477	13,827
*	Bank of America (MLTC)	US Treasury Note 4.500% Nov 15, 2033	10,000	9,901	9,955
*	Bank of America (MLTC)	US Treasury Note 4.375% Nov 30, 2028	9,000	9,063	9,004
*	Bank of America (MLTC)	US Treasury Note 4.000% Jan 31, 2029	9,000	8,854	8,877
*	Bank of America (MLTC)	US Treasury Note 4.375% Jul 15, 2027	10,000	10,038	10,026
*	Bank of America (MLTC)	US Treasury Note 4.125% Jul 31, 2031	9,000	9,212	8,821
*	Bank of America (MLTC)	Anheuser-Busch Inbev Fin	9,000	10,166	8,138
*	Bank of America (MLTC)	Elevance Health Inc	9,000	9,149	8,677
*	Bank of America (MLTC)	BP Cap Markets America	9,000	8,784	8,700
*	Bank of America (MLTC)	CVS Health Corp	16,000	17,897	14,655
*	Bank of America (MLTC)	Citigroup Inc	9,000	9,388	9,437
*	Bank of America (MLTC)	Enterprise Product Oper	9,000	8,877	8,705
*	Bank of America (MLTC)	Goldman Sachs Group Inc	10,000	9,974	9,941
*	Bank of America (MLTC)	JPMorgan Chase & Co	20,000	19,900	19,359
*	Bank of America (MLTC)	Morgan Stanley	9,000	9,164	7,516
*	Bank of America (MLTC)	Oracle Corp	16,000	16,888	16,782
*	Bank of America (MLTC)	Union Pacific Corp	9,000	9,424	8,758
*	Bank of America (MLTC)	US Bancorp	9,000	9,073	9,076
*	Bank of America (MLTC)	UnitedHealth Group Inc	18,000	18,552	17,760
*	Bank of America (MLTC)	Verizon Communications	20,000	19,787	18,391
*	Bank of America (MLTC)	Wells Fargo & Company	10,000	10,030	9,418
*	Bank of America (MLTC)	BlackRock Core Bond	108	997	879
*	Bank of America (MLTC)	BLF FedFund Cash Reserve	71,733	71,733	71,733
*	Bank of America (MLTC)	IShares Flexible	1,923	101,996	100,034
*	Bank of America (MLTC)	IShares 20+ Year	412	40,828	35,980
*	Bank of America (MLTC)	IShares JP Morgan EM Bond	444	38,980	39,534
*	Bank of America (MLTC)	IShares MBS ETF	2,031	190,985	186,202
*	Bank of America (MLTC)	IShares Core Total Bond	7,588	343,733	342,978
*	Bank of America (MLTC)	IShares Convertible Bond	755	58,986	64,152
*	Bank of America (MLTC)	IShares High Yield	858	41,012	40,335
*	Bank of America (MLTC)	Amazon Com Inc Com	124	12,351	27,204
*	Bank of America (MLTC)	LVMH Moet Hennessy ADR	16	2,098	2,091
*	Bank of America (MLTC)	Skechers U S A Inc CL A	74	4,044	4,976

See independent auditors' report

**Retirement Plan for Hourly Paid Employees of
Campbell Foundry Company**

EIN: 22-0804730

PN: 002

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

December 31, 2024

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment, Including Maturity Date, Interest Rate, Collateral, Par or Maturity Value	Number of Shares, Units or Principal	(d) Cost	(e) Current Value
*	Bank of America (MLTC)	Sony Group Corp	490	8,656	10,368
*	Bank of America (MLTC)	TKO Group Holdings Inc	43	2,424	6,111
*	Bank of America (MLTC)	Conoco Phillips	40	2,274	3,967
*	Bank of America (MLTC)	Hess Corp	28	3,876	3,724
*	Bank of America (MLTC)	Shell PLC	70	4,372	4,386
*	Bank of America (MLTC)	Berkshire Hathaway Inc	21	3,902	9,519
*	Bank of America (MLTC)	Discover FINL SVCS	47	6,602	8,142
*	Bank of America (MLTC)	FID National FINL Inc	83	3,134	4,660
*	Bank of America (MLTC)	Intercontinental	69	7,590	10,282
*	Bank of America (MLTC)	JPMorgan Chase & Co	44	2,719	10,547
*	Bank of America (MLTC)	KKR & CO INC	13	1,900	1,923
*	Bank of America (MLTC)	S&P Global INC	8	4,178	3,984
*	Bank of America (MLTC)	Reinsurance Group America	25	2,928	5,341
*	Bank of America (MLTC)	Visa Inc CL A SHRS	8	2,524	2,528
*	Bank of America (MLTC)	Elevance Health Inc	11	3,351	4,058
*	Bank of America (MLTC)	Cardinal Health Inc Ohio	69	6,983	8,161
*	Bank of America (MLTC)	Eli Lilly & Co	8	6,099	6,176
*	Bank of America (MLTC)	Humana Inc	26	8,682	6,596
*	Bank of America (MLTC)	Novo Nordisk A S ADR	32	1,136	2,753
*	Bank of America (MLTC)	Sanofi ADR	149	7,313	7,186
*	Bank of America (MLTC)	Tenet Healthcare Corp	44	2,471	5,554
*	Bank of America (MLTC)	Thermo Fisher Scientific	10	5,231	5,202
*	Bank of America (MLTC)	UnitedHealth Group Inc	7	1,499	3,541
*	Bank of America (MLTC)	Johnson Controls Inter	25	1,996	1,973
*	Bank of America (MLTC)	Dun and Bradstreet HLDGS	276	3,433	3,439
*	Bank of America (MLTC)	Fortive Corp	30	1,081	2,250
*	Bank of America (MLTC)	Honeywell Intl INC DEL	40	8,471	9,036
*	Bank of America (MLTC)	Howmet Aerospace INC	18	1,979	1,969
*	Bank of America (MLTC)	Otis Worldwide Corp Reg	44	2,834	4,075
*	Bank of America (MLTC)	RTX Corp	42	3,730	4,860
*	Bank of America (MLTC)	Uber Technologies INC	56	4,061	3,378
*	Bank of America (MLTC)	WABTEC	33	4,957	6,256
*	Bank of America (MLTC)	Advncd Micro D Inc	53	6,799	6,402
*	Bank of America (MLTC)	Apple Inc	75	3,698	18,782
*	Bank of America (MLTC)	Astera Labs Inc Reg SHS	16	2,011	2,119
*	Bank of America (MLTC)	Broadcom INC	40	7,096	9,274
*	Bank of America (MLTC)	Ciena Corp	158	7,989	13,400
*	Bank of America (MLTC)	Cognizant Tech Solutns A	73	4,188	5,614
*	Bank of America (MLTC)	Intuit INC	8	5,219	5,028
*	Bank of America (MLTC)	Marvell Tech Inc	115	6,945	12,702
*	Bank of America (MLTC)	Microsoft Corp	77	8,446	32,456
*	Bank of America (MLTC)	Micron Technology Inc	46	3,321	3,871
*	Bank of America (MLTC)	NVIDIA	111	8,885	14,906
*	Bank of America (MLTC)	SS and C Technologies	68	5,114	5,153
*	Bank of America (MLTC)	Zebra Technologies Crp A	18	4,550	6,952

See independent auditors' report

**Retirement Plan for Hourly Paid Employees of
Campbell Foundry Company**

EIN: 22-0804730

PN: 002

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

December 31, 2024

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment, Including Maturity Date, Interest Rate, Collateral, Par or Maturity Value	Number of Shares, Units or Principal	(d) Cost	(e) Current Value
*	Bank of America (MLTC)	Air Products & Chem	35	9,620	10,151
*	Bank of America (MLTC)	Corteva Inc Reg SHS	81	2,692	4,614
*	Bank of America (MLTC)	Alphabet Inc SHS CL C	13	745	2,476
*	Bank of America (MLTC)	Alphabet Inc SHS CL A	80	4,802	15,144
*	Bank of America (MLTC)	Comcast Corp New CL A	111	4,085	4,166
*	Bank of America (MLTC)	Electronic Arts INC DEL	36	4,972	5,267
*	Bank of America (MLTC)	Meta Platforms Inc	29	6,083	16,980
*	Bank of America (MLTC)	Reddit INC REG SHS - A - CL A	25	3,800	4,086
*	Bank of America (MLTC)	IShares S&P 500	710	65,869	72,086
*	Bank of America (MLTC)	IShares S&P 500 VALUE	158	27,476	30,159
*	Bank of America (MLTC)	IShares TR MSCI EAFE Value	1,104	60,133	57,927
*	Bank of America (MLTC)	IShares TR MSCI EAFE Growth	599	60,307	58,001
*	Bank of America (MLTC)	IShares Inc Core MSCI	371	19,840	19,374
*	Bank of America (MLTC)	IShares Inc MSCI	340	18,061	18,853
*	Bank of America (MLTC)	World Gold TR SHS SPDR	382	20,334	19,859
*	Bank of America (MLTC)	Crown Castle INC	40	3,893	3,630
*	Bank of America (MLTC)	Principal Cash		215	215
Total assets held for investments				<u>\$ 1,916,964</u>	<u>\$ 2,017,667</u>

* Party-in-interest

See independent auditors' report

Retirement Plan for Hourly Paid Employees of
Campbell Foundry Company

EIN: 22-0804730

PN: 002

Schedule H, Line 4j – Schedule of Reportable Transactions – Series of Transactions
December 31, 2024

<u>(a) Identity of Party Involved</u>	<u>(b) Description of Assets</u>	<u>(c) Purchase Price</u>	<u>(d) Selling Price</u>	<u>(f) Expense Incurred With Transaction</u>	<u>(g) Cost of Asset</u>	<u>(h) Current Value of Asset on Transaction Date</u>	<u>(i) Net Gain or Loss</u>
* Bank of America (MLTC)	IShares Flexible Income Active ETF	\$ 101,996			\$ 101,996	\$ 101,996	\$ -
* Bank of America (MLTC)	BLF FedFund Cash Reserve	100,000			100,000	100,000	-
* Bank of America (MLTC)	IShares Core Total Bond	127,831			127,831	204,606	-
* Bank of America (MLTC)	IShares Core Total Bond	152,456			152,456	152,456	-
* Bank of America (MLTC)	IShares Treasury Floating Rate Bond		\$ 105,176		104,927	105,176	249

(a) Represents transactions or a series of transactions in securities of the same issue in excess of 5% of the current value of assets at the beginning of the year.

* Party-in-interest

See independent auditors' report

Schedule SB, line 26 - Schedule of Active Participant Data

YEARS OF CREDITED SERVICE

Attained Age	Under 1 Avg.		1 To 4 Avg.		5 To 9 Avg.		10 To 14 Avg.		15 To 19 Avg.		20 To 24 Avg.		25 To 29 Avg.		30 To 34 Avg.		35 To 39 Avg.		40 & Up Avg.	
	No.	Comp	No.	Comp	No.	Comp	No.	Comp	No.	Comp	No.	Comp	No.	Comp	No.	Comp	No.	Comp	No.	Comp
Under 25	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
25 to 29	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
30 to 34	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
35 to 39	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
40 to 44	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
45 to 49	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
50 to 54	1	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0
55 to 59	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
65 to 69	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
70 & Up	1	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0

Name of plan: CAMPBELL FOUNDRY HOURLY PAID EMPLOYEES RETIREME
 Plan sponsor's name: CAMPBELL FOUNDRY COMPANY

Plan number: 002
 EIN: 22-0804730

Schedule SB, Part V - Statement of Actuarial Assumptions

Target Assumptions:

Male Nonannuitant: 2024 Nonannuitant Male
Female Nonannuitant: 2024 Nonannuitant Female
Male Annuitant: 2024 Annuitant Male
Female Annuitant: 2024 Annuitant Female
Applicable months from valuation month: 0
Probability of lump sum: 0.00%
Use pre-retirement mortality: No

	<u>1st</u>	<u>2nd</u>	<u>3rd</u>
Segment rates:	4.37	4.96	4.95
High Quality Bond rates:	N/A	N/A	N/A
Final rates:	4.75	4.96	5.59
Override:	0.00	0.00	0.00

Salary Scale

Male: 0.00%
Female: 0.00%

Withdrawal

Male: N/A
Female: N/A

Withdrawal-Select

Male: N/A
Female: N/A

Early Retirement Rates

Male: N/A
Female: N/A

Subsidized Early Retirement Rates

Male: N/A
Female: N/A

Options:

Use optional combined mortality table for small plans: Yes
Use discount rate transition: No
Lump sums use proposed regulations: No
Actuarial Equivalent Floor
Stability period: plan year
Lookback months: 2
Nonannuitant: 2024 Applicable
Annuitant: 2024 Applicable

	<u>1st</u>	<u>2nd</u>	<u>3rd</u>
Current:	5.50	5.76	5.83
Override:	0.00	0.00	0.00

Late Retirement Rates

Male: N/A
Female: N/A

Marriage Probability

Male: 80.00%
Female: 80.00%
Expense loading: 0.00%

Disability Rates

Male: N/A
Female: N/A

Mortality

Male: N/A
Female: N/A

Setback

-4

Setback

0

0

Name of Plan: CAMPBELL FOUNDRY HOURI
Plan Sponsor's EIN: 22-0804730
Plan Number: 002

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

- A This return/report is for: [] a multiemployer plan [] a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) [x] 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: [x] Form 5558 [] automatic extension [] the DFVC program [] special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.

Part II Basic Plan Information—enter all requested information

1a Name of plan: RETIREMENT PLAN FOR HOURLY PAID EMPLOYEES OF CAMPBELL FOUNDRY COMPANY
1b Three-digit plan number (PN): 002
1c Effective date of plan: 01/01/1957
2a Plan sponsor's name (employer, if for a single-employer plan): CAMPBELL FOUNDRY COMPANY
2b Employer Identification Number (EIN): 22-0804730
2c Plan Sponsor's telephone number: 973-483-5480
2d Business code (see instructions): 331500

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

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

Table with 4 columns: SIGN HERE, Signature, Date, and Name. Rows include GINA BUTLER (plan administrator) and Beth Ann Skrenta (employer/plan sponsor).

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

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 11																																																																																																				
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width:10%;">6a(1)</td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td></tr> <tr><td>6a(2)</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>6b</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>4</td></tr> <tr><td>6c</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>4</td></tr> <tr><td>6d</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>9</td></tr> <tr><td>6e</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>1</td></tr> <tr><td>6f</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>10</td></tr> <tr><td>6g(1)</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>6g(2)</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>6h</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>	6a(1)										6a(2)										6b									4	6c									4	6d									9	6e									1	6f									10	6g(1)										6g(2)										6h									
6a(1)																																																																																																					
6a(2)																																																																																																					
6b									4																																																																																												
6c									4																																																																																												
6d									9																																																																																												
6e									1																																																																																												
6f									10																																																																																												
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 3H

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

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

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

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

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

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

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

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

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

Receipt Confirmation Code _____

Retirement Plan for Hourly Paid Employees of
Campbell Foundry Company

EIN: 22-0804730

PN: 002

Schedule H, Line 4j – Schedule of Reportable Transactions – Series of Transactions
December 31, 2024

<u>(a) Identity of Party Involved</u>	<u>(b) Description of Assets</u>	<u>(c) Purchase Price</u>	<u>(d) Selling Price</u>	<u>(f) Expense Incurred With Transaction</u>	<u>(g) Cost of Asset</u>	<u>(h) Current Value of Asset on Transaction Date</u>	<u>(i) Net Gain or Loss</u>
* Bank of America (MLTC)	IShares Flexible Income Active ETF	\$ 101,996			\$ 101,996	\$ 101,996	\$ -
* Bank of America (MLTC)	BLF FedFund Cash Reserve	100,000			100,000	100,000	-
* Bank of America (MLTC)	IShares Core Total Bond	127,831			127,831	204,606	-
* Bank of America (MLTC)	IShares Core Total Bond	152,456			152,456	152,456	-
* Bank of America (MLTC)	IShares Treasury Floating Rate Bond		\$ 105,176		104,927	105,176	249

(a) Represents transactions or a series of transactions in securities of the same issue in excess of 5% of the current value of assets at the beginning of the year.

* Party-in-interest

See independent auditors' report

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
---	--	--

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 RETIREMENT PLAN FOR HOURLY PAID EMPLOYEES OF CAMPBELL FOUNDRY COMPANY	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF CAMPBELL FOUNDRY COMPANY	D Employer Identification Number (EIN) 22-0804730	
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	2,041,555	
b Actuarial value	2b	2,041,555	
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	64	1,282,289	1,282,289
b For terminated vested participants	45	569,067	569,067
c For active participants	2	125,289	125,289
d Total	111	1,976,645	1,976,645
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	5.10%	
6 Target normal cost			
a Present value of current plan year accruals	6a	6,300	
b Expected plan-related expenses	6b	0	
c Target normal cost	6c	6,300	

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>07/09/2025</u> Date
<u>FEI XIONG, EA ASA</u> Type or print name of actuary	<u>2307575</u> Most recent enrollment number	<u>973-439-0200</u> Telephone number (including area code)
<u>3 US HIGHWAY 46 WEST</u> <u>FAIRFIELD NJ 07004</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 _____%		
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		58,709
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>5.16</u> %		3,029
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		61,738
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	103.28%
15 Adjusted funding target attainment percentage	15	103.28%
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	85.52%
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV	Contributions and Liquidity Shortfalls					
18 Contributions made to the plan for the plan year by employer(s) and employees:						
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	
Totals ▶			18(b)	0	18(c)	0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:			
a Contributions allocated toward unpaid minimum required contributions from prior years.	19a	0	
b Contributions made to avoid restrictions adjusted to valuation date	19b	0	
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	0	
20 Quarterly contributions and liquidity shortfalls:			
a Did the plan have a "funding shortfall" for the prior year?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
c If line 20a is "Yes," see instructions and complete the following table as applicable:			
Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
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 %	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 checked="" type="checkbox"/> Prescribed - combined <input type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute			

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years				
28 Unpaid minimum required contributions for all prior years				28 0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....				29 0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)				30 0

Part VIII Minimum Required Contribution For Current Year				
31 Target normal cost and excess assets (see instructions):				
a Target normal cost (line 6c).....				31a 6,300
b Excess assets, if applicable, but not greater than line 31a				31b 6,300
32 Amortization installments:	Outstanding Balance		Installment	
a Net shortfall amortization installment	0		0	
b Waiver amortization installment			0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount				33
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....				34 0
	Carryover balance	Prefunding balance	Total balance	
35 Balances elected for use to offset funding requirement	0	0	0	
36 Additional cash requirement (line 34 minus line 35).....				36 0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....				37 0
38 Present value of excess contributions for current year (see instructions)				
a Total (excess, if any, of line 37 over line 36)				38a 0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances				38b 0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)				39 0
40 Unpaid minimum required contributions for all years				40 0

Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)				
41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. <input type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input type="checkbox"/> 2021				

Schedule SB, Line #22 – Description of Weighted Average Retirement Age

The Weighted Average Retirement Age is equal to the Normal Retirement Age of **65 or Current Age, if later.**

List the rate of retirement at each age and describe the methodology used to compute the weighted average retirement age, including a description of the weight applied at each potential retirement age.

Schedule SB, Part V - Summary of Plan Provisions

Eligibility Requirements

Age (yrs) : 0
 Age (months) : 0
 Wait (months) : 0
 Two year eligibility : No

Service/Participation Requirements

Definition of years: Table
 Continuing hours: N/A
 Excluded classes: Salaried employee

Earnings

Total compensation excluding : 403(b)
 Cafeteria
 Other

<u>Retirement</u>	<u>Normal</u>	<u>Early</u>	<u>Subsidized Early</u>	<u>Disability</u>	<u>Death</u>
Age:	65	62		0	15
Service:	5	5		10	0
Participation:	0	0		10	0
Defined:	1st of month following	1st of month following		1st of month during	1st of month during

Benefit Reduction / Mortality table & setback

Male:	Early Retirement Reduct	Early Retirement Reductions	N/A	0
Female:	Early Retirement Reduct	Early Retirement Reductions	N/A	0

Rates - Male:	N/A	N/A	N/A
Rates - Female:	N/A	N/A	N/A

Use Social Security Retirement Age:	No	REACT Benefits Percentage:	50.00%
Vesting Schedule:	5 Year Cliff	Pre-retirement death benefit	
Vesting Definition:	Hours Worked	Percentage of accrued benefit:	0.00%
		Death Benefit Payment method:	PVAB

	<u>Annuity</u>	<u>Percent</u>	<u>Years</u>
Normal:	Life only	0.00%	0
QJSA:	Joint and contingent	50.00%	0

Significant Changes in Plan Provisions Since Last Valuation

Name of Plan: CAMPBELL FOUNDRY HOURLY PAID EMPLOYEES RETIREMENT PLAN
Plan Sponsor's EIN: 22-0804730
Plan Number: 002

Schedule SB, Part V - Summary of Plan Provisions

Benefits

Pension Formula:	Benefit formula		
Type of Formula:	Unit benefit non-integrated		
Effective Date:	01/01/2004		
Unit type:	Dollar		
Unit based on:	Accrual		
Maximum total percent:			
Tiers based on:	None		
First tier:	\$16.00	for 1st	None
Second tier:	None	for next	None
Third tier:	None	for remaining yrs	
Maximum credit:			
Past years:	58		
Future years:	32		
Total years:	45		

Averaging

Projection method:	Current Compensation	Apply exclusion to accrued benefit:	No
Based on:	Career Average	Annualize short compensation years:	No
Highest:	0	Annualize short plan years:	No
In the last:	0	Include compensations based	
Excluding:	0	on years of:	Accrual

Accrual

Frozen:	Yes						
Definition of years:	Table	Fractions based on: CAMPBELL HRLY PLANS					
Accrual credit:	<u>Continuing</u>	<u>Died</u>	<u>Disabled</u>	<u>Retired</u>	<u>Terminated</u>	Precision:	4
	N/A	N/A	N/A	N/A	N/A	Limit current credit	N/A
						to:	
Years based on:	Service	Cap/floor years:	45				
Maximum past accrual years:	0.0000	Cap or floor:	Cap				
Method:	Unit accrual	Accrual % per year:	0.00%				
		Apply 415 before accrual:	No				

Name of Plan:	CAMPBELL FOUNDRY HOURLY PAID EMPLOYEES RETIREMENT PLAN
Plan Sponsor's EIN:	22-0804730
Plan Number:	002

**Retirement Plan for Hourly Paid Employees of
Campbell Foundry Company**

EIN: 22-0804730

PN: 002

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

December 31, 2024

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment, Including Maturity Date, Interest Rate, Collateral, Par or Maturity Value	Number of Shares, Units or Principal	(d) Cost	(e) Current Value
*	Bank of America (MLTC)	US Treasury Prin Stirp 0% Feb 15, 2031	25,000	\$ 18,292	\$ 19,119
*	Bank of America (MLTC)	US Treasury Bond 3.125% Feb 15, 2042	20,000	20,225	16,045
*	Bank of America (MLTC)	US Treasury Bond 3.125% Aug 15, 2044	28,000	27,396	21,745
*	Bank of America (MLTC)	US Treasury Bond 2.25% Aug 15, 2049	17,000	16,929	10,525
*	Bank of America (MLTC)	US Treasury Bond 1.125% May 15, 2040	15,000	10,944	9,021
*	Bank of America (MLTC)	US Treasury Bond 1.625% Nov 15, 2050	11,000	9,603	5,736
*	Bank of America (MLTC)	US Treasury Bond 2.25% Feb 15, 2052	12,000	8,514	7,275
*	Bank of America (MLTC)	US Treasury Note 1.25% Aug 15, 2031	16,000	15,002	13,057
*	Bank of America (MLTC)	US Treasury Note 2.75% Apr 30, 2027	27,000	26,521	26,103
*	Bank of America (MLTC)	US Treasury Note 2.875% May 15, 2032	13,000	12,410	11,675
*	Bank of America (MLTC)	US Treasury Note 4.625% Sep 15, 2026	22,000	22,168	22,131
*	Bank of America (MLTC)	US Treasury Note 2.25% Feb 15, 2027	18,000	18,239	17,274
*	Bank of America (MLTC)	US Treasury Note 3.125% Nov 15, 2028	36,000	33,806	34,448
*	Bank of America (MLTC)	US Treasury Note 2.375% May 15, 2029	15,000	15,477	13,827
*	Bank of America (MLTC)	US Treasury Note 4.500% Nov 15, 2033	10,000	9,901	9,955
*	Bank of America (MLTC)	US Treasury Note 4.375% Nov 30, 2028	9,000	9,063	9,004
*	Bank of America (MLTC)	US Treasury Note 4.000% Jan 31, 2029	9,000	8,854	8,877
*	Bank of America (MLTC)	US Treasury Note 4.375% Jul 15, 2027	10,000	10,038	10,026
*	Bank of America (MLTC)	US Treasury Note 4.125% Jul 31, 2031	9,000	9,212	8,821
*	Bank of America (MLTC)	Anheuser-Busch Inbev Fin	9,000	10,166	8,138
*	Bank of America (MLTC)	Elevance Health Inc	9,000	9,149	8,677
*	Bank of America (MLTC)	BP Cap Markets America	9,000	8,784	8,700
*	Bank of America (MLTC)	CVS Health Corp	16,000	17,897	14,655
*	Bank of America (MLTC)	Citigroup Inc	9,000	9,388	9,437
*	Bank of America (MLTC)	Enterprise Product Oper	9,000	8,877	8,705
*	Bank of America (MLTC)	Goldman Sachs Group Inc	10,000	9,974	9,941
*	Bank of America (MLTC)	JPMorgan Chase & Co	20,000	19,900	19,359
*	Bank of America (MLTC)	Morgan Stanley	9,000	9,164	7,516
*	Bank of America (MLTC)	Oracle Corp	16,000	16,888	16,782
*	Bank of America (MLTC)	Union Pacific Corp	9,000	9,424	8,758
*	Bank of America (MLTC)	US Bancorp	9,000	9,073	9,076
*	Bank of America (MLTC)	UnitedHealth Group Inc	18,000	18,552	17,760
*	Bank of America (MLTC)	Verizon Communications	20,000	19,787	18,391
*	Bank of America (MLTC)	Wells Fargo & Company	10,000	10,030	9,418
*	Bank of America (MLTC)	BlackRock Core Bond	108	997	879
*	Bank of America (MLTC)	BLF FedFund Cash Reserve	71,733	71,733	71,733
*	Bank of America (MLTC)	IShares Flexible	1,923	101,996	100,034
*	Bank of America (MLTC)	IShares 20+ Year	412	40,828	35,980
*	Bank of America (MLTC)	IShares JP Morgan EM Bond	444	38,980	39,534
*	Bank of America (MLTC)	IShares MBS ETF	2,031	190,985	186,202
*	Bank of America (MLTC)	IShares Core Total Bond	7,588	343,733	342,978
*	Bank of America (MLTC)	IShares Convertible Bond	755	58,986	64,152
*	Bank of America (MLTC)	IShares High Yield	858	41,012	40,335
*	Bank of America (MLTC)	Amazon Com Inc Com	124	12,351	27,204
*	Bank of America (MLTC)	LVMH Moet Hennessy ADR	16	2,098	2,091
*	Bank of America (MLTC)	Skechers U S A Inc CL A	74	4,044	4,976

See independent auditors' report

**Retirement Plan for Hourly Paid Employees of
Campbell Foundry Company**

EIN: 22-0804730

PN: 002

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

December 31, 2024

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment, Including Maturity Date, Interest Rate, Collateral, Par or Maturity Value	Number of Shares, Units or Principal	(d) Cost	(e) Current Value
*	Bank of America (MLTC)	Sony Group Corp	490	8,656	10,368
*	Bank of America (MLTC)	TKO Group Holdings Inc	43	2,424	6,111
*	Bank of America (MLTC)	Conoco Phillips	40	2,274	3,967
*	Bank of America (MLTC)	Hess Corp	28	3,876	3,724
*	Bank of America (MLTC)	Shell PLC	70	4,372	4,386
*	Bank of America (MLTC)	Berkshire Hathaway Inc	21	3,902	9,519
*	Bank of America (MLTC)	Discover FINL SVCS	47	6,602	8,142
*	Bank of America (MLTC)	FID National FINL Inc	83	3,134	4,660
*	Bank of America (MLTC)	Intercontinental	69	7,590	10,282
*	Bank of America (MLTC)	JPMorgan Chase & Co	44	2,719	10,547
*	Bank of America (MLTC)	KKR & CO INC	13	1,900	1,923
*	Bank of America (MLTC)	S&P Global INC	8	4,178	3,984
*	Bank of America (MLTC)	Reinsurance Group America	25	2,928	5,341
*	Bank of America (MLTC)	Visa Inc CL A SHRS	8	2,524	2,528
*	Bank of America (MLTC)	Elevance Health Inc	11	3,351	4,058
*	Bank of America (MLTC)	Cardinal Health Inc Ohio	69	6,983	8,161
*	Bank of America (MLTC)	Eli Lilly & Co	8	6,099	6,176
*	Bank of America (MLTC)	Humana Inc	26	8,682	6,596
*	Bank of America (MLTC)	Novo Nordisk A S ADR	32	1,136	2,753
*	Bank of America (MLTC)	Sanofi ADR	149	7,313	7,186
*	Bank of America (MLTC)	Tenet Healthcare Corp	44	2,471	5,554
*	Bank of America (MLTC)	Thermo Fisher Scientific	10	5,231	5,202
*	Bank of America (MLTC)	UnitedHealth Group Inc	7	1,499	3,541
*	Bank of America (MLTC)	Johnson Controls Inter	25	1,996	1,973
*	Bank of America (MLTC)	Dun and Bradstreet HLDGS	276	3,433	3,439
*	Bank of America (MLTC)	Fortive Corp	30	1,081	2,250
*	Bank of America (MLTC)	Honeywell Intl INC DEL	40	8,471	9,036
*	Bank of America (MLTC)	Howmet Aerospace INC	18	1,979	1,969
*	Bank of America (MLTC)	Otis Worldwide Corp Reg	44	2,834	4,075
*	Bank of America (MLTC)	RTX Corp	42	3,730	4,860
*	Bank of America (MLTC)	Uber Technologies INC	56	4,061	3,378
*	Bank of America (MLTC)	WABTEC	33	4,957	6,256
*	Bank of America (MLTC)	Advncd Micro D Inc	53	6,799	6,402
*	Bank of America (MLTC)	Apple Inc	75	3,698	18,782
*	Bank of America (MLTC)	Astera Labs Inc Reg SHS	16	2,011	2,119
*	Bank of America (MLTC)	Broadcom INC	40	7,096	9,274
*	Bank of America (MLTC)	Ciena Corp	158	7,989	13,400
*	Bank of America (MLTC)	Cognizant Tech Solutns A	73	4,188	5,614
*	Bank of America (MLTC)	Intuit INC	8	5,219	5,028
*	Bank of America (MLTC)	Marvell Tech Inc	115	6,945	12,702
*	Bank of America (MLTC)	Microsoft Corp	77	8,446	32,456
*	Bank of America (MLTC)	Micron Technology Inc	46	3,321	3,871
*	Bank of America (MLTC)	NVIDIA	111	8,885	14,906
*	Bank of America (MLTC)	SS and C Technologies	68	5,114	5,153
*	Bank of America (MLTC)	Zebra Technologies Crp A	18	4,550	6,952

See independent auditors' report

**Retirement Plan for Hourly Paid Employees of
Campbell Foundry Company**

EIN: 22-0804730

PN: 002

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

December 31, 2024

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment, Including Maturity Date, Interest Rate, Collateral, Par or Maturity Value	Number of Shares, Units or Principal	(d) Cost	(e) Current Value
*	Bank of America (MLTC)	Air Products & Chem	35	9,620	10,151
*	Bank of America (MLTC)	Corteva Inc Reg SHS	81	2,692	4,614
*	Bank of America (MLTC)	Alphabet Inc SHS CL C	13	745	2,476
*	Bank of America (MLTC)	Alphabet Inc SHS CL A	80	4,802	15,144
*	Bank of America (MLTC)	Comcast Corp New CL A	111	4,085	4,166
*	Bank of America (MLTC)	Electronic Arts INC DEL	36	4,972	5,267
*	Bank of America (MLTC)	Meta Platforms Inc	29	6,083	16,980
*	Bank of America (MLTC)	Reddit INC REG SHS - A - CL A	25	3,800	4,086
*	Bank of America (MLTC)	IShares S&P 500	710	65,869	72,086
*	Bank of America (MLTC)	IShares S&P 500 VALUE	158	27,476	30,159
*	Bank of America (MLTC)	IShares TR MSCI EAFE Value	1,104	60,133	57,927
*	Bank of America (MLTC)	IShares TR MSCI EAFE Growth	599	60,307	58,001
*	Bank of America (MLTC)	IShares Inc Core MSCI	371	19,840	19,374
*	Bank of America (MLTC)	IShares Inc MSCI	340	18,061	18,853
*	Bank of America (MLTC)	World Gold TR SHS SPDR	382	20,334	19,859
*	Bank of America (MLTC)	Crown Castle INC	40	3,893	3,630
*	Bank of America (MLTC)	Principal Cash		215	215
Total assets held for investments				<u>\$ 1,916,964</u>	<u>\$ 2,017,667</u>

* Party-in-interest

See independent auditors' report