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| <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>THE LOUIS BERKMAN COMPANY MASTER PENSION PLAN</u></p> | <p>1b Three-digit plan number (PN) ▶ <u>001</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>THE LOUIS BERKMAN COMPANY MASTER PENSION PLAN</u></p> <p><u>MARCIE JEAN LUCCI</u> <u>600 GRANT ST STE 3230</u> <u>PITTSBURGH, PA 15219-2704</u></p> | <p>1c Effective date of plan <u>07/01/1985</u></p> <p>2b Employer Identification Number (EIN) <u>51-0446461</u></p> <p>2c Plan Sponsor's telephone number <u>412-652-9480</u></p> <p>2d Business code (see instructions) <u>332900</u></p> |

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

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

| | | | |
|------------------|---|------------|--|
| SIGN HERE | Filed with authorized/valid electronic signature. | 10/10/2025 | MARCIE LUCCI |
| | 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 | 373 |
| 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) | 3 |
| | 6a(2) | 3 |
| | 6b | 306 |
| | 6c | 45 |
| | 6d | 354 |
| | 6e | |
| | 6f | 354 |
| | 6g(1) | |
| 6g(2) | | |
| 6h | | |
| 7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) | 7 | |

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
1A 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 _____ |
| (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>THE LOUIS BERKMAN COMPANY MASTER PENSION PLAN</u> | B Three-digit plan number (PN) ▶ | <u>001</u> |
| C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>THE LOUIS BERKMAN COMPANY MASTER PENSION PLAN</u> | D Employer Identification Number (EIN) <u>51-0446461</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>16011138</u> |
| | b Actuarial value | 2b | <u>16272877</u> |
| 3 | Funding target/participant count breakdown | (1) Number of participants | (2) Vested Funding Target |
| | a For retired participants and beneficiaries receiving payment | <u>326</u> | <u>12668551</u> |
| | b For terminated vested participants | <u>63</u> | <u>3301133</u> |
| | c For active participants | <u>3</u> | <u>493922</u> |
| | d Total | <u>392</u> | <u>16463606</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>5.01 %</u> |
| 6 | Target normal cost | | |
| | a Present value of current plan year accruals | 6a | <u>53602</u> |
| | b Expected plan-related expenses | 6b | <u>0</u> |
| | c Target normal cost | 6c | <u>53602</u> |

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

| | | | |
|------------------|---|---------------------|--|
| SIGN HERE | | | |
| | Signature of actuary | <u>02/28/2025</u> | Date |
| | <u>ROBERT D. FICK</u> | <u>23-05435</u> | Most recent enrollment number |
| | <u>BUCK GLOBAL, LLC</u> | <u>412-394-3289</u> | Telephone number (including area code) |
| | <u>444 LIBERTY AVENUE, SUITE 805 PITTSBURGH, PA 15222</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 | 456293 |
| 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 | 456293 |
| 10 | Interest on line 9 using prior year's actual return of <u>10.35</u> % | 0 | 47226 |
| 11 | Prior year's excess contributions to be added to prefunding balance: | | |
| a | Present value of excess contributions (line 38a from prior year) | | 163 |
| 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>5.13</u> % | | 8 |
| b(2) | Interest on line 38b from prior year Schedule SB, using prior year's actual return | | |
| c | Total available at beginning of current plan year to add to prefunding balance | | 171 |
| 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 | 503519 |

| Part III Funding Percentages | | | |
|-------------------------------------|--|-----------|---------|
| 14 | Funding target attainment percentage | 14 | 95.78 % |
| 15 | Adjusted funding target attainment percentage | 15 | 95.78 % |
| 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 | 99.00 % |
| 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 | | |
| 02/25/2025 | 85347 | 0 | | | | | |
| 01/15/2025 | 9883 | 0 | | | | | |
| 10/15/2024 | 9883 | 0 | | | | | |
| 07/10/2024 | 9883 | 0 | | | | | |
| 04/09/2024 | 9883 | 0 | | | | | |
| | | | Totals ▶ | 18(b) | 124879 | 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 | 118971 |

20 Quarterly contributions and liquidity shortfalls:

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

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

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

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

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

21 Discount rate:

a Segment rates:

| | | | |
|------------------------|------------------------|------------------------|---|
| 1st segment: 4.75 % | 2nd segment: 4.87 % | 3rd segment: 5.59 % | <input type="checkbox"/> N/A, full yield curve used |
|------------------------|------------------------|------------------------|---|

b Applicable month (enter code) **21b** 4

22 Weighted average retirement age **22** 67

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** 53602

b Excess assets, if applicable, but not greater than line 31a **31b** 0

32 Amortization installments:

| | Outstanding Balance | Installment |
|---|---------------------|-------------|
| a Net shortfall amortization installment | 694748 | 63208 |
| b Waiver amortization installment..... | 0 | 0 |

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

34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)..... **34** 116810

| | Carryover balance | Prefunding balance | Total balance |
|---|-------------------|--------------------|---------------|
| 35 Balances elected for use to offset funding requirement | | | 0 |
| 36 Additional cash requirement (line 34 minus line 35) | | | 116810 |
| 37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) | | | 118971 |

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

a Total (excess, if any, of line 37 over line 36) **38a** 2161

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 THE LOUIS BERKMAN COMPANY MASTER PENSION PLAN | B Three-digit plan number (PN) ▶ | 001 |
| C Plan sponsor's name as shown on line 2a of Form 5500 THE LOUIS BERKMAN COMPANY MASTER PENSION PLAN | D Employer Identification Number (EIN) 51-0446461 | |

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

WILLIS TOWERS WATSON US LLC

FIVE CONCOURSE PARKWAY
SUITE 1800 FLOOR 18
ATLANTA, GA 30328

53-0181291

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 11 | ACTUARY | 0 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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

BUCK CONSULTANTS LLC

11 STANWIX ST
SUITE 700
PITTSBURGH, PA 15222

13-3954297

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 11 | ACTUARY | 0 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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

HBK CPAS & CONSULTANTS

100 PINWOOD LANE
SUITE 201
WARRENDALE, PA 15086

03-4189722

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 10 | AUDITOR | 0 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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)

PNC BANK

300 FIFTH AVE.
PITTSBURGH, PA 15222

25-1211909

| (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 | | 0 | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | Yes <input checked="" 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: BUCK GLOBAL, LLC | b EIN: 13-3954297 |
| c Position: ACTUARY | |
| d Address: 444 LIBERTY AVENUE SUITE 805 PITTSBURGH, PA 15222 | e Telephone: 201-902-2417 |

Explanation: CHANGED TO PREFERRED ACTUARY

| | |
|--------------------|---------------------|
| 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 THE LOUIS BERKMAN COMPANY MASTER PENSION PLAN | B Three-digit plan number (PN) ▶ 001 |
| C Plan sponsor's name as shown on line 2a of Form 5500 THE LOUIS BERKMAN COMPANY MASTER PENSION PLAN | D Employer Identification Number (EIN) 51-0446461 |

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

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

| Assets | (a) Beginning of Year | (b) End of Year |
|--|-----------------------|-----------------|
| a Total noninterest-bearing cash | 1a | |
| b Receivables (less allowance for doubtful accounts): | | |
| (1) Employer contributions | 1b(1) | 39693 |
| (2) Participant contributions | 1b(2) | |
| (3) Other | 1b(3) | 45034 |
| c General investments: | | |
| (1) Interest-bearing cash (include money market accounts & certificates of deposit) | 1c(1) | 433212 |
| (2) U.S. Government securities | 1c(2) | |
| (3) Corporate debt instruments (other than employer securities): | | |
| (A) Preferred | 1c(3)(A) | |
| (B) All other | 1c(3)(B) | |
| (4) Corporate stocks (other than employer securities): | | |
| (A) Preferred | 1c(4)(A) | |
| (B) Common | 1c(4)(B) | |
| (5) Partnership/joint venture interests | 1c(5) | |
| (6) Real estate (other than employer real property) | 1c(6) | |
| (7) Loans (other than to participants) | 1c(7) | |
| (8) Participant loans | 1c(8) | |
| (9) Value of interest in common/collective trusts | 1c(9) | |
| (10) Value of interest in pooled separate accounts | 1c(10) | |
| (11) Value of interest in master trust investment accounts | 1c(11) | |
| (12) Value of interest in 103-12 investment entities | 1c(12) | |
| (13) Value of interest in registered investment companies (e.g., mutual funds) | 1c(13) | 15536197 |
| (14) Value of funds held in insurance company general account (unallocated contracts) | 1c(14) | |
| (15) Other | 1c(15) | 0 |

| 1d Employer-related investments: | | (a) Beginning of Year | (b) End of Year |
|--|--------------|-----------------------|-----------------|
| (1) Employer securities..... | 1d(1) | | |
| (2) Employer real property..... | 1d(2) | | |
| e Buildings and other property used in plan operation..... | 1e | | |
| f Total assets (add all amounts in lines 1a through 1e)..... | 1f | 16054136 | 15328941 |
| Liabilities | | | |
| g Benefit claims payable..... | 1g | | |
| h Operating payables..... | 1h | | |
| i Acquisition indebtedness..... | 1i | | |
| 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 | 16054136 | 15328941 |

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) | 128228 | |
| (B) Participants..... | 2a(1)(B) | | |
| (C) Others (including rollovers)..... | 2a(1)(C) | | |
| (2) Noncash contributions..... | 2a(2) | | |
| (3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2) | 2a(3) | | 128228 |
| b Earnings on investments: | | | |
| (1) Interest: | | | |
| (A) Interest-bearing cash (including money market accounts and certificates of deposit)..... | 2b(1)(A) | 7572 | |
| (B) U.S. Government securities..... | 2b(1)(B) | | |
| (C) Corporate debt instruments..... | 2b(1)(C) | | |
| (D) Loans (other than to participants)..... | 2b(1)(D) | | |
| (E) Participant loans..... | 2b(1)(E) | | |
| (F) Other..... | 2b(1)(F) | | |
| (G) Total interest. Add lines 2b(1)(A) through (F) | 2b(1)(G) | | 7572 |
| (2) Dividends: | | | |
| (A) Preferred stock..... | 2b(2)(A) | | |
| (B) Common stock..... | 2b(2)(B) | | |
| (C) Registered investment company shares (e.g. mutual funds)..... | 2b(2)(C) | 628236 | |
| (D) Total dividends. Add lines 2b(2)(A) , (B) , and (C) | 2b(2)(D) | | 628236 |
| (3) Rents..... | 2b(3) | | |
| (4) Net gain (loss) on sale of assets: | | | |
| (A) Aggregate proceeds..... | 2b(4)(A) | | |
| (B) Aggregate carrying amount (see instructions)..... | 2b(4)(B) | | |
| (C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result..... | 2b(4)(C) | | |
| (5) Unrealized appreciation (depreciation) of assets: | | | |
| (A) Real estate..... | 2b(5)(A) | | |
| (B) Other..... | 2b(5)(B) | | |
| (C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B) | 2b(5)(C) | | |

| | | (a) Amount | (b) Total |
|---|---------------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts | 2b(6) | | |
| (7) Net investment gain (loss) from pooled separate accounts | 2b(7) | | |
| (8) Net investment gain (loss) from master trust investment accounts | 2b(8) | | |
| (9) Net investment gain (loss) from 103-12 investment entities | 2b(9) | | |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) | 2b(10) | | -74691 |
| c Other income | 2c | | 421 |
| d Total income. Add all income amounts in column (b) and enter total..... | 2d | | 689766 |

Expenses

| | | | |
|--|---------------|---------|---------|
| e Benefit payment and payments to provide benefits: | | | |
| (1) Directly to participants or beneficiaries, including direct rollovers..... | 2e(1) | 1414961 | |
| (2) To insurance carriers for the provision of benefits | 2e(2) | | |
| (3) Other..... | 2e(3) | | |
| (4) Total benefit payments. Add lines 2e(1) through (3) | 2e(4) | | 1414961 |
| f Corrective distributions (see instructions) | 2f | | |
| g Certain deemed distributions of participant loans (see instructions)..... | 2g | | |
| h Interest expense..... | 2h | | |
| i Administrative expenses: | | | |
| (1) Salaries and allowances | 2i(1) | | |
| (2) Contract administrator fees | 2i(2) | | |
| (3) Recordkeeping fees | 2i(3) | | |
| (4) IQPA audit fees | 2i(4) | | |
| (5) Investment advisory and investment management fees | 2i(5) | | |
| (6) Bank or trust company trustee/custodial fees | 2i(6) | | |
| (7) Actuarial fees | 2i(7) | | |
| (8) Legal fees | 2i(8) | | |
| (9) Valuation/appraisal fees | 2i(9) | | |
| (10) Other trustee fees and expenses | 2i(10) | | |
| (11) Other expenses..... | 2i(11) | | |
| (12) Total administrative expenses. Add lines 2i(1) through (11) | 2i(12) | | 0 |
| j Total expenses. Add all expense amounts in column (b) and enter total..... | 2j | | 1414961 |

Net Income and Reconciliation

| | | | |
|---|--------------|--|---------|
| k Net income (loss). Subtract line 2j from line 2d | 2k | | -725195 |
| 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: **HILL, BARTH & KING**

(2) EIN: **34-1897225**

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

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

Part IV Compliance Questions

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

During the plan year:

| | Yes | No | Amount |
|--|-----|----|---------|
| a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.) | | X | |
| b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.) | | X | |
| c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.) | | X | |
| d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.) | | X | |
| e Was this plan covered by a fidelity bond? | X | | 5000000 |
| f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? | | X | |
| g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser? | | X | |
| h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser? | | X | |
| i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) | X | | |
| j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.) | X | | |
| k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? | | X | |
| l Has the plan failed to provide any benefit when due under the plan? | | X | |
| m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) | | | |
| n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. | | | |

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

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 523819.

| | | |
|--|---|---|
| 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>THE LOUIS BERKMAN COMPANY MASTER PENSION PLAN</u> | B Three-digit plan number (PN) ▶ | <u>001</u> |
| C Plan sponsor's name as shown on line 2a of Form 5500 <u>THE LOUIS BERKMAN COMPANY MASTER PENSION PLAN</u> | D Employer Identification Number (EIN) <u>51-0446461</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 | |
|---|--|

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): 13-3954297

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

THE LOUIS BERKMAN COMPANY
MASTER PENSION PLAN

FINANCIAL STATEMENTS AND
SUPPLEMENTAL SCHEDULES
December 31, 2024 and 2023



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October 7, 2025

To the Participants and Plan Administrator
of The Louis Berkman Company Master Pension Plan

Independent Auditor's Report

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

We have performed audits of the accompanying financial statements of The Louis Berkman Company Master Pension Plan (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 statements of net assets available for benefits as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of The Louis Berkman Company Master Pension Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's 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 E to the financial statements, is complete and accurate.

Opinion

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

- the amounts and disclosures in the financial statements referred to above, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- the information in the financial statements referred to above 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. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of The Louis Berkman Company Master Pension Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

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 within one year after the date the financial statements are available to be issued.

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with generally accepted auditing standards, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of 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 Matter - Supplemental Schedules Required by ERISA

The supplemental schedules of Assets (Held at End of Year) as of December 31, 2024 and Reportable Transactions for the year ended 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 schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, including their form and content, are presented in conformity with the 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 schedules related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Hill, Barth & King LLC
Certified Public Accountants

LOUIS BERKMAN COMPANY MASTER PENSION PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

December 31, 2024 and 2023

| | <u>2024</u> | <u>2023</u> |
|-----------------------------------|----------------------|----------------------|
| <u>ASSETS</u> | | |
| INVESTMENTS, AT FAIR VALUE | | |
| Money market fund | \$ 325,850 | \$ 433,212 |
| Mutual funds | <u>14,855,256</u> | <u>15,536,197</u> |
| Total Investments | <u>15,181,106</u> | <u>15,969,409</u> |
| RECEIVABLES | | |
| Interest and dividends | 52,605 | 45,034 |
| Employer contributions | <u>95,230</u> | <u>39,693</u> |
| Total Receivables | <u>147,835</u> | <u>84,727</u> |
| Net Assets Available For Benefits | <u>\$ 15,328,941</u> | <u>\$ 16,054,136</u> |

See accompanying notes to financial statements

LOUIS BERKMAN COMPANY MASTER PENSION PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
Years ended December 31, 2024 and 2023

| | <u>2024</u> | <u>2023</u> |
|--|----------------------|----------------------|
| <u>ADDITIONS</u> | | |
| INVESTMENT INCOME | | |
| Net appreciation (depreciation) in fair value of investments | \$ (74,691) | \$ 990,774 |
| Dividends | 628,236 | 576,466 |
| Interest | 7,572 | 4,671 |
| Other income | 421 | 21 |
| Total Investment Income | <u>561,538</u> | <u>1,571,932</u> |
| EMPLOYER CONTRIBUTIONS | <u>128,228</u> | <u>39,693</u> |
| Total Additions | 689,766 | 1,611,625 |
| <u>DEDUCTIONS</u> | | |
| BENEFITS PAID TO PARTICIPANTS | <u>1,414,961</u> | <u>1,493,569</u> |
| Net Increase (Decrease) in Net Assets Available for Benefits | (725,195) | 118,056 |
| <u>NET ASSETS AVAILABLE FOR BENEFITS</u> | | |
| Beginning of year | <u>16,054,136</u> | <u>15,936,080</u> |
| End of year | <u>\$ 15,328,941</u> | <u>\$ 16,054,136</u> |

See accompanying notes to financial statements

LOUIS BERKMAN COMPANY MASTER PENSION PLAN

NOTES TO FINANCIAL STATEMENTS

December 31, 2024 and 2023

NOTE A - DESCRIPTION OF PLAN

The following brief description of The Louis Berkman Company Master Pension Plan (the Plan) provides only general information. Participants should refer to the Plan document or the Summary Plan Description for a more complete description of the Plan's provisions. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

General and Eligibility

The Plan, established on July 1, 1985, is a defined benefit pension plan that covers substantially all employees of the following divisions who are not covered by any other defined benefit plan to which The Louis Berkman Company (the Company) contributes:

- The Louis Berkman Company
- Meyer Products, LLC
- Scott Lumber Division
- Orrville Products Division (office and hourly)
- Follansbee Steel Sheet Metal Specialty Division
- Follansbee Steel Division
- The Parkersburg Steel Division
- Swenson Spreader, LLC
- Dover Stamping Division

Plan contributions are made by the Company in amounts determined by the Plan's actuary, Willis Towers Watson US LLC, in order to comply with the minimum funding requirements of ERISA.

Both the amount of a participant's Plan benefit and vested right to a benefit depend on the participant's service with the Company. Benefits are provided for normal retirement at the age of 65 and are computed based upon the length of service and compensation levels. The Plan also provides benefits for early retirement, late retirement, disability, death, and termination as described in the Plan document. Participants may elect to receive benefits in the form of a monthly payment in an early retirement, single life annuity, or in a joint and survivor annuity.

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The accompanying financial statements of the Plan have been prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America.

Use of Estimates

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

LOUIS BERKMAN COMPANY MASTER PENSION PLAN

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

December 31, 2024 and 2023

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date.

Net appreciation or depreciation in the fair value of investments is reflected in the statements of changes in net assets available for benefits and includes realized gains and losses on investments bought and sold as well as held and distributed and the change in appreciation from one period to the next. Purchases and sales of securities are recorded on the trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date.

Contributions

Contributions to provide benefits under the Plan are made solely by the Company. The Company's funding policy is to make cash contributions to the Plan in amounts as determined by the Plan's independent actuary. For the years ended December 31, 2024 and 2023, the Company was required to make a minimum contribution of \$-0-.

Administrative Fees

Administrative fees are paid by the Company and are excluded from these financial statements.

Payment of Benefits

Benefit distributions are recorded when paid to participants.

Subsequent Events

Management evaluated all activity of the Plan through October 7, 2025, the date the financial statements were available to be issued, and concluded that no subsequent events have occurred that would require recognition or disclosure in the financial statements or notes.

NOTE C - INVESTMENTS AND FAIR VALUE MEASUREMENTS

FASB ASC 820 establishes a framework for measuring fair value, which provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3).

LOUIS BERKMAN COMPANY MASTER PENSION PLAN

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

December 31, 2024 and 2023

NOTE C - INVESTMENTS AND FAIR VALUE MEASUREMENTS (CONTINUED)

The three levels of the fair value hierarchy under FASB ASC 820 are described in the table below:

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

Level 2: Inputs to the valuation methodology include:

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

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

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

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

The funds were valued at the net asset value of shares of registered investment companies held by the Plan at year end. These values are quoted prices from active markets. This method may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date. There have been no changes in methodologies used at December 31, 2024 and 2023.

LOUIS BERKMAN COMPANY MASTER PENSION PLAN

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

December 31, 2024 and 2023

NOTE C - INVESTMENTS AND FAIR VALUE MEASUREMENTS (CONTINUED)

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

| | <u>Investments at fair value at December 31, 2024</u> | | | |
|-------------------|---|----------------|----------------|----------------------|
| | <u>Level 1</u> | <u>Level 2</u> | <u>Level 3</u> | <u>Total</u> |
| Money market fund | \$ 325,850 | \$ - | \$ - | \$ 325,850 |
| Mutual funds | <u>14,855,256</u> | <u>-</u> | <u>-</u> | <u>14,855,256</u> |
| | <u>\$ 15,181,106</u> | <u>\$ -</u> | <u>\$ -</u> | <u>\$ 15,181,106</u> |

| | <u>Investments at fair value at December 31, 2023</u> | | | |
|-------------------|---|----------------|----------------|----------------------|
| | <u>Level 1</u> | <u>Level 2</u> | <u>Level 3</u> | <u>Total</u> |
| Money market fund | \$ 433,212 | \$ - | \$ - | \$ 433,212 |
| Mutual funds | <u>15,536,197</u> | <u>-</u> | <u>-</u> | <u>15,536,197</u> |
| | <u>\$ 15,969,409</u> | <u>\$ -</u> | <u>\$ -</u> | <u>\$ 15,969,409</u> |

NOTE D - ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS

Accumulated plan benefits are those future periodic payments that are attributable under the Plan's provisions to the service rendered by employees. Accumulated plan benefits include benefits expected to be paid to (i) retired or terminated employees or their beneficiaries, (ii) beneficiaries of employees who have died, and (iii) present employees or their beneficiaries. Benefits payable under all circumstances are included to the extent that they are deemed attributable to employee service rendered up to the valuation date.

The actuarial present value of accumulated plan benefits is determined by an independent actuary retained by the Company. The present value amount results from applying actuarial assumptions in order 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 retirements) between the valuation date and the expected date of payment.

LOUIS BERKMAN COMPANY MASTER PENSION PLAN

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

December 31, 2024 and 2023

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

The most significant assumptions used by the actuary in determining the actuarial present value of accumulated plan benefits as of December 31, 2024 and 2023 (calculated by the Plan's actuary as of January 1, 2025 and January 1, 2024, the dates of the most recent valuations), and the Company's annual contributions are as follows:

| | <u>2024</u> | <u>2023</u> |
|---------------------------------|--|--|
| Actuarial Cost Method | Unit Credit | Unit Credit |
| Discount Rate | 5.90% per annum | 6.20% per annum |
| Rate of Return on Assets | 5.90% per annum | 6.80% per annum |
| Annual Rate of Salary Increase | 4.00% | 4.00% |
| Life Expectancy of Participants | Pri-2012 Mortality Table projected with the 2021 Improvement Scale | Pri-2012 Mortality Table projected with the 2021 Improvement Scale |
| Normal Retirement Age | Age 65 | Age 65 |

The following is the present value of accumulated benefits as of December 31:

| | <u>2024</u> | <u>2023</u> |
|---|----------------------|----------------------|
| Vested benefits: | | |
| Participants currently receiving payments | \$ 11,416,619 | \$ 11,676,058 |
| Other participants | <u>3,079,233</u> | <u>3,366,690</u> |
| | 14,495,852 | 15,042,748 |
| Nonvested benefits | <u>1,394</u> | <u>392</u> |
| | <u>\$ 14,497,246</u> | <u>\$ 15,043,140</u> |

LOUIS BERKMAN COMPANY MASTER PENSION PLAN

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

December 31, 2024 and 2023

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

The following are the changes in accumulated plan benefits for the years ended December 31:

| | <u>2024</u> | <u>2023</u> |
|--|----------------------|----------------------|
| Actuarial present value of accumulated plan benefits, beginning of year | \$ 15,043,140 | \$ 15,090,247 |
| Changes during the year attributable to: | | |
| Benefits accumulated and plan experience | 62,709 | 71,824 |
| Interest | - | 947,456 |
| Benefits paid | (1,414,781) | (1,493,569) |
| Actuarial gains | (394,306) | - |
| Decrease in the discount period | 892,712 | - |
| Change in actuarial assumptions | 307,772 | 427,182 |
| | <u>\$ 14,497,246</u> | <u>\$ 15,043,140</u> |

Assumption changes in 2024 and 2023 related primarily to the update of segment interest rates being updated to the current valuation date, a change in firms providing actuarial services and therefore the underlying valuation software and the estimation techniques and standard processes. 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 benefits were made as of January 1, 2025 and 2024. Had the valuations been performed as of December 31, 2024 and 2023, there would be no material differences.

NOTE E - INFORMATION PREPARED AND CERTIFIED BY TRUSTEE

The plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, as permitted under such election, the plan administrator has obtained certifications from PNC Bank, National Association (PNC Bank), the trustee of the Plan, that all information relating to the Plan's investments as of and for the years ended December 31, 2024 and 2023, is complete and accurate. Information as to the value of the investments in the Plan, investment income, and all information in the supplemental schedules are presented in reliance solely upon the certifications.

LOUIS BERKMAN COMPANY MASTER PENSION PLAN

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

December 31, 2024 and 2023

NOTE E - INFORMATION PREPARED AND CERTIFIED BY TRUSTEE (CONTINUED)

The following investment information was obtained from data prepared and certified by PNC Bank as of and for the years ended December 31:

| | <u>2024</u> | <u>2023</u> |
|--|---------------|---------------|
| Total investments | \$ 15,181,106 | \$ 15,969,409 |
| Interest and dividends receivable | 52,605 | 45,034 |
| Investment income: | | |
| Net appreciation (depreciation) in fair value of investments | (74,691) | 990,774 |
| Dividends | 628,236 | 576,466 |
| Interest | 7,572 | 4,671 |
| Other income | 421 | 21 |

NOTE F - TAX STATUS

The Plan obtained its latest determination letter on February 22, 2018, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code (IRC). The Plan has been amended since receiving the determination letter. However, the plan administrator believes the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC, and therefore, believes the Plan is qualified and is tax-exempt.

NOTE G - RISKS AND UNCERTAINTIES

Plan contributions and the actuarial present value of accumulated plan benefits are prepared 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.

Additionally, 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 such changes could materially affect the amounts reported in the statements of net assets available for benefits.

LOUIS BERKMAN COMPANY MASTER PENSION PLAN

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

December 31, 2024 and 2023

NOTE H - RELATED PARTY TRANSACTIONS AND TRANSACTIONS WITH PARTIES-IN-INTEREST

A related party is any party who can control or significantly influence Plan management or operating policies. Parties-in-interest are defined under DOL regulations as any employees of the Plan, fiduciaries of the Plan, service providers to the Plan, the employer whose employees are covered by the Plan, and certain significant owners of the employer and their relatives. Service providers may include, but are not limited to, the custodian, trustee, third-party administrator (TPA), investment managers, investment advisors, legal counsel, and Plan auditor.

The Plan Sponsor pays directly any fees related to the operation of the Plan.

NOTE I - PLAN TERMINATION

Although it has not expressed any intention to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to provisions set forth in ERISA.

Under provisions of ERISA, if the Plan is terminated, the Company may be obligated to make termination payments to the Plan and participants may be eligible for continuation of benefits under insurance provided by the Pension Benefit Guaranty Corporation (PBGC).

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. In the event of a complete termination of the Plan, the assets then remaining in the Plan, after providing for expenses of administration, shall be allocated, to the extent that they shall be sufficient, for the purpose of funding the accrued benefits to the date of termination of the Plan for all pensioners, participants, vested former participants, and beneficiaries in the manner and order of precedence required under the terms of Section 4044 of ERISA. Any funds remaining in the Plan after funding in full all of the accrued benefits to the termination date of the Plan shall revert to the Company. In the event of a partial termination of the Plan, the portion of the assets of the Plan relating to the terminated portion of the Plan shall be allocated as aforesaid for the purpose of funding the accrued benefits of pensioners, participants, vested former participants, and beneficiaries whose benefit rights are affected by such partial termination.

LOUIS BERKMAN COMPANY MASTER PENSION PLAN

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

December 31, 2024

EIN: 51-0446461

Plan Number: 001

| (a) | (b) | (c) | (d) | (e) |
|--|---|----------------------|----------------------|-----|
| Identity of issuer, borrower, lessor, or similar party | Description of investment including maturity date, rate of interest, collateral, par, or maturity value | Cost | Current Value | |
| Federated Hermes | Federated Govt Obligations Fund | \$ 325,850 | \$ 325,850 | |
| BlackRock | iShares Core S&P 500 | 564,826 | 1,466,991 | |
| BlackRock | iShares Russell Mid-Cap | 83,042 | 168,667 | |
| BlackRock | iShares Core S&P Small-Cap | 86,269 | 163,612 | |
| Vanguard | Vanguard FTSE All World | 240,314 | 306,912 | |
| Vanguard | Vanguard LT Invest | 6,094,407 | 4,448,270 | |
| Vanguard | Vanguard LT Treasury | 1,747,897 | 1,127,863 | |
| Vanguard | Vanguard Intm-Term Investment Grade | 6,680,406 | 5,873,578 | |
| Vanguard | Vanguard Intm-Term Treasury | 1,527,041 | 1,299,363 | |
| | | <u>\$ 17,350,052</u> | <u>\$ 15,181,106</u> | |

LOUIS BERKMAN COMPANY MASTER PENSION PLAN

SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS

Year ended December 31, 2024

EIN: 51-0446461

Plan Number: 001

| (a) | (b) | (c) | (d) | (e) | (f) | (g) | (h) | (i) |
|--|--|----------------|---------------|--------------|-----------------------------------|---------------|--|--------------------|
| Identity of Party Involved | Description of Asset | Purchase Price | Selling Price | Lease Rental | Expense Incurred with Transaction | Cost of Asset | Current Value of Asset on Transaction Date | Net Gain or (Loss) |
| <i>Single Transaction in Excess of 5% of Plan Assets</i> | | | | | | | | |
| Ishares | Core S&P 500 ETF | \$ - | \$ 1,081,050 | N/A | \$ 78 | \$ 437,672 | \$ 1,081,050 | \$ 643,300 |
| Vanguard | Intm-Term Investment Grade Admiral Fund #571 | 1,558,466 | - | N/A | - | 1,558,466 | 1,558,466 | - |
| <i>Series of Transactions in Excess of 5% of Plan Assets</i> | | | | | | | | |
| Vanguard | Intm-Term Investment Grade Admiral Fund #571 | 1,558,466 | - | N/A | - | 1,558,466 | 1,558,466 | - |
| Federated | Hermes | 6,110 | - | N/A | - | 6,110 | 6,110 | - |
| Federated | Hermes | 31,610 | - | N/A | - | 31,610 | 31,610 | - |
| Federated | Hermes | 43,981 | - | N/A | - | 43,981 | 43,981 | - |
| Federated | Hermes | 41,606 | - | N/A | - | 41,606 | 41,606 | - |
| Federated | Hermes | 43,166 | - | N/A | - | 43,166 | 43,166 | - |
| Federated | Hermes | 45,583 | - | N/A | - | 45,583 | 45,583 | - |
| Federated | Hermes | 169,077 | - | N/A | - | 169,077 | 169,077 | - |
| Federated | Hermes | 121,983 | - | N/A | - | 121,983 | 121,983 | - |
| Federated | Hermes | 48,626 | - | N/A | - | 48,626 | 48,626 | - |
| Federated | Hermes | 91,934 | - | N/A | - | 91,934 | 91,934 | - |
| Federated | Hermes | 50,944 | - | N/A | - | 50,944 | 50,944 | - |
| Federated | Hermes | 51,233 | - | N/A | - | 51,233 | 51,233 | - |
| Federated | Hermes | 46,749 | - | N/A | - | 46,749 | 46,749 | - |
| Ishares | Core S&P 500 ETF | - | 149,221 | N/A | 4 | 68,677 | - | 80,540 |
| Ishares | Core S&P 500 ETF | - | 84,137 | N/A | 2 | 36,945 | - | 47,190 |
| Ishares | Core S&P 500 ETF | - | 109,589 | N/A | 5 | 46,238 | - | 63,346 |
| Ishares | Core S&P 500 ETF | - | 1,081,050 | N/A | 78 | 437,672 | - | 643,300 |
| Federated | Hermes | - | 81,422 | N/A | - | 81,422 | - | - |

LOUIS BERKMAN COMPANY MASTER PENSION PLAN

SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS (CONTINUED)

Year ended December 31, 2024

EIN: 51-0446461

Plan Number: 001

| (a) | (b) | (c) | (d) | (e) | (f) | (g) | (h) | (i) |
|--|---------------------------------|-------------------|---------------|-----------------|--|---------------|---|-----------------------|
| Identity of Party Involved | Description of Asset | Purchase Price | Selling Price | Lease Rental | Expense Incurred with Transaction | Cost of Asset | Current Value of Asset on Transaction Date | Net Gain or (Loss) |
| <i>Series of Transactions in Excess of 5% of Plan Assets (continued)</i> | | | | | | | | |
| Federated | | | | | | | | |
| Hermes | Federated Govt Obligations Fund | - | 8,597 | N/A | - | - | | 8,597 |
| Federated | | | | | | | | |
| Hermes | Federated Govt Obligations Fund | - | 54,438 | N/A | - | - | | 54,438 |
| Federated | | | | | | | | |
| Hermes | Federated Govt Obligations Fund | - | 117,701 | N/A | - | - | | 117,701 |
| Federated | | | | | | | | |
| Hermes | Federated Govt Obligations Fund | - | 79,001 | N/A | - | - | | 79,001 |
| Federated | | | | | | | | |
| Hermes | Federated Govt Obligations Fund | - | 19,045 | N/A | - | - | | 19,045 |
| Federated | | | | | | | | |
| Hermes | Federated Govt Obligations Fund | - | 72,959 | N/A | - | - | | 72,959 |
| Federated | | | | | | | | |
| Hermes | Federated Govt Obligations Fund | - | 148,352 | N/A | - | - | | 148,352 |
| Federated | | | | | | | | |
| Hermes | Federated Govt Obligations Fund | - | 104,576 | N/A | - | - | | 104,576 |
| Federated | | | | | | | | |
| Hermes | Federated Govt Obligations Fund | - | 114,996 | N/A | - | - | | 114,996 |
| Federated | | | | | | | | |
| Hermes | Federated Govt Obligations Fund | - | 98,847 | N/A | - | - | | 98,847 |

**SCHEDULE SB
(Form 5500)**

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

**Single-Employer Defined Benefit Plan
Actuarial Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

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 THE LOUIS BERKMAN COMPANY MASTER PENSION PLAN | | B Three-digit plan number (PN) ▶ | 001 |
| C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF THE LOUIS BERKMAN COMPANY | | D Employer Identification Number (EIN) 51-0446461 | |
| 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 | 16,011,138 | |
| b Actuarial value | 2b | 16,272,877 | |
| 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..... | 326 | 12,668,551 | 12,668,551 |
| b For terminated vested participants | 63 | 3,301,133 | 3,301,133 |
| c For active participants..... | 3 | 493,922 | 494,422 |
| d Total | 392 | 16,463,606 | 16,464,106 |
| 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 | 5.01% | |
| 6 Target normal cost | | | |
| a Present value of current plan year accruals | 6a | 53,602 | |
| b Expected plan-related expenses | 6b | 0 | |
| c Target normal cost | 6c | 53,602 | |

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 | Robert D. Fick <i>RJ</i> | 2/28/2025 |
| | Signature of actuary | Date |
| Robert D. Fick | | 2305435 |
| | Type or print name of actuary | Most recent enrollment number |
| Buck Global, LLC | | 412-394-3289 |
| | Firm name | Telephone number (including area code) |
| 444 Liberty Avenue, Suite 805 | | |
| Pittsburgh PA 15222 | | |
| Address of the firm | | |

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

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

| | | | | |
|---|--|---|-------------------------------------|---|
| 21 Discount rate: | | | | |
| a Segment rates: | 1st segment: 4.75 % | 2nd segment: 4.87 % | 3rd segment: 5.59 % | <input type="checkbox"/> N/A, full yield curve used |
| b Applicable month (enter code)..... | | | | 21b 4 |
| 22 Weighted average retirement age | | | | 22 67 |
| 23 Mortality table(s) (see instructions) | <input type="checkbox"/> Prescribed - combined | <input checked="" type="checkbox"/> Prescribed - separate | <input type="checkbox"/> Substitute | |

Part VI Miscellaneous Items

| | | |
|---|---|--|
| 24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment..... | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| 25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment..... | <input 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 | 53,602 | |
| b Excess assets, if applicable, but not greater than line 31a | 31b | 0 | |
| 32 Amortization installments: | Outstanding Balance | | Installment |
| a Net shortfall amortization installment..... | 694,748 | | 63,208 |
| b Waiver amortization installment..... | 0 | | 0 |
| 33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount..... | 33 | | |
| 34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).... | 34 | 116,810 | |
| | | 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 | 116,810 | |
| 37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)..... | 37 | 118,971 | |
| 38 Present value of excess contributions for current year (see instructions) | | | |
| a Total (excess, if any, of line 37 over line 36) | 38a | 2,161 | |
| 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 checked="" type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input type="checkbox"/> 2021 |
|--|

The Louis Berkman Company Master Pension Plan

EIN/PN: 51-0446461 / 001

Schedule SB, Part V - Statement of Actuarial Assumptions/Methods

Funding assumptions selection and rationale

The following assumptions were selected by the plan's enrolled actuary. The asset valuation method was selected by the plan sponsor with the actuary's advice.

Actuarial standards of practice ("ASOPs") 27 and 35 ask the actuary to disclose the information and analysis used to support the actuary's determination that the assumptions that have a significant effect on the measurement and that the actuary has selected or advised the plan sponsor to select are reasonable. The assumption for expected rate of return on assets has a significant effect on the measurement. Based on the actuary's analysis and discussions with Gallagher's investment consultants, the actuary selected a current year expected rate of return at the median of arithmetic average returns generated by the expected return on assets ("EROA") tool described in the "Use of Models" section below. The actuary has determined that this assumption is reasonable.

Use of Models

Actuarial Standard of Practice No. 56 ("ASOP 56") provides guidance to actuaries when performing actuarial services with respect to designing, developing, selecting, modifying, using, reviewing, or evaluating models. Gallagher uses third-party software in the performance of annual actuarial valuations and projections. The model is intended to calculate the liabilities associated with the provisions of the plan using data and assumptions as of the measurement date under the funding rules and/or accounting standards specified in this report. Further, the model applies those funding rules and/or accounting standards to the liabilities derived and other inputs, such as plan assets and contributions, to generate many of the exhibits found in this report. Gallagher has an extensive review process whereby the results of the liability calculations are checked using detailed sample output, changes from year to year are summarized by source, and significant deviations from expectations are investigated. Other funding and/or accounting outputs are similarly reviewed in detail and at a high level for accuracy, reasonability and consistency with prior results. Gallagher also reviews the model when significant changes are made to the software. The review is performed by experts within the company who are familiar with applicable funding and/or accounting rules as well as the manner in which the model generates its output.

For the selection of expected return on assets ("EROA"), the actuary has used economic information and tools provided by Gallagher's Financial Risk Management ("FRM") practice. A tool created by the FRM team converts averages, standard deviations, and correlations from Gallagher's Capital Markets Assumptions ("CMA") that are used for stochastic forecasting into percentile ranges for the arithmetic and geometric average returns. Percentiles are based on standard matrix multiplication and normal approximations. The EROA tool takes into account the duration (horizon) of investment and the approximate allocation of assets in the portfolio to various asset classes with different expected returns, standard deviations, and correlations to other asset classes. Under current calibrations, the EROA tool will show a greater divergence between arithmetic and geometric average returns the higher the standard deviation of portfolio return.

Future actuarial measurements

Future actuarial measurements may differ significantly from current measurements due to plan experience differing from that anticipated by the actuarial assumptions, changes expected as part of the natural operation of the methodology used for these measurements, and changes in plan provisions, applicable law or regulations. An analysis of the potential range of such future differences is beyond the scope of this report. However, in accordance with ASOP 51, an assessment of risks for the plan was performed.

The Louis Berkman Company Master Pension Plan

EIN/PN: 51-0446461 / 001

Schedule SB, Part V - Statement of Actuarial Assumptions/Methods (continued)

Prescribed Funding/PBGC Assumptions and Methods

The following assumptions and methods are prescribed by ERISA, as currently amended.

Interest rates

| | 2024 Plan Year | 2023 Plan Year |
|--|----------------|----------------|
| Funding Rates – Constrained* | | |
| First Segment Rate | 4.75% | 4.75% |
| Second Segment Rate | 4.87% | 5.00% |
| Third Segment Rate | 5.59% | 5.74% |
| Effective Interest Rate | 5.01% | 5.13% |
| Funding Rates – Unconstrained** | | |
| First Segment Rate | 3.62% | 1.41% |
| Second Segment Rate | 4.46% | 3.09% |
| Third Segment Rate | 4.52% | 3.58% |
| Effective Interest Rate | 4.38% | 3.07% |
| PBGC Premium Funding Target Rates | | |
| First Segment Rate | 3.62% | 1.41% |
| Second Segment Rate | 4.46% | 3.09% |
| Third Segment Rate | 4.52% | 3.58% |
| Effective Interest Rate | 4.38% | 3.07% |

* Used for minimum funding and benefit restriction purposes.

**Used for maximum tax-deduction and low-default-risk obligation measure purposes.

The interest rates used for funding purposes are the Segment Rates with 4-month lookback, constrained in accordance with relevant legislation.

Mortality

Mortality tables mandated by applicable law and regulation as specified in IRS Regulation 1.430(h)(3)-1, as amended in the Federal Register on October 20, 2023, in TD 9983, 88 FR 72357, applied on a fully generational basis using the IRS 2024 Adjusted Scale MP-2021 Rates mortality improvement scale.

Actuarial cost method

The Funding Target is the present value of accrued benefits based on compensation and service to date. The Target Normal Cost is the present value of benefits expected to be accrued during the current plan year, reflecting the effect of expected compensation increases during the year and including expected plan administrative expenses to be paid from plan assets during the year.

The Louis Berkman Company Master Pension Plan

EIN/PN: 51-0446461 / 001

Schedule SB, Part V - Statement of Actuarial Assumptions/Methods (continued)

Non-Prescribed Funding/PBGC Assumptions and Methods

Salary increases

4.00% per year based on prior and anticipated compensation practice of the plan sponsor.

Expenses

Expected plan administrative expenses of \$0 were added to the Target Normal Cost since plan administrative expenses will not be paid from plan assets.

Frequency of optional payment forms

50% of participants are assumed to take a life form of payment and 50% are assumed to take a 50% joint and survivor form of annuity.

Marital percentage

80% of participants are assumed to be married at death. Husbands are assumed to be 3 years older than their wives.

Retirement rates

| Age | Rate |
|-----|------|
| 60 | 5% |
| 61 | 10 |
| 62 | 25 |
| 63 | 25 |
| 64 | 20 |
| 65 | 35 |
| 66 | 35 |
| 67 | 10 |
| 68 | 20 |
| 69 | 15 |
| 70 | 100 |

Current and future deferred vested participants are assumed to retire at age 65.

Disability rates

| Age | Male | Female |
|-----|--------|--------|
| 25 | 0.056% | 0.056% |
| 30 | 0.071 | 0.085 |
| 35 | 0.099 | 0.175 |
| 40 | 0.162 | 0.315 |
| 45 | 0.270 | 0.465 |
| 50 | 0.493 | 0.626 |
| 55 | 0.914 | 0.805 |
| 60 | 1.470 | 1.125 |
| 64 | 1.954 | 1.575 |

The Louis Berkman Company Master Pension Plan

EIN/PN: 51-0446461 / 001

Schedule SB, Part V - Statement of Actuarial Assumptions/Methods (continued)

Non-Prescribed Funding/PBGC Assumptions and Methods (continued)

Withdrawal rates for active participants not eligible for retirement

| Age | Rate |
|-----|-------|
| 25 | 3.00% |
| 30 | 2.18 |
| 35 | 1.45 |
| 40 | 0.73 |
| 45 | 0.30 |
| 50 | 0.15 |
| 55 | 0.05 |
| 60 | 0.03 |
| 64 | 0.00 |

Asset valuation method

For minimum required and maximum deductible contribution purposes: Valuation Assets as of January 1, 2018 is the market value as of the valuation date, including discounted receivable contributions. Valuation Assets as of January 1, 2019 is the market value as of the valuation date, including discounted receivable contributions, reduced by 4/5, 3/5, 2/5 and 1/5 of the gain(loss) in each of the prior 4 quarters, respectively. Valuation Assets as of January 1, 2020 and thereafter is the market value as of the valuation date, including discounted receivable contributions, reduced by 8/9, 7/9, 6/9, 5/9, 4/9, 3/9, 2/9 and 1/9 of the gain/(loss) in each of the prior 8 quarters, respectively. The gain/(loss) for each period is determined as the actual return during the period less the expected return based on an assumed earnings rate chosen by the actuary but required by PPA to be not greater than the applicable third segment rate. The resulting value is constrained to be within a corridor of 90% to 110% of market value, including discounted receivable contributions.

| | Actuary's Assumption | Third Segment Rate | Reflecting Limit |
|----------------------|----------------------|--------------------|------------------|
| 2024 Expected Return | 5.60% | 5.59% | 5.59% |
| 2023 Expected Return | 6.10% | 5.74% | 5.74% |
| 2022 Expected Return | 3.20% | 5.92% | 3.20% |

Summary of Changes from the January 1, 2023 Valuation

- The interest rates and mortality tables were updated to those applicable to the current year in accordance with the requirements of the Internal Revenue Code and associated regulations. These changes decreased the Funding Target by \$54,926.
- The actuary's expected rate of return on plan assets was changed from 6.10% during 2023 to 5.60% during 2024 due to a change in capital market assumptions. This change had no effect on the current valuation.

The Louis Berkman Company Master Pension Plan

EIN/PN: 51-0446461 / 001

Schedule SB, Part V - Summary of Plan Provisions

Summary of Plan Provisions for Salaried Locations

Effective Date

July 1, 1985.

Eligibility

Date of hire for all non-bargaining employees of Follansbee Steel Division, Parkersburg Steel Division and Dover Stamping Division. Date of hire for all employees on office payrolls of Meyer Products Division. Date of hire for employees of Follansbee Steel Division and Sheet Metal Specialty Division. The later of date of hire and January 1, 1987 for employees of the Swenson Spreader Division.

Vesting Service

All service from original date of hire including all periods of absence of less than 12 months.

Benefit Service

All service from original date of hire excluding all periods of absence, except no service is granted prior to January 1, 1987 for Swenson Employees. Effective September 30, 2015, Benefit Service is frozen for Meyer Employees and Swenson Employees.

Final Average Earnings

Average of the earnings during the 60 completed months prior to termination. Effective September 30, 2015, Final Average Earnings is frozen for Meyer employees and Swenson employees.

Normal retirement date

Age 65 and 5 years of Vesting Service.

Early retirement date

Age 60 and 10 years of Vesting Service.

Eligibility for disability benefit

Disability occurring while actively employed after 10 years of Vesting Service.

Eligibility for vested benefit

100% vesting after 5 years Vesting Service.

Eligibility for surviving spouse death benefit:

Death occurring while

1. Actively employed, completed 5 years of Vesting Service.
2. Terminated with a vested deferred benefit but before benefit commencement.

The Louis Berkman Company Master Pension Plan

EIN/PN: 51-0446461 / 001

Schedule SB, Part V - Summary of Plan Provisions

Summary of Plan Provisions for Salaried Locations (continued)

Accrued benefit

Greater of:

1. 1% times Final Average Earnings times benefit service, or
2. Any prior plan benefit earned prior to July 1, 1985.

Normal retirement benefit

Accrued benefit as of normal retirement date.

Early retirement benefit

Accrued benefit as of early retirement date, reduced by 6% for each year by which the early retirement date precedes the normal retirement date.

Disability retirement benefit

Benefit based on Final Average Earnings and Benefit Service at disability, payable at age 65.

Deferred retirement benefit for termination prior to retirement

Accrued benefit as of date of termination, payable at normal retirement date. Payments may begin at age 60 with 10 years of Vesting Service at termination, reduced in the same manner as the early retirement benefit.

Surviving spouse death benefit

50% of the accrued benefit payable at age 60 with 10 years of Vesting Service or age 65 with 5 years of Vesting Service, after reductions for any applicable early retirement and J&S optional form.

Normal form of payment

Life annuity.

Summary of Changes from the January 1, 2023 Valuation

None.

The Louis Berkman Company Master Pension Plan

EIN/PN: 51-0446461 / 001

Schedule SB, Part V - Summary of Plan Provisions

Summary of Plan Provisions for Parkersburg Hourly Locations

Effective Date

July 1, 1985.

Eligibility

Date of hire for employees of Parkersburg Steel Division covered by a collective bargaining agreement.

Vesting Service

All service from original date of hire including all periods of absence of less than 12 months.

Benefit Service

All service from original date of hire excluding all periods of absence.

Final Average Earnings

Average of the earnings during the 120 completed months prior to termination.

Normal retirement date

Age 65 and 5th anniversary of participation.

Early retirement date

Age 60 and 15 years of Vesting Service.

Eligibility for disability benefit

Disability occurring while actively employed after 15 years of Vesting Service.

Eligibility for vested benefit

100% vesting after 5 years Vesting Service.

Eligibility for surviving spouse death benefit

Death occurring while:

1. Actively employed, completed 5 years of Vesting Service.
2. Terminated with a vested deferred benefit but before benefit commencement.

Accrued benefit

\$120 times Benefit Service.

Normal retirement benefit

Accrued benefit as of normal retirement date.

The Louis Berkman Company Master Pension Plan

EIN/PN: 51-0446461 / 001

Schedule SB, Part V - Summary of Plan Provisions

Summary of Plan Provisions for Parkersburg Hourly Locations (continued)

Early retirement benefit

Accrued benefit as of early retirement date, multiplied by the following:

| Age at Start of Pension | Percentage |
|-------------------------|------------|
| 60 | 67.18% |
| 61 | 72.36 |
| 62 | 78.14 |
| 63 | 84.60 |
| 64 | 91.84 |

Disability retirement benefit

Prior to age 65

Greater of 1.00% of Final Average Earnings times Benefit Service at date of disability or \$1,110. Benefit is payable immediately reduced for public pension amount received.

Beginning at normal retirement

Accrued benefit.

Deferred retirement benefit for termination prior to retirement

Accrued benefit as of date of termination, payable at normal retirement date. Payments may begin at age 60 with 15 years of Vesting Service at termination, reduced in the same manner as the early retirement benefit.

Surviving spouse death benefit

50% of the accrued benefit payable at age 55 with 15 years of Vesting Service or age 65 with 5 years of Vesting Service, after reductions for any applicable early retirement and J&S optional form.

Normal form of payment

Life annuity.

Summary of Changes from the January 1, 2023 Valuation

None.

The Louis Berkman Company Master Pension Plan

EIN/PN: 51-0446461 / 001

Schedule SB, Part V - Summary of Plan Provisions

Summary of Plan Provisions for Follansbee Hourly Location

Effective Date

July 1, 1985

Eligibility

Date of hire for employees of Follansbee Steel Corporation, Plant No. 3 and Plant No. 1 Electric and Maintenance Shop covered by a collective bargaining agreement.

Vesting Service

All service from original date of hire including all periods of absence of less than 12 months.

Benefit Service

All service from original date of hire excluding all periods of absence.

Final Average Earnings

Average of the earnings during the 120 completed months prior to termination.

Normal retirement date

Age 65 and 5th anniversary of participation.

Unreduced early retirement date

Age 62 and 40 years of Vesting Service.

Early retirement date

Age 60 and 15 years of Vesting Service.

Eligibility for disability benefit

Disability occurring while actively employed after 15 years of Vesting Service.

Eligibility for vested benefit:

100% vesting after 5 years Vesting Service.

Eligibility for surviving spouse death benefit

Death occurring while:

1. Actively employed, completed 5 years of Vesting Service.
2. Terminated with a vested deferred benefit but before benefit commencement.

Accrued benefit

\$168 times Benefit Service.

The Louis Berkman Company Master Pension Plan

EIN/PN: 51-0446461 / 001

Schedule SB, Part V - Summary of Plan Provisions

Summary of Plan Provisions for Follansbee Hourly Location (continued)

Special Payment

14 weeks' pay at retirement, in lieu of first 3 months of pension.

Normal retirement benefit

Accrued benefit as of normal retirement date, with special payment.

Unreduced early retirement benefit

Accrued benefit as of unreduced early retirement date, with special payment.

Early retirement benefit

Accrued benefit as of early retirement date, with special payment, multiplied by the following:

| Age at Start of Pension | Percentage |
|-------------------------|------------|
| 60 | 67.18% |
| 61 | 72.36 |
| 62 | 78.14 |
| 63 | 84.60 |
| 64 | 91.84 |

Disability retirement benefit

Prior to age 65

Greater of 1.00% of Final Average Earnings times Benefit Service at date of disability or \$1,200. Benefit is payable immediately reduced for public pension amount received.

Beginning at normal retirement

Accrued benefit.

Deferred retirement benefit for termination prior to retirement

Accrued benefit as of date of termination, payable at normal retirement date. Payments may begin at age 60 with 15 years of Vesting Service at termination, reduced in the same manner as the early retirement benefit.

Surviving spouse death benefit

50% of the accrued benefit payable at age 55 with 15 years of Vesting Service or age 65 with 5 years of Vesting Service, after reductions for any applicable early retirement and J&S optional form.

Normal form of payment

Life annuity.

Summary of Changes from the January 1, 2023 Valuation

None.

The Louis Berkman Company Master Pension Plan
EIN/PN: 51-0446461 / 001

Schedule SB, Line 24 – Change in Actuarial Assumptions

The actuary's expected rate of return on plan assets was changed from 6.10% during 2023 to 5.60% during 2024 due to a change in capital market assumptions. This change had no effect on the current valuation.

The Louis Berkman Company Master Pension Plan

EIN/PN: 51-0446461 / 001

Schedule SB, Line 32 – Schedule of Amortization Bases

| Date Established | Type Of Base | Years Remaining | Shortfall Amortization Installment | Present Value of Remaining Installments as of January 1, 2024 |
|-------------------------|---------------------|------------------------|---|--|
| January 1, 2024 | Shortfall | 15 | <u>\$ 63,208</u> | <u>\$ 694,748</u> |
| Total | | | \$ 63,208 | \$ 694,748 |

LOUIS BERKMAN COMPANY MASTER PENSION PLAN

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

December 31, 2024

EIN: 51-0446461

Plan Number: 001

| (a) | (b) | (c) | (d) | (e) |
|--|---|----------------------|----------------------|-----|
| Identity of issuer, borrower, lessor, or similar party | Description of investment including maturity date, rate of interest, collateral, par, or maturity value | Cost | Current Value | |
| Federated Hermes | Federated Govt Obligations Fund | \$ 325,850 | \$ 325,850 | |
| BlackRock | iShares Core S&P 500 | 564,826 | 1,466,991 | |
| BlackRock | iShares Russell Mid-Cap | 83,042 | 168,667 | |
| BlackRock | iShares Core S&P Small-Cap | 86,269 | 163,612 | |
| Vanguard | Vanguard FTSE All World | 240,314 | 306,912 | |
| Vanguard | Vanguard LT Invest | 6,094,407 | 4,448,270 | |
| Vanguard | Vanguard LT Treasury | 1,747,897 | 1,127,863 | |
| Vanguard | Vanguard Intm-Term Investment Grade | 6,680,406 | 5,873,578 | |
| Vanguard | Vanguard Intm-Term Treasury | 1,527,041 | 1,299,363 | |
| | | <u>\$ 17,350,052</u> | <u>\$ 15,181,106</u> | |

LOUIS BERKMAN COMPANY MASTER PENSION PLAN

SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS
Year ended December 31, 2024

EIN: 51-0446461
 Plan Number: 001

| (a) | (b) | (c) | (d) | (e) | (f) | (g) | (h) | (i) |
|---|--|----------------|---------------|--------------|-----------------------------------|---------------|--|--------------------|
| Identity of Party Involved | Description of Asset | Purchase Price | Selling Price | Lease Rental | Expense Incurred with Transaction | Cost of Asset | Current Value of Asset on Transaction Date | Net Gain or (Loss) |
| <i><u>Single Transaction in Excess of 5% of Plan Assets</u></i> | | | | | | | | |
| Ishares | Core S&P 500 ETF | \$ - | \$ 1,081,050 | N/A | \$ 78 | \$ 437,672 | \$ 1,081,050 | \$ 643,300 |
| Vanguard | Intm-Term Investment Grade Admiral Fund #571 | 1,558,466 | - | N/A | - | 1,558,466 | 1,558,466 | - |
| <i><u>Series of Transactions in Excess of 5% of Plan Assets</u></i> | | | | | | | | |
| Vanguard | Intm-Term Investment Grade Admiral Fund #571 | 1,558,466 | - | N/A | - | 1,558,466 | 1,558,466 | - |
| Federated Hermes | Federated Govt Obligations Fund | 6,110 | - | N/A | - | 6,110 | 6,110 | - |
| Federated Hermes | Federated Govt Obligations Fund | 31,610 | - | N/A | - | 31,610 | 31,610 | - |
| Federated Hermes | Federated Govt Obligations Fund | 43,981 | - | N/A | - | 43,981 | 43,981 | - |
| Federated Hermes | Federated Govt Obligations Fund | 41,606 | - | N/A | - | 41,606 | 41,606 | - |
| Federated Hermes | Federated Govt Obligations Fund | 43,166 | - | N/A | - | 43,166 | 43,166 | - |
| Federated Hermes | Federated Govt Obligations Fund | 45,583 | - | N/A | - | 45,583 | 45,583 | - |
| Federated Hermes | Federated Govt Obligations Fund | 169,077 | - | N/A | - | 169,077 | 169,077 | - |
| Federated Hermes | Federated Govt Obligations Fund | 121,983 | - | N/A | - | 121,983 | 121,983 | - |
| Federated Hermes | Federated Govt Obligations Fund | 48,626 | - | N/A | - | 48,626 | 48,626 | - |
| Federated Hermes | Federated Govt Obligations Fund | 91,934 | - | N/A | - | 91,934 | 91,934 | - |
| Federated Hermes | Federated Govt Obligations Fund | 50,944 | - | N/A | - | 50,944 | 50,944 | - |
| Federated Hermes | Federated Govt Obligations Fund | 51,233 | - | N/A | - | 51,233 | 51,233 | - |
| Federated Hermes | Federated Govt Obligations Fund | 46,749 | - | N/A | - | 46,749 | 46,749 | - |
| Ishares | Core S&P 500 ETF | - | 149,221 | N/A | 4 | 68,677 | - | 80,540 |
| Ishares | Core S&P 500 ETF | - | 84,137 | N/A | 2 | 36,945 | - | 47,190 |
| Ishares | Core S&P 500 ETF | - | 109,589 | N/A | 5 | 46,238 | - | 63,346 |
| Ishares | Core S&P 500 ETF | - | 1,081,050 | N/A | 78 | 437,672 | - | 643,300 |
| Federated Hermes | Federated Govt Obligations Fund | - | 81,422 | N/A | - | 81,422 | - | - |

LOUIS BERKMAN COMPANY MASTER PENSION PLAN

SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS (CONTINUED)

Year ended December 31, 2024

EIN: 51-0446461

Plan Number: 001

| (a) | (b) | (c) | (d) | (e) | (f) | (g) | (h) | (i) |
|---|---------------------------------|-------------------|---------------|-----------------|--|---------------|---|-----------------------|
| Identity of Party Involved | Description of Asset | Purchase Price | Selling Price | Lease Rental | Expense Incurred with Transaction | Cost of Asset | Current Value of Asset on Transaction Date | Net Gain or (Loss) |
| <i><u>Series of Transactions in Excess of 5% of Plan Assets (continued)</u></i> | | | | | | | | |
| Federated Hermes | Federated Govt Obligations Fund | - | 8,597 | N/A | - | - | | 8,597 |
| Federated Hermes | Federated Govt Obligations Fund | - | 54,438 | N/A | - | - | | 54,438 |
| Federated Hermes | Federated Govt Obligations Fund | - | 117,701 | N/A | - | - | | 117,701 |
| Federated Hermes | Federated Govt Obligations Fund | - | 79,001 | N/A | - | - | | 79,001 |
| Federated Hermes | Federated Govt Obligations Fund | - | 19,045 | N/A | - | - | | 19,045 |
| Federated Hermes | Federated Govt Obligations Fund | - | 72,959 | N/A | - | - | | 72,959 |
| Federated Hermes | Federated Govt Obligations Fund | - | 148,352 | N/A | - | - | | 148,352 |
| Federated Hermes | Federated Govt Obligations Fund | - | 104,576 | N/A | - | - | | 104,576 |
| Federated Hermes | Federated Govt Obligations Fund | - | 114,996 | N/A | - | - | | 114,996 |
| Federated Hermes | Federated Govt Obligations Fund | - | 98,847 | N/A | - | - | | 98,847 |

LOUIS BERKMAN COMPANY MASTER PENSION PLAN

SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS
Year ended December 31, 2024

EIN: 51-0446461
 Plan Number: 001

| (a) | (b) | (c) | (d) | (e) | (f) | (g) | (h) | (i) |
|---|--|----------------|---------------|--------------|-----------------------------------|---------------|--|--------------------|
| Identity of Party Involved | Description of Asset | Purchase Price | Selling Price | Lease Rental | Expense Incurred with Transaction | Cost of Asset | Current Value of Asset on Transaction Date | Net Gain or (Loss) |
| <i><u>Single Transaction in Excess of 5% of Plan Assets</u></i> | | | | | | | | |
| Ishares | Core S&P 500 ETF | \$ - | \$ 1,081,050 | N/A | \$ 78 | \$ 437,672 | \$ 1,081,050 | \$ 643,300 |
| Vanguard | Intm-Term Investment Grade Admiral Fund #571 | 1,558,466 | - | N/A | - | 1,558,466 | 1,558,466 | - |
| <i><u>Series of Transactions in Excess of 5% of Plan Assets</u></i> | | | | | | | | |
| Vanguard | Intm-Term Investment Grade Admiral Fund #571 | 1,558,466 | - | N/A | - | 1,558,466 | 1,558,466 | - |
| Federated Hermes | Federated Govt Obligations Fund | 6,110 | - | N/A | - | 6,110 | 6,110 | - |
| Federated Hermes | Federated Govt Obligations Fund | 31,610 | - | N/A | - | 31,610 | 31,610 | - |
| Federated Hermes | Federated Govt Obligations Fund | 43,981 | - | N/A | - | 43,981 | 43,981 | - |
| Federated Hermes | Federated Govt Obligations Fund | 41,606 | - | N/A | - | 41,606 | 41,606 | - |
| Federated Hermes | Federated Govt Obligations Fund | 43,166 | - | N/A | - | 43,166 | 43,166 | - |
| Federated Hermes | Federated Govt Obligations Fund | 45,583 | - | N/A | - | 45,583 | 45,583 | - |
| Federated Hermes | Federated Govt Obligations Fund | 169,077 | - | N/A | - | 169,077 | 169,077 | - |
| Federated Hermes | Federated Govt Obligations Fund | 121,983 | - | N/A | - | 121,983 | 121,983 | - |
| Federated Hermes | Federated Govt Obligations Fund | 48,626 | - | N/A | - | 48,626 | 48,626 | - |
| Federated Hermes | Federated Govt Obligations Fund | 91,934 | - | N/A | - | 91,934 | 91,934 | - |
| Federated Hermes | Federated Govt Obligations Fund | 50,944 | - | N/A | - | 50,944 | 50,944 | - |
| Federated Hermes | Federated Govt Obligations Fund | 51,233 | - | N/A | - | 51,233 | 51,233 | - |
| Federated Hermes | Federated Govt Obligations Fund | 46,749 | - | N/A | - | 46,749 | 46,749 | - |
| Ishares | Core S&P 500 ETF | - | 149,221 | N/A | 4 | 68,677 | - | 80,540 |
| Ishares | Core S&P 500 ETF | - | 84,137 | N/A | 2 | 36,945 | - | 47,190 |
| Ishares | Core S&P 500 ETF | - | 109,589 | N/A | 5 | 46,238 | - | 63,346 |
| Ishares | Core S&P 500 ETF | - | 1,081,050 | N/A | 78 | 437,672 | - | 643,300 |
| Federated Hermes | Federated Govt Obligations Fund | - | 81,422 | N/A | - | 81,422 | - | - |

LOUIS BERKMAN COMPANY MASTER PENSION PLAN

SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS (CONTINUED)

Year ended December 31, 2024

EIN: 51-0446461

Plan Number: 001

| (a) | (b) | (c) | (d) | (e) | (f) | (g) | (h) | (i) |
|---|---------------------------------|-------------------|---------------|-----------------|--|---------------|---|-----------------------|
| Identity of Party Involved | Description of Asset | Purchase Price | Selling Price | Lease Rental | Expense Incurred with Transaction | Cost of Asset | Current Value of Asset on Transaction Date | Net Gain or (Loss) |
| <i><u>Series of Transactions in Excess of 5% of Plan Assets (continued)</u></i> | | | | | | | | |
| Federated Hermes | Federated Govt Obligations Fund | - | 8,597 | N/A | - | - | | 8,597 |
| Federated Hermes | Federated Govt Obligations Fund | - | 54,438 | N/A | - | - | | 54,438 |
| Federated Hermes | Federated Govt Obligations Fund | - | 117,701 | N/A | - | - | | 117,701 |
| Federated Hermes | Federated Govt Obligations Fund | - | 79,001 | N/A | - | - | | 79,001 |
| Federated Hermes | Federated Govt Obligations Fund | - | 19,045 | N/A | - | - | | 19,045 |
| Federated Hermes | Federated Govt Obligations Fund | - | 72,959 | N/A | - | - | | 72,959 |
| Federated Hermes | Federated Govt Obligations Fund | - | 148,352 | N/A | - | - | | 148,352 |
| Federated Hermes | Federated Govt Obligations Fund | - | 104,576 | N/A | - | - | | 104,576 |
| Federated Hermes | Federated Govt Obligations Fund | - | 114,996 | N/A | - | - | | 114,996 |
| Federated Hermes | Federated Govt Obligations Fund | - | 98,847 | N/A | - | - | | 98,847 |